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 33) 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: _____

SECTION 1: PERSONAL						
1. YOUR FULL NAME		207				
LAST		RST		MIDDLE		
2. OTHER NAMES YOU HAVE USE	ED OR BEEN KNOWN	BY (INCLUDE MAID	EN NAME AND NICKNA	MES)		
3. ADDRESS WHERE YOU LIVE					Ŧ	
NUMBER / STREET				APT / UN		
CITY				STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERE	ENT FROM ABOVE (FC	OR EXAMPLE, PO B	OX)			
5. CONTACT NUMBERS					_	_
	NORK ()	EXT	OTHER ()		L FAX
6. CONTACT EMAIL		7. LIST ALL OTHE	R EMAIL ADDRESSES	(SEPARATED BY C	COMMAS)	
8. EMPLOYMENT ELIGIBILITY						_
Are you legally authorized to w		ates under federal	law?		🖵 Yes	L No
9. BIRTH PLACE (CITY / COUNTY	/STATE/COUNTRY)					
				-		
10. BIRTHDATE (MM/DD/YYYY) 11	1. SOCIAL SECURITY	-	12. DRIVER'S LICENSI NUMBER:	STATE:	EXPIRE	S:
13. PHYSICAL DESCRIPTION			-			
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SECTION 2: RELATIVES AND RE	EFERENCES					
14. IMMEDIATE FAMILY						
Provide all applicable informat			Mark "Deceased," if ap			
 Mark "N/A" if a category is not 	t applicable.		If more space is need corresponding numb		Page 33 – refe	rence
	the Device of					
14.A Spouse / Registered Domest						
NAME	HOME ADD	RESS (NUMBER / S	IREET/APT)	CITY	STATE	ZIP
	ORK ADDRESS (NUMI		-)	CITY	OTATE	ZIP
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DATE OF MARRIAGE/REGISTRA	, TION					
/ (MM/YYY			n, a restraining or stay-a ndividual?		🗆 Ye	es 🗌 No
	, , , , , , , , , , , , , , , , , , , ,					

14.B. Former Spouse / Former Registered Domestic Partner Decessed Implementation Implementation <td< th=""><th>SECTION 2: RELATIVES AND</th><th></th><th>NCES continued</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	SECTION 2: RELATIVES AND		NCES continued						
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SECTION 2: RELATIVES AND REFERENCES continued								
14.C Parents / Guardians / In-I	laws continued							
14.C.5 Parent / Guardian / In-I	law: 🗌 Mother 🛛 🛛 Father 🗌 Ste	ep-mother 🛛 Step-father 🗌 In-	-law 🛛 Other:	Deceased				
NAME	HOME ADDRESS (N	UMBER / STREET / APT)	CITY	STATE ZIP				
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14.C.6 Parent / Guardian / In-I	law: □ Mother □ Father □ Ste	ep-mother	law 🛛 Other:	Deceased				
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Supplemental relatives info	prmation provided on Page 33							
	Simation provided on Fage 55							
14.D Brothers / Sisters				□ N/A				
List ALL LIVING siblings.	List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.							
14.D.1 Sibling: Brother		If-sister Other: (NUMBER / STREET / APT)	CITY	STATE ZIP				
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	Sister Half-brother Ha							
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SECTION 2: RELATIVES AN	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											
HOME PHONE	CITY	STATE	ZIP								
WORK PHONE CELL PHONE EMAIL											

Supplemental relatives information provided on Page 33 \Box

14.E	Children								□ N/A
					al, adopted, step, and/or foster ca of the custodial parent/guardian,			with you.	
14.E.1	Child:	🗌 Son	Daughter	Other	r:				
NAME				AGE	CUSTODIAL PARENT/GUARDIA	N (IF OTHER THA	N YOU)		
				L	ADDRESS (NUMBER / STREET	/APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL	<u> </u>	L	L
44 5 0	Child:				-	I			
NAME	Child:		Daughter	Other AGE	CUSTODIAL PARENT/GUARDIA	N (IF OTHER THA	N YOU)		
					ADDRESS (NUMBER / STREET		CITY	STATE	ZIP
					ADDRESS (NUMBER / STREET	/ AF I)		SIAIE	
					CONTACT NUMBER	EMAIL			
14.E.3	Child:	🗌 Son	Daughter	Other					
NAME				AGE	CUSTODIAL PARENT/GUARDIA	N (IF OTHER THA	N YOU)		
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					CONTACT NUMBER	EMAIL	I		L
14 5 4	Childy	□ Son	Daughter	Other	r-	<u> </u>			
NAME	Cilliu.			AGE	CUSTODIAL PARENT/GUARDIA	N (IF OTHER THA	N YOU)		
					ADDRESS (NUMBER / STREET		CITY	STATE	ZIP
								STATE	
					CONTACT NUMBER	EMAIL			

Supplemental relatives information provided on Page 33 \Box

SEC	TION 2: RELATIVES AND	D REFEREN	CES continued					
15. L	IST OF REFERENCES							
				relationships, social and fa mates, or any individuals		ilitary colleague	s, and/or	
	NAME OF REFERENCE		HOME ADDRESS (N	UMBER / STREET / APT)	CITY	STATE	ZIP	
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SE	CTION 2: RELATIVES AND	REFEREN	CES continued						
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н	low do you know this person?				How long have you known this person?				

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SECT	ION 3: EDUCA	ATION									
				rnish official tran your response on	nscripts or other pr Page 33.	oof to s	supp	oort all o	f youi	educational clai	ms in Section 3.
16. Cl	IECK APPLICAE	BLE	MM/YYYY		MN	Λ/ΥΥΥΥ					MM/YYYY
🗆 Hig	h School Gradu	ation:	1	High School E	quivalency Test: /			California	a High	School Proficiency	Certificate: /
17. L	ST НІGН SCHO	OL(S)	ATTENDED								
	NAME OF HIG	H SCH	IOOL							FROM (MM/YYY	Y) TO (MM/YYYY)
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					CITY						STATE
17.2	NAME OF HIG	H SCH	IOOL							FROM (MM/YYY	Y) TO (MM/YYYY)
17.2										/	/
					CITY						STATE
18. L	ST ALL COLLE	GES A		SITIES ATTENDED)						
	NAME OF COL	LEGE	/UNIVERSIT	(FROM (MM/YYYY)	TO (M	M/Y)	YYY)	TOT	L UNITS COMPLE	TED
18.1					/		/			🗆 QTR SYST	EM 🗌 SEM SYSTEM
		ADDF	RESS (NUMB	ER / STREET)		J				DEGREE EARNE	D
) TYPE:
		CITY				ST	ATE	ZIP		MAJOR / AREA O	F STUDY
	NAME OF COL	LEGE	/UNIVERSIT	(FROM (MM/YYYY)	TO (M	M/Y)	YYY)	TOTA	L UNITS COMPLE	TED
18.2					/		1	/			ЕМ 🗆 SEM SYSTEM
		ADDF	RESS (NUMB	ER / STREET)		L				DEGREE EARNE	D
			(-	,) TYPE:
		CITY				ST.	ATE	ZIP		MAJOR / AREA O	
		CITT				31				MAJOIN / AINEA O	131001
		1 5 6 5	/ IN 10 /					0.00	T 0-		
18.3	NAME OF COL	LEGE	UNIVERSIT	ſ	FROM (MM/YYYY)	TO (M		,	TOTA	AL UNITS COMPLE	
					/		/				EM SEM SYSTEM
		ADDF	RESS (NUMB	ER / STREET)						DEGREE EARNE	D
) TYPE:
		CITY				ST	ATE	ZIP		MAJOR / AREA O	F STUDY
19 . L	ST ALL TRADE	, VOC/	ATIONAL, AN	D BUSINESS SCH	IOOLS / INSTITUTES	ATTEN	IDED)			
19.1	NAME OF TRA	DE, V	OCATIONAL,	OR BUSINESS SC	CHOOL/INSTITUTE	FR	OM ((MM/YYY	Y) T	D (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
								/		/	□ yes □ no
		CITY				ST	ATE	TYPE C	F SCI	HOOL OR TRAININ	IG
								I			

Supplemental education information provided on Page 33 \square

		· · · · ·						
SEC	TION 3:	EDUCATION continued						
LIST	ALL PO	ST BASIC COURSES ATTENDED						
		ever taken a PC832 (Arrest and/or Firea rovide the following information:	rms) Course?					YES NO
		A. COURSE PRESENTER NAME			LOCAT	ION (CITY /	STATE)
		B. COURSE COMPLETION		• • • • • • • • • • • • • • • • • • • •	1	COMPL	ETION	DATE (MM/YYYY)
		Did you successfully complete the cours	se?	YES		0		1
		ever attended a POST Basic Course/A rovide the following information:	cademy: Regular, Modular, Sp	ecialized Inve	stigators	', Reserve, d	or Dispa	atcher? YES NO
21.1	NAME	OF COURSE PRESENTER/ACADEMY		FROM (MM/	YYYY)	TO (MM/YY	YY)	DID YOU PASS/ GRADUATE?
21.1				/		/		
L	LOCAT	ION (CITY, STATE)	NAME OF TRAINING OFFICI	ER / ACADEM	Y COOR	DINATOR	CONT	TACT NUMBER
							()
	NAME	OF COURSE PRESENTER/ACADEMY		FROM (MM/	YYYY)	TO (MM/YY	YY)	DID YOU PASS/ GRADUATE?
21.2				1		/		
	LOCAT	ION (CITY, STATE)	NAME OF TRAINING OFFICI	ER / ACADEM	Y COOR	DINATOR	CONT	FACT NUMBER
							()
Supp	olement	al POST basic course information	provided on Page 33 \Box					
	from any FYES, o	a ever been subject to any disciplinary ad high school(s), college/university, busin escribe in detail below. Starting with hig sic course/academy. Include when the dis	ess, trade school, or POST bas gh school, list any and all discip	sic course/aca	demy? received	in any scho	ol, educ	ational institution, or
	cheating	e age of 18, have you cheated on an exa on any POST exam? xplain circumstances.						Yes D NO

SECT	TON 4: RESIDENCE HISTORY						
24.	LIST OF RESIDENCES						
• F E • Ii	ist all residences during the last 10 years or since a Provide complete addresses (include markers such as Boxes. If the residence is a military base, identify name of bas inless you shared individual quarters. If more space is needed, continue your response o	s Street, e in addr	ess, nearest c				
24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STRE	ET / AP1			FROM (M	IM/YYYY)	TO (MM/YYYY)
					/		Present
	CITY	STATE	ZIP	IF RENTING: PROPE OR OWNER	RTY MANA	AGER, REI	NT COLLECTOR,
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OW	/NER		CONTACT	T NUMBER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you live:						
24.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTED: PROPER OWNER	RTY MANAG	GER, REN	IT COLLECTOR, OR
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OW	/NER		CONTACT	r NUMBER
	CITY	STATE	ZIP	EMAIL			
I	Name(s) of those with whom you lived:						
	Reason for moving:						
24.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTED: PROPER OWNER	RTY MANAG	GER, REN	IT COLLECTOR, OR
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OW	/NER		CONTACT	Γ NUMBER
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:			L			
	Reason for moving:						

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SECT	ION 4: RESIDENCE HISTORY continued								
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)		
24.4						/	/		
	CITY	STATE	ZIP	IF RENTED: PROPER OWNER	RTY MANA	AGER, REN	IT COLLECTOR, OR		
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OW	/NER		CONTAC	T NUMBER		
			1	r		()			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:								
	Reason for moving:								
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	M/YYYY) TO (MM/YYYY)		
24.5						/	/		
	CITY	STATE	ZIP	IF RENTED: PROPER OWNER	RTY MANA	AGER, REN	IT COLLECTOR, OR		
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OW	/NER		CONTAC	T NUMBER		
						()			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:								
	Reason for moving:								

Supplemental residence information provided on Page 33 \Box

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 33.

_						
	NAME OF HOUSEMATE			CONTA	ACT NUME	BER
1				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CIT	Υ		STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			

25.

SEC	SECTION 4: RESIDENCE HISTORY continued											
	Ν	IAME OF HOUSEMATE			CONTA	ACT NUM	BER					
25.2					()						
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CIT	TY		STATE	ZIP					
						OWNE	211					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,		EMAIL								
		HOUSEMATE ONLY, ETC.)										
05.0	1	NAME OF HOUSEMATE			CONTA	ACT NUM	BER					
25.3					()						
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CIT	ΓΥ		STATE	ZIP					
						[
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL								
	•											
25.4	r	JAME OF HOUSEMATE			CONTA	ACT NUM	BER					
					()						
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	СІТ	ΓY		STATE	ZIP					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,				<u> </u>						
		HOUSEMATE ONLY, ETC.)		EMAIL								
		JAME OF HOUSEMATE			CONTA		BER					
25.5					()						
			CIT		<u> </u>	STATE	ZIP					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		Ι Υ		SIALE	ZIP					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,		EMAIL								
		HOUSEMATE ONLY, ETC.)										
Supp	ble	mental housemate information provided on Page 33 \Box										
		· · · · · · · · · · · · · · · · · · ·										
26.	Ha	ve you ever been evicted or asked to leave a residence?					s ∐no					
27.	Ha	ve you ever left a residence owing rent, utilities, or other household expenses	s?			🗌 YES	s 🗆 no					
	fva	ou answered "YES" to Questions 26 and/or 27 , explain (include when, where,	and	circumstances).								
-												
-												
_												
_												
-												
_												
_												

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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 33.

JM/YYYY)	FROM (MM/YYYY) TO (MM/Y			OF CURRENT EMPLOYER OR MILITARY UNIT									
1	1 1		SS (NUMBER / STREET / SUITE / OR BASE) STATE ZIP EMAIL TYPE OF FT S / ASSIGNMENTS VISOR CONTACT NUMBER EXT () G OF CO-WORKERS CONTACT NUMBER EXT () CONTA										
EXT	TACT NUMBER EXT	CO			E)	R BASE	JMBER / STREET / SUITE / OR	ADDRESS (NU					
)	(
		IAIL	E	TATE	S			CITY					
PPLY)	OYMENT (CHECK ALL THAT APPLY	YPE OF EMP		I			ANK	JOB TITLE / R					
U Volunteer	Temp Self-employed												
	VANTING TO LEAVE	REASON FOR		DUTIES / ASSIGNMENTS									
	EMAIL	EXT		NUM	NTAC	CON	SUPERVISOR						
						(
	EMAIL	EXT		NUM	NTAC	CON	O-WORKERS	NAMES OF CO					
)	(1)					
)	(2)					
s 🗆 no			er?	nt emi	curre	t vour o	e be a problem if we contact	Would there					
						,		IF YES, expl					

	PERIOD OF U	JNEMPLOYMENT (C	CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
28.2	Student	Between jobs	Leave of absence	Travel	Other:	/	/

SECT	SECTION 5: EXPERIENCE AND EMPLOYMENT continued											
	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/YYYY)			
28.3								1	/			
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)					CONTAC	TNUMBER	EXT			
							())				
	CITY		STATE	ZIP	EMA	IL		PT Temp Self-employed Volunteer R LEAVING Image: Self-employed Volunteer EMAIL Image: Self-employed Volunteer EMAIL Image: Self-employed Volunteer EMAIL Image: Self-employed Volunteer FROM (MM/YYYY) TO (MM/YYYY) Image: Volunteer FROM (MM/YYYY) Image: Volunteer Image: Volunteer Image: Volunteer Image: Volunteer Image: Volunteer Image: Vo				
	JOB TITLE / RANK				TY	CONTACT NUMBER EXT () FXT MAIL FYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Tomp Self-employed Volunteer REASON FOR LEAVING EXT EMAIL EXT EMAIL FROM (MM/YYYY) TO (MM/YYYY) r. / FROM (MM/YYYY) / / / FROM (MM/YYYY) / //						
						CONTACT NUMBER EXT () EXT YPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed Volunteer REASON FOR LEAVING EXT EMAIL EXT EMAIL FT FROM (MM/YYYY) TO (MM/YYYY) YPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employed Volunteer REASON FOR LEAVING EXT EMAIL FROM (MM/YYYY) TO (MM/YYYY) YPE ITO (MM/YYYY) ITO (MM/YYYY) ITO (MM/YYYY) ITO (MM/YYY)						
	DUTIES / ASSIGNMENTS				RE	ASON	FOR LEAV	/ING				
								EAVING EMAIL EMAIL FROM (MM/YYYY) TO (MM/YYYY)				
	SUPERVISOR	CONTA	ACT NUM	IBER		EXT	EM	AIL				
		()									
	NAMES OF CO-WORKERS	CONTA	ACT NUM	IBER		EXT	EM	IAIL				
	1)	()									
	2)											
I	2) ()											
	PERIOD OF UNEMPLOYMENT (CHECK APPL	ICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)			
28.4	Student Between jobs Leave	of absen	ce	Travel 🗌 C	Other:			1	1			
28.5	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/YYYY)			
20.5								/	/			
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)					CONTAC	TNUMBER	EXT			
							())				
	CITY		STATE	ZIP	EMA	IL						
	JOB TITLE / RANK											
									oloyed 🗌 Volunteer			
	DUTIES / ASSIGNMENTS		RE	ASON	FOR LEAV	/ING						
	SUPERVISOR	CONTA	ACT NUM	IBER		EXT	EM	IAIL				
)										
	NAMES OF CO-WORKERS	CONTACT NUMBER					EXT EMAIL					
	1)	()									
	2)	()									

SECT	SECTION 5: EXPERIENCE AND EMPLOYMENT continued PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY)										
28.6	Student Between jobs Leave of absence Travel Other:	1	1								

	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY) TO (MM/YYYY)							
28.7							/	1				
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)				CONTAC	T NUMBER	EXT				
						())					
	CITY		STATE	ZIP	EMAIL							
	JOB TITLE / RANK				TYPE OF	EMPLOYN	MENT (CHECK ALL T	HAT APPLY)				
					FT [DPT	Temp 🗌 Self-emp	oloyed 🗌 Volunteer				
	DUTIES / ASSIGNMENTS				REASON	FOR LEAV	OR LEAVING					
	SUPERVISOR	CONTA	CT NUM	BER	EXT	EM	AIL					
		()										
	NAMES OF CO-WORKERS	CONTA	CT NUM	BER	EXT	EM	AIL					
	1)	()									
	2)	()									

	PERIOD OF I	JNEMPLOYMENT (C	CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
28.8	Student	Between jobs	Leave of absence	Travel	Other:	1	1

	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/YYYY)			
28.9								/		/			
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)					CONTAC	CT NUMBER	T (CHECK ALL THAT APPLY) mp Self-employed Volunteer				
							()					
	CITY		STATE	ZIP	EMA	IL							
	JOB TITLE / RANK				TY	PE OF I	EMPLOY	MENT (CHECK ALL T	HAT A	APPLY)			
						IFT [] рт [Temp Self-employed Volunteer					
	DUTIES / ASSIGNMENTS				RE	ASON I	FOR LEA	EAVING					
	SUPERVISOR	CONTA	CT NUM	BER		EXT	EN	EMAIL					
		()										
	NAMES OF CO-WORKERS	CONTA	CT NUM	BER		EXT	EN	MAIL					
	1)	()										
	2)	()										

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SECTION 5: EXPERIENCE AND EMPLOYMENT continued										
	PERIOD OF U	JNEMPLOYMENT (C	CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)			
28.10	Student	Between jobs	Leave of absence		Other:	1	1			
						· · · · · · · · · · · · · · · · · · ·				

	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY) TO (MM/YYYY)						
28.11								1		/		
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)				CO	NTAC	TNUMBER		EXT		
						())				
	CITY		STATE	ZIP	EMAI	L) PLOYMENT (CHECK ALL THAT APPLY) T					
	JOB TITLE / RANK			TYF	PE OF EMP	PLOYN	IENT (CHECK ALL T	HAT A	PPLY)			
				ft 🗌 p	т 🗆	Temp Self-employed Volunteer						
	DUTIES / ASSIGNMENTS				REA	ASON FOF	R LEAV	/ING				
	SUPERVISOR	CONTA	CT NUN	1BER		EXT	EMAIL					
		()									
	NAMES OF CO-WORKERS	CONTA	CT NUN	1BER		EXT	EM	AIL				
	1)	()									
	2)											

	PERIOD OF U	JNEMPLOYMENT (C		FROM (MM/YYYY)	TO (MM/YYYY)		
28.12	Student	Between jobs	Leave of absence	Travel	Other:	/	/

	NAME OF EMPLOYER OR MILITARY UNIT	AME OF EMPLOYER OR MILITARY UNIT								(MM/YYYY)	
28.13								1		1	
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)					CONTAG	CT NUMBER		EXT	
							()				
	CITY		STATE	ZIP	E	MAIL					
	JOB TITLE / RANK			•	•	TYPE OF	EMPLOY	MENT (CHECK ALL T	HAT A	APPLY)	
					🗆 ft [] рт [] Temp 🗌 Self-emp	oloyed	I 🗌 Volunteer		
	DUTIES / ASSIGNMENTS					REASON	FOR LEA	VING			
	SUPERVISOR	CONTA	CT NUM	IBER		EXT	E	EMAIL			
		()								
	NAMES OF CO-WORKERS	CONTA	CT NUM	IBER		EXT	E	/AIL			
	1)	()								
	2))									

	ERIOD OF U	NEMPLOYMENT (C	HECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
28.14	Student	Between jobs	Leave of absence	Travel	Other:	/	/

Supplemental employment information provided on Page 33 \square

SEC	CTION 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	
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	
31.	Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	
32.	Have you ever quit without giving proper notice?	
33.	Have you ever resigned in lieu of termination?	
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?	
35.	Have you ever been the subject of a written complaint at work that resulted in disciplinary action against you?	
36.	Have you ever been counseled at work due to lateness or absences?	
37.	Have you ever received an unsatisfactory performance review?	
38.	Have you ever sold, released, or given away legally confidential information?	
39.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	
	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 <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.)	s □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 <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	
	If you answered "YES" to any of Questions 29–41, explain (include when, where, and circumstances – reference corresponding numb If more space is needed, continue your response on page 33.	ers).
Sup	plemental employment information provided on Page 33 🗌	
42.	In the past three years , have you missed days or been late to work due to drug or alcohol consumption?	□ NO
43.	Has your work performance ever been affected by your use of alcohol or drugs?	

	IF YES, when?	Name of employer:	
44.	In the past three years , have you been warned by an employer on your performance?		
	IF YES, when?	Name of employer:	

SECTIO	ON 5: EXPERIENCE AND EMPLOYMENT continu	ed				
45. Ha	45. Have you <i>ever</i> applied for <i>any</i> position at this or any other law enforcement agency (city, county, state, or federal)?					
• If y	you answered "YES" to Question 45 , list EVERY ag	gency you	ı have applied t	o, starting with the most recer	ıt.	
	l agencies MUST be listed regardless of the out				r each agency. If you	
-	plied more than once to the same agency, list ea ve complete and accurate addresses.	acn occu	rrence separa	tely.		
	more space is needed, continue your response (on Page :	23			
• "	nore space is needed, continue your response (Jin age				
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY	
45.1					1	
ŀ	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR	R'S NAME (IF KNOWN)	
(CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
F	POSITION APPLIED FOR			EMAIL		
CHECK	EACH STEP IN THE PROCESS THAT YOU COMPLE	ETED, AN	D YOUR STATL	JS:		
STEP:	Application Written Physical Abili	ity 🗌	Oral DP	olygraph/CVSA 🛛 🗍 Backgrou	und Chief/Exec Ora	
[Conditional Offer					
STATUS	: 🗌 Hired 🔲 On Eligibility List 🗌 Withdrew [Disqua	alified 🗌 Non	-Select Other (explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY	
45.2	NAME OF LAW ENFORCEMENT AGENCT					
<i>F</i>	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR	R'S NAME (IE KNOWN)	
(CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
F	POSITION APPLIED FOR	I		EMAIL		
CHECK	EACH STEP IN THE PROCESS THAT YOU COMPLI	ETED, AN	D YOUR STATL	JS:		
STEP:	Application Written Physical Abili	ity 🔲	Oral D	olygraph/CVSA 🛛 Backgrou	und Chief/Exec Ora	
	Conditional Offer	. –				
1						

SECT	ION 5: EXPERIENCE AND EMPLOYMENT continue	ed				
	NAME OF LAW ENFORCEMENT AGENCY	· · · · · ·			DATE APPLIED (MM/YYYY)	
45.3				1		
	ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
	CITY	ZIP	CONTACT NUMBER	EXT		
				()		
	POSITION APPLIED FOR		l	EMAIL		
	I OSITIONALI ELEDITOR					
CHECI	K EACH STEP IN THE PROCESS THAT YOU COMPLE	red, and	O YOUR STATUS	S:		
STEP:	Application Written Physical Abilit	у 🗌	Oral DP	olygraph/CVSA 🛛 🗌 Backgro	und Chief/Exec Oral	
	Conditional Offer					
STATI	IS: 🗌 Hired 🔲 On Eligibility List 🔲 Withdrew 🛛			Select Other (evoluin)		
		_ Disque				
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
45.4					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	R'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	POSITION APPLIED FOR			EMAIL		
				· · · · · · · · · · · · · · · · · · ·		
CHECI	K EACH STEP IN THE PROCESS THAT YOU COMPLE	IED, ANL	JYOUR STATU:	<u> </u>	_	
STEP:	Application Written Physical Abilit	у Ц	Oral Po	olygraph/CVSA 🛛 🖾 Backgro	und 🛛 Chief/Exec Oral	
	Conditional Offer					
STATU	IS: 🗌 Hired 🔲 On Eligibility List 🔲 Withdrew 🛛		alified Non-	Select Other (explain)		
45.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
45.5					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR	R'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	POSITION APPLIED FOR		<u> </u>	EMAIL		
				<u> </u>		
CHECI	K EACH STEP IN THE PROCESS THAT YOU COMPLET	_	J YOUR STATUS	<u> </u>	_	
STEP:	Application Written Physical Abilit	у 🗋	Oral Po	olygraph/CVSA 🛛 🗌 Backgro	und Chief/Exec Oral	
	Conditional Offer					
STATU	IS: Hired On Fligibility List Withdrew	Disqua		Select Other (explain)		
	STATUS: Hired On Eligibility List Withdrew Disqualified Non-Select Other (explain)					

SECT	ION 5: EXPERIENCE AND EMPLOYMENT continue	ed					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
45.6				/			
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
	CITY	STATE	ZIP	CONTACT NUMBER	EXT		
				()			
	POSITION APPLIED FOR			EMAIL			
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLE	TED, ANI	O YOUR STATUS	 3:			
	Application Written Physical Abilit			blygraph/CVSA Backgro	und Chief/Exec Oral		
SILF.		у Ц					
		-					
STATU	IS: Hired On Eligibility List Withdrew	_ Disqua	alified LI Non-	Select U Other (explain)			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
45.7					1		
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR	R'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT		
				()			
	POSITION APPLIED FOR			EMAIL			
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLE	TED, ANI	O YOUR STATUS	3:			
STED.	Application Written Physical Abilit	νΠ			und 🗌 Chief/Exec Oral		
		.y 🗀					
		-					
STATU	IS: Hired On Eligibility List Withdrew	_l Disqua	alified LI Non-	Select U Other (explain)			
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
45.8					1		
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR	R'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT		
				()			
	POSITION APPLIED FOR	<u> </u>		EMAIL			
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLE	TED, ANI	O YOUR STATUS	8:			
	Application Written Physical Abilit	_	_	blygraph/CVSA Backgro	und Chief/Exec Oral		
SIEP:		у Ш		луугарп/СVSA 🗀 Backgro			
	Conditional Offer	_	_	_			
STATU	IS: LI Hired LI On Eligibility List LI Withdrew L	_] Disqua	alified 🖾 Non-	Select U Other (explain)			

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Supplemental application information provided on Page 33 \Box
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	TION 5: EXPERIENCE AND EMPLOYMENT continued					
46.	/IOUS PEACE OFFICER EXPERIENCE Do you have previous peace officer experience in this state or any other jurisdiction?] yes				
		check Ye	s or No)			
46.1	Have you ever been terminated for cause from employment as a peace officer in any State?] YES				
46.2	Have you ever had your peace officer certification suspended or revoked in any State, including California?] YES				
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				
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				
46.5	Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force?] YES				
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				
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				
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				
46.9	Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)?] YES				
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				
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				
n	 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 33. 					

Supplemental employment information provided on Page 33 \square

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SECTION 6: MILITARY EXPERIENCE			
47. Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain:		☐ YES ☐ YES	□ NO □ NO
48. Have you ever served in the military?]	YES	
49. If you answered "YES" to Question 48, include the following service information:	L		
BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/	YYYY)
	1	1	
TYPE OF DISCHARGE	· · · · · · · · · · · · · · · · · · ·		
Entry Level Honorable General OTH (Other than Honorable) Bad C		onorable	
Re-entry Code (1–4) if applicable – refer to your DD-214:			
50. Are you currently participating in one of the following? Image: Military Reserve Image: Military Reserve Image: Military Reserve Image: Military Reserve			
51. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, c office hours, company punishment)?		YES	
52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?	[] YES	
53. Have you ever taken military property without permission for personal use, to sell, or to give away?	[YES	
If you answered "YES" to any of Questions 51-53 , explain (include dates and circumstances).			
Supplemental military information provided on Page 33 🗌			

SEC	CTION 7: FINANCIAL
54.	INCOME AND EXPENSES
Fo	or questions 54.1 and 54.2, fill in the amounts to the nearest dollar.
•	For Question 54.1 : Provide your <i>total</i> 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)?
56.	Have any of your bills ever been turned over to a collection agency?
57.	Have you ever had purchased goods repossessed?
58.	Have your wages ever been garnished?
59.	Have you ever been delinquent on income or other tax payments?
60.	Have you ever failed to file income tax or cheated/lied on an income tax form?

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

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SECTION 7: FINANCIAL continued		
61. Have you ever avoided paying any lawful debt by moving away?	ΈS	
62. Have you ever defaulted on (failed to pay) a loan?	ΈS	
63. Have you ever borrowed money to pay for a gambling debt?	ΈS	
IF YES, do you currently have any outstanding debts as a result of gambling?	ΈS	
64. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	ΈS	
65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	ΈS	

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 33 \Box

SECT	ION 8: LEGAL		
► Go	overnment Code section 1029(a) Disqualifiers		
	f you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should vith the hiring department and/or competent legal counsel before completing this section.	d discuss you	r response
66.1	Have you ever been convicted of a felony?	🗆 YES	
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	
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	
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	
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	
66.6	Have you ever been found not guilty by reason of insanity of any felony?	🗆 YES	
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	
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	
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	
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	

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SECT	ION 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?
66.12	Have you ever had your certification as a law enforcement officer in any jurisdiction suspended or revoked?
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?
	f you answered "YES" to ANY of the item(s) in Question 66 , fully explain circumstances, including dates and resolution. <i>Reference the</i> corresponding number (e.g., 66.5) for each explanation.
• //	f more space is needed, continue your response on Page 33.

Supplemental disqualification information provided on Page 33 \Box

► Di	Disclosure of Arrests and Convictions							
i I	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.							
	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)?							
	IF YES, explain each incident:		ARRESTING OR DETAINING AGENCY					
67.1		/						
	DISPOSITION OR PENALTY							
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY					
67.2		1						
	DISPOSITION OR PENALTY	<u> </u>	I					
	DISPOSITION OR PENALTY							

Supplemental disclosure information provided on Page 33 \Box

SECTION 8: LEGAL (continued)	
68. Have you ever been placed on court probation?	
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?	; □ №
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? 🗌 YES	; □ №
71. Have the police ever been called to your home for any reason?	
72. Have you or your spouse/partner ever been referred to Child Protective Services?	
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	
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?	
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	
77. Have you ever filed a false insurance or workers' compensation claim?	
If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – reference con numbers). If more space is needed, continue your response on Page 33.	prresponding

Supplemental legal information provided on Page 33 \square

► Ir	nvolvement in Criminal Acts – Part 1						
78.	Have you committed any of the following acts <i>within the past seven (7) years</i> ? (You do NOT have to report any acts committed <i>prior</i> 15 .)	to age					
	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 law relieved you from reporting the detention, arrest, or conviction that arose from it.	state					
78.1	Animal abuse and/or neglect						
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device						
78.3	Battery (use of force or violence upon another)						
78.4	Brandishing a weapon (any type of weapon)						
78.5	Carrying a concealed weapon without a permit						
78.6	Contributing to the delinquency of a minor						
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)						

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SECT	ION 8: LEGAL (continued)	
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	
78.10	Filing a false police report	
78.11	Hit & run collision (no injuries)	
78.12	Illegal gambling	
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	
78.14	Impersonating a peace officer (pretending to be a police officer)	
78.15	Indecent exposure and/or lewd or obscene conduct	
78.16	Joyriding (using a car or other vehicle without owner's permission)	
78.17	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) 🗌 YES	
78.18	Petty theft (value up to \$950, including shoplifting/switching price tags)	
78.19	Possession of alcohol as a minor (under the age of 21)	
78.20	Possession of falsified or altered identification, including use of another person's ID (for any reason)	
78.21	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	
78.22	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	
78.23	Reckless driving	
78.24	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	
78.25	Trespassing	
78.26	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	
78.27	Any other act amounting to a misdemeanor	
	you answered "YES" to ANY of the item(s) in Question 78 , fully explain circumstances, including dates, names of individuals invested and resolution. <i>Reference the corresponding number (e.g., 78.5) for each explanation.</i>	volved,
	more space is needed, continue your response on Page 33.	

Supplemental legal information provided on Page 33 \Box

SECT	SECTION 8: LEGAL (continued)							
► Inv	Involvement in Criminal Acts – Part 2							
79. /	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)							
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)							
79.3	Blackmail or extortion							
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)							
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)							
79.6	Elder abuse and/or neglect (physical and/or financial)							
79.7	Embezzlement (theft of money or other valuables entrusted to you)							
79.8	Felony drunk driving (involving injuries)							
79.9	Felony illegal sex acts							
79.10	Forcible rape							
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)							
79.12	Fraudulent use of a credit, ATM, debit, and/or check card							
79.13	Grand theft (value of over \$950, automobile, any firearm)							
79.14	Hit & run (with injuries)							
79.15	Hate crime							
79.16	Insurance fraud							
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder							
79.18	Perjury (lying under oath)							
79.19	Possession of an explosive/destructive device							
79.20	Robbery (theft from another person using a weapon, force, or fear)							
79.21	Stalking (including, but not limited to, electronic communication)							
79.22	Theft of a vehicle and/or vehicle parts							
79.23	Viewing and/or possessing child pornography							
79.24	Any other act amounting to a felony							

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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 33.

Supplemental legal information provided on Page 33 \Box

•	llegal Use of Drugs							
•	 For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high." 							
•	Your responses should include — <i>but not be limited to</i> — your use of any of the following:							
	 Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.) Mescaline 							
	 Barbiturates (Downers) Morphine 							
	Cocaine / Crack Cocaine	PCP / Angel Dust						
	 Designer Drugs (Ecstasy, Synthetic Heroin, etc.) 	QuaaludesSteroids						
	► Fentanyl							
	 GHB (Date Rape Drug) Glue, paint, aerosol, or any substance containing toluene 							
	► Hallucinogens (Peyote, LSD, Mushrooms)							
	Heroin / Opium							
80	<i>Within the past six months,</i> excluding the use of cannabis off the job ar drug(s) as indicated above?							
	IF YES, give details including <i>drug(s) used, most recent date used,</i> and	circumstances:						
80	 Designer Drugs (Ecstasy, Synthetic Heroin, etc.) Fentanyl GHB (Date Rape Drug) Hallucinogens (Peyote, LSD, Mushrooms) Heroin / Opium Within the past six months, excluding the use of cannabis off the job and drug(s) as indicated above? 	 Quaaludes Steroids Glue, paint, aerosol, or any substance containing toluene 						

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SECTION 8: LEGAL (continued)						
81. Prior to the past six months:						
I have <i>never</i> 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 <i>limited</i> circumstances (for example, experimentation, at parties, concerts, special events, etc.)						
IF YOU CHECKED BOX 2, give details including <i>drug(s) used, most recent date used</i> , and <i>circumstances:</i>						
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 <i>drug(s) involved, over what time period(s)</i> , and <i>circumstances</i> .						
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?						
IF YES, explain:						

Supplemental drug information provided on Page 33 \Box

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

SECTION 9: MOTOR VEHICLE INFORMATION (continued)									
86. Have you ever been refused a driver's license by any state?									
	IF YES, explain (include when, where, and circumstances):								
87.	Has your driver's license ever been suspended or	revoked?						YES	
1	F YES, explain (include when, where, and circums	stances):							
88.	List your current liability insurance on your vehicle								
88.1	TYPE OF COVERAGE	VEHICL	E MAKE			YEAR (Y)	YYY)	VEHICLE LICE	NSE
00.1	Insured Bonded Cash Deposit								
	INSURANCE COMPANY			POLICY NUMBER		EXPIR	ATION	I DATE (MM/DD/	(YYY)
							/	/	
	ADDRESS (NUMBER/STREET)	CIT	Ϋ́		STATE	ZIP			BER
	TYPE OF COVERAGE	VEHICLI				YEAR (Y)		() VEHICLE LICE	
88.2						TEAK (T	11)		NGE
	Insured Bonded Cash Deposit			POLICY NUMBER		EXPIR	ATION	I DATE (MM/DD/\	(YYY)
							1	1	,
	ADDRESS (NUMBER/STREET)	CIT	Ϋ́		STATE	ZIP		CONTACT NUME	BER
								()	
	Have you received any traffic citations, excluding	parking cit	ations, with	in the past seven	years?	YES		10	
	If YES, give details below.			I (STREET)			ITY		STATE
89.1			200.000	(0					0
	DATE VIOLATION OCCURRED		ACTION T	AKEN					
	Month: Year:		🗌 Not Gu	uilty 🗌 Fine	ed		Schoo	ol 🗌 Disr	nissed
	NATURE OF VIOLATION			N (STREET)			ITY		STATE
89.2									
	DATE VIOLATION OCCURRED		ACTION T	AKEN		L			
	Month: Year:		🗌 Not Gu		ed	Traffic		ol 🗌 🗌 Disr	nissed
89.3	NATURE OF VIOLATION		LOCATION	N (STREET)		C	ITY		STATE
00.0									
	DATE VIOLATION OCCURRED					_			
	Month: Year:		📙 Not Gu	uilty 🛛 🖾 Fine	ed	Traffic	Schoo	ol 🗌 🗌 Disr	nissed

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SEC	TION 9: MOTOR VEHICLE INFOR	MATION (continued)				
90.	Has a traffic citation ever resulted in a	warrant or caused your driver's license to be w	vithheld due to the follow	ving (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 <i>within the past sev</i>	ven years?		VES	
	IF YES, give details below.					
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)		CITY		STATE
91.1	1					
		RCEMENT AGENCY	AT FAULT	_	WAS THE ACCI	
			I YES			Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)		CITY		STATE
		RCEMENT AGENCY	AT FAULT	2	WAS THE ACCI	DENT2
				П NO		Non-injury
92.	Have you ever driven a vehicle without	It auto insurance, as required by law?			Yes	
	IF YES, GIVE REASON					(MM/YYYY)
[/	/
93.		ile liability insurance or a bond, or had them ca	ancelled?			
	IF YES, GIVE REASON				DATE (MI	M/YYYY)
					/	
		INSURANCE COMPANY				
-						
	plemental motor vehicle informa	tion provided on Page 33 🗆				
SEC	TION 10: OTHER TOPICS					
94.	Have you ever applied for a conceale	d carry weapon (CCW) permit?			Yes	
	· · · · · · · · · · · · · · · · · · ·	CCW permit?				
95.		ever used force or violence against another pe or who resided in the same household as you				
96.	Since the age of 15, have you ever b	een involved in an anger-provoked physical fig	pht, confrontation or oth	ner violent a	nct? 🗌 YES	
97.	law enforcement gang, or any other g	tattoo signifying membership in, or affiliation v roup that advocates discrimination, genocide, n, ethnic origin, nationality, gender, sexual orig	or violence against ind	ividuals bec	cause	

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?	LI 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

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

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SEC	CTION 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?
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?
	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 33.

Supplemental other topics information provided on Page 33 \Box

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	
Signature		r un.	

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.

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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.

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