

INSTRUCTIONS TO APPLICANT

Information you provide in this Personal History Statement (PHS) will be used in the background investigation to assist in determining your suitability in accordance with POST Regulation 1018. This information will be strictly confidential and is the exclusive property of the hiring agency. Type or neatly print, in ink, responses 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 can not obtain a number or remember certain information, indicate so in your response.** Complete each section. Use the back of the page or a separate sheet of paper if additional space is needed, prefacing the information with the number in question. It is your responsibility to provide all of the required information and to make sure the information is up to date and accurate, Make sure you include contact numbers for references, family member, employers, co-workers, and supervisors, so **Utilize phone directories and/or the internet, for phone numbers and addresses when necessary.**

SECTION 1		PERSONAL	
1. YOUR FULL NAME			
<u>Last</u>	<u>First</u>	<u>Middle</u>	
2. OTHER NAMES, INCLUDE NICKNAMES YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE (city, state, zip code)			
4. CONTACT NUMBERS (area code first)			
<u>Home</u>	<u>Cell</u>	<u>Work</u>	
5. E-MAIL ADDRESS			
6. DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
7. PHYSICAL DESCRIPTION			
<u>Sex</u>	<u>Age</u>	<u>Height</u>	<u>Weight</u>
<u>Hair Color</u>	<u>Eye Color</u>	<u>Corrective Lens</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. TATTOS (design & location)			
9. CITY OF BIRTH	COUNTY OF BIRTH	STATE OF BIRTH	
10. Apart from English, are you fluent in any other languages <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What?			
1. _____	2. _____	3. _____	
11. If you were born outside of the United States, are you a U.S.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you a resident alien who is eligible and has applied for U.S. Citizenship			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Section 2					RELATIVES / IMMEDIATE FAMILY				
Martial Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Annulment <input type="checkbox"/> Separated <input type="checkbox"/> Widowed									
Current Spouse / Significant Other <input type="checkbox"/> N/A <input type="checkbox"/> Deceased					Home Address (state, zip code)				
Date of Birth		Date of Marriage		Length of Marriage		Date of Divorce		Children from Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone			Cell		Occupation			Work Number	
<p><u>If divorced, widowed, or annulment</u></p> <p>1. Former Spouse: _____ Date of Birth: _____ Home Address: _____ Occupation: _____ Home Phone: _____ Cell: _____ Work: _____</p> <p>2. Alimony Payments <input type="checkbox"/> Yes <input type="checkbox"/> No Been Delinquent: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Payments: _____</p> <p><input type="checkbox"/> Check if Divorced or Annulment more than once. Provide information on the back of this page with the above information for each former spouse or domestic partner</p>									

List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you.									
Name	Sex		Age	Relationship To You				Living With You	
	M	F		Natural	Step	Adopted	Foster	Yes	No

1. Are you currently or have you ever been ordered by the court to pay child support? Yes No
2. If you are currently paying or have ever been ordered to pay child support, have you made all of the payments as ordered? Yes No. If no, please explain? _____

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

Section 2 RELATIVES / IMMEDIATE FAMILY
 List All Living and dead family members, including Half-siblings, Step-siblings, Foster siblings, etc.

Father		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

Mother		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

Step-Father		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

Step-Mother		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

Father-in-Law		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

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Section 2 RELATIVES / IMMEDIATE FAMILY			
List All Living and dead family members, including Half-siblings, Step-siblings, Foster siblings, etc.			
Mother-in-Law		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

Father-in-Law		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister Name: _____ Age _____	Home Address (city, state, zip code) ----- E-Mail: _____		
Home Phone	Cell Phone	Occupation	Work Phone
<input type="checkbox"/> Deceased / List date and cause of death			

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister Name: _____ Age _____	Home Address (city, state, zip code) ----- E-Mail: _____		
Home Phone	Cell Phone	Occupation	Work Phone
<input type="checkbox"/> Deceased / List date and cause of death			

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

Section 2 - continued **RELATIVES / IMMEDIATE FAMILY**
 List All Living and dead family members, including Half-siblings, Step-siblings, Foster siblings, etc.

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister Name: _____ Age _____	Home Address (city, state, zip code) ----- E-Mail: _____
Home Phone _____ Cell Phone _____	Occupation _____ Work Phone _____
<input type="checkbox"/> Deceased / List date and cause of death	

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister Name: _____ Age _____	Home Address (city, state, zip code) ----- E-Mail: _____
Home Phone _____ Cell Phone _____	Occupation _____ Work Phone _____
<input type="checkbox"/> Deceased / List date and cause of death	

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister Name: _____ Age _____	Home Address (city, state, zip code) ----- E-Mail: _____
Home Phone _____ Cell Phone _____	Occupation _____ Work Phone _____
<input type="checkbox"/> Deceased / List date and cause of death	

Section 3

REFERENCES

List 5 People Who Know You Well, Such As Social and Family Friends. DO NOT INCLUDE RELATIVES, EMPLOYERS, CO-WORKERS, OR OTHER INDIVIDUALS ALREADY LISTED ELSEWHERE

1. Name			Home Address (city, state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

2. Name			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

3. Name			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

4. Name			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

5. Name			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

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

Section 4 – continued	RESIDENCE	
4. Address (state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo Monthly Payment: _____	From: To:
If Renting, Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
Roommates:		
1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving? _____		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why not? _____		

5. Address (state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo Monthly Payment: _____	From: To:
If Renting, Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
Roommates:		
1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving? _____		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why not? _____		

6. Address (state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo Monthly Payment: _____	From: To:
If Renting, Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
Roommates:		
1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving? _____		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why not? _____		

Note: List additional addresses on the back of this page with the above information

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

Section 4 – continued	RESIDENCE
<p>1. Have you ever been in any disputes with a neighbor / landlord / roommate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Residence Location / Explain: _____</p> <p>b. Residence Location / Explain: _____</p> <p>c. Residence Location / Explain: _____</p> <p>d. Residence Location / Explain: _____</p>	
<p>2. Ever resided with a convicted felon or anyone currently incarcerated in Prison / Jail <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Residence Location / Explain: _____</p> <p>b. Residence Location / Explain: _____</p> <p>c. Residence Location / Explain: _____</p> <p>d. Residence Location / Explain: _____</p>	
<p>3. Have you ever been late with rent, asked to move out, or served an eviction notice <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Residence Location / Explain: _____</p> <p>b. Residence Location / Explain: _____</p> <p>c. Residence Location / Explain: _____</p> <p>d. Residence Location / Explain: _____</p>	
<p>4. Have the Police ever been to your residence for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Residence Location / Explain: _____</p> <p>b. Residence Location / Explain: _____</p> <p>c. Residence Location / Explain: _____</p> <p>d. Residence Location / Explain: _____</p>	
<p>5. Have you ever left a residence owing rent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Residence Location / Explain: _____</p> <p>b. Residence Location / Explain: _____</p> <p>c. Residence Location / Explain: _____</p> <p>d. Residence Location / Explain: _____</p>	
<p>6. Have you ever left a residence without receiving all of your cleaning deposit back? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Residence Location / Explain: _____</p> <p>b. Residence Location / Explain: _____</p> <p>c. Residence Location / Explain: _____</p> <p>d. Residence Location / Explain: _____</p>	

NOTE: List additional explanations on the back of this page

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

Section 5 EDUCATION
 List All Schools Attended Beyond 8th Grade, Beginning With High School. DO NOT LIST ELEMENTY SCHOOLS.

Do you posses (check each that applies to you): High School Diploma from an accredited U.S. institution
 G.E.D. California High School Proficiency 2 Year Degree 4 Year Degree
 I don't have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future

- How _____
- When _____
- Where _____

List High Schools Attended

1. School	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
	Units		GPA:

2. School	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
	Units		GPA:

3, School	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
	Units		GPA:

List College or Universities Attended

1. School	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Major	Type of Degree / Units		GPA

2. School	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Type of Degree / Units		GPA

3. School	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Type of Degree / Units		GPA

Section 5 – continued EDUCATION

1. Have you ever attended a POST Basic Academy? If Yes Yes No

- Academy Name: _____ From _____ To: _____
- Location (City, State) _____ Phone Number: _____

2. Did you complete the course Yes No

- If no, why not? _____

3. Have you ever attended a POST Basic Academy? If Yes Yes No

- Academy Name: _____ From _____ To: _____
- Location (City, State) _____ Phone Number: _____

4. Did you complete the course Yes No

- If no, why not? _____

List Trade, Vocational, or Business Schools/Institutes Attended

1. School Name / Address (City, State, zip code)	From:	To	Did You Complete The Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of School or Training Provided	Type of Degree / Certificate		

2. School Name / Address (City, State, zip code)	From:	To	Did You Complete The Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of School or Training Provided	Type of Degree / Certificate		
3. School Name / Address (City, State, zip code)	From:	To	Did You Complete The Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of School or Training Provided	Type of Degree / Certificate		

Personal History Statement

Section 5 - continued	EDUCATION
<p>1. Were you ever suspended or expelled from High School, College, University, Business, Vocational or Dispatch School. <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Explain? _____</p> <p>_____</p> <p>_____</p>	
<p>2. Were you ever placed on Academic Probation or been dismissed for Academic Disqualification? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Explain? _____</p> <p>_____</p> <p>_____</p>	
<p>3. Did you ever transfer from one school to another before graduating? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Explain? _____</p> <p>_____</p> <p>_____</p>	
<p>4. What activities did you participate while attending school (include sports and non-sports activities)</p> <p>_____</p>	

Section 6 - continued **EMPLOYMENT**

1. Name of Employer, Military Unit, Unemployed	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment		
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
• Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name		
_____ (H): _____	(Cell) _____	E-mail _____
Co-Workers Name		
1. _____ (H): _____	(Cell) _____	E-mail _____
2. _____ (H): _____	(Cell) _____	E-mail _____

1. Name of Employer, Military Unit, Unemployed	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment		
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No		

• Job Title: _____ Salary: _____ Evaluations: Yes No

• Duties / Assignment: _____

Laid Off Quit Terminated Failed Probation Resigned Under Pressure

Explain Reason for Leaving:

Supervisors Name
 _____ (H): _____ (Cell) _____ E-mail _____

Co-Workers Name
 1. _____ (H): _____ (Cell) _____ E-mail _____

2. _____ (H): _____ (Cell) _____ E-mail _____

Personal History Statement

Section 6 - continued **EMPLOYMENT**

1. Name of Employer, Military Unit, Unemployed		From	To
Address or Base (City, State, zip code)		Phone Number	
Period of Unemployment			
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed			
• Job Title: _____		Salary: _____	Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No
• Duties / Assignment: _____			
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure			
Explain Reason for Leaving:			
Supervisors Name		(H): _____	(Cell) _____ E-mail _____
Co-Workers Name		(H): _____	(Cell) _____ E-mail _____
1. _____		(H): _____	(Cell) _____ E-mail _____
2. _____		(H): _____	(Cell) _____ E-mail _____

1. Name of Employer, Military Unit, Unemployed		From	To
Address or Base (City, State, zip code)		Phone Number	
Period of Unemployment			
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other			

Full-Time Part-Time Temp Volunteer Military Internship Self-employed

• Job Title: _____ Salary: _____ Evaluations: Yes No

• Duties / Assignment: _____

Laid Off Quit Terminated Failed Probation Resigned Under Pressure

Explain Reason for Leaving:

Supervisors Name

(H): _____ (Cell) _____ E-mail _____

Co-Workers Name

1. _____ (H): _____ (Cell) _____ E-mail _____

2. _____ (H): _____ (Cell) _____ E-mail _____

1. Have you ever been investigated or disciplined at work. This includes verbal counseling written memos or reprimands, formal letters of counseling, suspensions, reductions in pay, reassignments, or demotions ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been fired, released from probation or asked to resign in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever had extended absences for any reasons other than work related medical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been involved in any physical / verbal altercation with a supervisor co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever quit or resigned without giving proper notice (2 weeks)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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 last 5 years which were not due to illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Days: _____	
8. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been accused of discrimination (such as sexual harassment or racial bias by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever taken any merchandise or money from your employer without permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever worked (even on the side) while collecting unemployment benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has your employer ever been sued as a result of your official actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you ever held employment under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. In the last three (3) years have you missed days or been late to work due to drug or Alcohol consumption? If yes, how often Total: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Has your work performance ever been affected by your use of alcohol or drugs? Employer: _____ When? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. In the last three (3) years have you ever been warned by an employer about your drinking or drug habits and their impact on your work performance? Employer: _____ When? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Have you ever applied to any other law enforcement agency? If yes, list EVERY agency Yes No
starting with the most recent

1. Name of Agency / Phone Number	Date Applied
Position applied for:	Contact Name:
Check each step in process	
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

2. Name of Agency / Phone Number	Date Applied
Position applied for:	Contact Name:
Check each step in process	
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph.CVSA <input type="checkbox"/> Failed Background	

3. Name of Agency / Phone Number	Date Applied
Position applied for:	Contact Name:
Check each step in process	
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

4. Name of Agency / Phone Number	Date Applied
Position applied for:	Contact Name:
Check each step in process	
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

5. Name of Agency / Phone Number	Date Applied
Position applied for:	Contact Name:
Check each step in process	
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

Note: List additional Jobs on the back of this page

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

Section 7**MILITARY**

If You Are A Male And Born After 1959 You Are Required To Register With The Selective Service. List All Of Your Military Experience, Starting With The Most Current. If You Have Military Experience, Including Reserve Duty, Enter Your Military Base, Assignment. Use Phone Directories If Necessary

1. Are you required to register for the Selective Service? Yes No
- If Yes, have you registered? Yes No
 - What is your Selective Service Number _____
 - If No, explain _____

2. Branch of Service Air Force Army Navy Marines National Guard Reserves

3. From _____ To _____ What year was your DD214 Issued? _____

4. Type of Discharge Entry Level Honorable Dishonorable General Bad Conduct

• Separation Code: _____ Re-Enlistment Code: _____

5. Highest Rank Achieved _____ What Rank were you at time of Discharge _____

6. Are you currently participating in one of the following: Military Reserve National Guard

7. Were you ever reduced in rank or pay grade? Yes No If yes, explain? _____

8. Are you eligible to re-enlist? Yes No. If no explain? _____

9. Did you fail to complete any term of enlistment for any reason? Yes No / If yes, explain _____

10. Were you ever investigated for any criminal activity while in the military? Yes No. If yes Explain? _____

11. Did you ever receive a Judicial or Non-Judicial Review form of punishment? Yes No. If yes Explain? _____

12. Have you ever been denied a security clearance, or had a clearance revoked, suspended, Yes No or downgraded. If Yes, explain: _____

13. Were you ever Absent Without Leave (AWOL) Yes No. If yes, Explain _____

14. Were you ever incarcerated? Yes No If yes, Explain? _____

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

Section 8 FINANCIAL

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary	\$	Home Payment	\$
Spouses Salary	\$	Car Payment	\$
Other Income		Auto Insurance	\$
1. Alimony -----	\$ _____	Credit Cards	\$
2. Child Support -----	\$ _____	Utilities	\$
3. Rental Property -----	\$ _____	Other	\$
4. Other _____	\$ _____		
Total monthly income	\$	Total monthly expenses	\$
Current Assets		Current Liabilities	
Savings	\$	Mortgage	\$
Checking	\$	Home Equity Loan	\$
Real Estate	\$	Line of Credit	\$
Stocks & Bonds	\$	Student Loan	\$
Autos paid off	\$	Auto Loan	\$
Other		Other	
1. _____	\$	1. _____	\$
2. _____	\$	2. _____	\$
Total Assets	\$	Total Liabilities	\$

List all banks or savings institutions where you have a current account

Bank	Address	Checking	Savings	How Long There

List all information on all current (open) charge accounts, loans, financial contracts, and long term liabilities

Name of Creditor	Reason for Debt	Monthly Payments	Current Balance	List the number of times you have been delinquent

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

Section 8 – continued**FINANCIAL**

1. Have you ever filed for bankruptcy? • Date: _____ Court Location: _____ Type (7,11,13) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied credit in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had your wages garnished or attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been delinquent on any court order payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had any bills turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had any goods, property, vehicles, or other items repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been delinquent on paying bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you written three (3) or more bad checks in one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been sued for any reason? • Date _____ Court Location _____ Type of Suit _____ Disposition _____ • Date _____ Court Location _____ Type of Suit _____ Disposition _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever defaulted or failed to pay on a loan? • Date _____ Loan Carrier _____ Type of Loan _____ Disposition _____ • Date _____ Loan Carrier _____ Type of Loan _____ Disposition _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been delinquent on any child support or alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever misrepresented yourself or provided false information in any application for financial assistance or credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever avoided paying a lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever borrowed money to pay for a gambling debt • If yes, do you still have an outstanding gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever spent money for illegal purposes (illegal drugs, prostitution, purchase of stolen property or fraudulent documents)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Section 9**LEGAL**

As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records are sealed, expunged, dismissed, or pardoned. All detentions and arrest whether they resulted in a conviction or not, all convictions, all diversion programs

1. Have you, your spouse, or family member ever been arrested, convicted, or issued a criminal citation for any felony or misdemeanor, indicted, or fingerprinted in this state or any other state or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been questioned or held on suspicion of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ever been stopped, questioned, or detained by a police for any reason other than traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been placed on any type of probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been the subject of a emergency, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been incarcerated or booked into a detention facility as an adult or juvenile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a criminal record sealed or expunged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been reported to law enforcement as a missing person or runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever used illegal narcotics as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been the subject of any federal or state civil rights investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever used physical force against someone with whom you have had a personal relationship with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have the police ever responded to your residence for any domestic or family problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been sued, sued anyone else or settled a claim out of court? This includes incidents arising out of your employment, divorce actions, small claims, or other suits	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been involved in any illegal activity in which you have not been arrested for? What were they?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever filed a false insurance claim or worker's compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever carried on your person or in a vehicle any weapon other than while employed as a police officer for either protection or to confront someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Section 9 – continued**LEGAL****Within the past seven (7) years have you ever committed any of the following acts, whether detected or not.**

1. Annoying / obscene phone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Brandishing a weapon (any type of weapon)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Carrying a concealed weapon without a permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Contributing to the delinquency of a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Defrauding an innkeeper (not paying for food or room at a hotel / motel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Driving under the influence of alcohol and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Drunk in Public (being so intoxicated in a public place the police responded)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Hit & Run collision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Hunting/Fishing without a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Illegal Gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Impersonating a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Indecent exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Joyriding (using a car or other vehicle without owner's permission)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Petty theft (value up to \$400, including shoplifting/switching price tags)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Possession of alcohol as a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Possession of falsified or altered identification, including use of another persons ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Possession of stolen property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Prostitution or soliciting a prostitute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Resisting arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Trespassing and/or Vandalism (including "tagging"?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Intentionally writing a bad check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Filing a false police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Any other act amounting to a misdemeanor within the past 7 years	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Section 9 – continued**LEGAL****Within the past seven (7) years have you ever committed any of the following acts, whether detected or not.**

24. Arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Assault with a deadly weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Theft of a vehicle or vehicle parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Burglary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Child molestation (performing unlawful acts with a child)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Accessing and/or possessing child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Elder abuse/neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Embezzlement (theft of money or other valuables entrusted to you)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Felony drunk driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Forcible rape or other type of unlawful intercourse	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Hit & Run with injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Hate crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Insurance fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Grand theft (value over \$400)	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Murder, homicide, or attempted murder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Perjury (lying under oath)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Robbery (theft from another person using a weapon of force)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Stalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Blackmail or extortion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Section 10 – continued

NARCOTICS

Within the last 2 years have you ever used any of the below listed narcotics? If yes, give details including drug(s) used, number of times, over what time periods, and circumstances

- Marijuana Barbiturates Cocaine/Crack Glue Morphine THC
- Designer Drugs GHB (date rape drug) Hashish /Oil Quaaludes Mescaline
- Steroids Heroin / Opium PCP / Angel Dust
- Hallucinogens (Peyote, LSD, Mushroom) Amphetamines / Methamphetamines

- I have never used any illegal drugs recreationally
- I have tried or used one or more drugs, but only under limited circumstances (experimentation, at parties, concerts, special events etc)
 - If checked, give details including drugs used, estimated number of times, over what time periods and circumstances:

- I used drugs on a regular basis (from one to several times a week)
 - If checked, indicate the drug and time periods of drug use. DO NOT include frequency of use:

Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including Marijuana?

- Sold Purchased Cultivated Manufactured Furnished Carried or held for another
- If checked, give details including drugs involved, over what time period and circumstances:

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

Section 11		MOTOR VEHICLE	
Drivers License Number	State of Issue	Expiration Date	Name appearing on License
List Other States Where You Have Been Licensed To Operate A Motor Vehicle			
State of issue	Type of License	Name Appearing On License	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	

Current Insurance Carrier						
Insurance Company, Address, Phone Number		Agent				
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Policy Number	Expires			
Do you pay for the insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy Holders Name				
List all motor vehicles owned, operated, or registered to you						
Year	Make	Model	License #	State	Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	Expires
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Section 11 – continued

MOTOR VEHICLE

List all Traffic Citations, excluding parking citations, you have received in the last 7 years

1. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

2. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

3. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

4. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

5. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

List all Motor Vehicle Accidents You Have Been Involved In During The Last 7 Years

1. Type of Accident (rear-end, side-swipe, etc)	Date of Accident	of	Police Agency
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury At Fault <input type="checkbox"/> Yes <input type="checkbox"/> No Cited <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Type of Accident (rear-end, side-swipe, etc)	Date of Accident	of	Police Agency
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury At Fault <input type="checkbox"/> Yes <input type="checkbox"/> No Cited <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Type of Accident (rear-end, side-swipe, etc)	Date of Accident	of	Police Agency
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury At Fault <input type="checkbox"/> Yes <input type="checkbox"/> No Cited <input type="checkbox"/> Yes <input type="checkbox"/> No			

List additional violations and / or traffic accidents on the back

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

Section 11 – continued **MOTOR VEHICLE**

1. Have you ever been refused a drivers license by any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has a traffic citation ever resulted in a warrant or caused your driver’s license to be withheld	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason: <input type="checkbox"/> Failed to appear in court <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay fine	
3. Have you ever driven a vehicle without auto insurance as required by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your driver’s license suspended or on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Except for medical reasons, has your driving privilege ever been suspended, revoked or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other than for medical reasons, have you ever been refused a drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Except for medical reasons, have you ever been refused or had your insurance cancelled	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has your auto insurance ever been placed in the assigned risk category as a result of your driving record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. As a driver, have you ever been involved in a traffic accident where you left the scene of the accident without identifying yourself (hit & run)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been in an accident that caused the death of another driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been arrested for Driving under the Influence of Alcohol and/or Drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has your car registration ever been withheld for failure to pay a Fine or Parking Citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been notified by the Department of Motor Vehicles that your driving privileges may be suspended for failing to show proof of financial responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been notified by the Department of Motor Vehicles that your driving privileges may be suspended for being a negligent operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have any outstanding traffic warrants today?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOTOR VEHICLE

If you answered yes to any of these questions, explain the circumstances.

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

Section 12	GENERAL
1. Have you ever taken a polygraph examination? If yes, what were the results?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had a close relationship with a convicted felon or inmate in a County Jail / Prison	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been in a relationship (current / past) with anyone who has been issued a citation, arrested or convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own or possess any firearms? If yes, list types and how many? 1. Type: _____ How Many: _____ 2. Type: _____ How Many: _____ 3. Type: _____ How Many: _____ 4. Type: _____ How Many: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever applied for or denied a concealed weapons permit? If denied, explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been denied a security clearance? If denied, explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have or have you ever had a tattoo signifying membership in or affiliation with a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you or any family member been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference of disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Since the age of 16 have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any difficulty working with people with different types of personalities, race religious beliefs, or physical impairment? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. List all organizations, fraternities, sororities, labor unions, professional associations in which you are now or have been a member of.	
13. What type of people do you have difficulty working with and how do you resolve the problem?	
14. What is your greatest attribute (personality strength)?	
15. What do you need to improve upon in your personality?	
16. What are your hobbies?	
17. Is there anything you have not listed or was not asked that may disqualify you from employment?	

POLICE OFFICER Only	
1.	What is your law enforcement experience? <input type="checkbox"/> Full-time Police Officer <input type="checkbox"/> Reserve/Auxiliary <input type="checkbox"/> None
2.	How many different law enforcement agencies have you worked for?
3.	Are there any aspects of police work that you might find distasteful? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what are they? _____
4.	Would you be incapable of using deadly force if it became necessary in the course of your duties as a police officer? If Yes, Explain _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Other than at an approved firing range, have you ever discharged your duty weapon? If yes, provide date and circumstances (include the agencies name): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	How many citizens' complaints were formally filed against you? <ul style="list-style-type: none">• How many were found to be true?
7.	How many written reprimands have you received?
8.	Have you ever been suspended from duty or received a reduction in pay? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none">• Incident _____• Incident _____
9.	Have you ever damaged departmental equipment, property, or vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none">• Incident _____• Incident _____
10.	How many times have you shot at someone?
11.	Indicate whether you have been rejected as a job applicant for any of the following reasons <ul style="list-style-type: none">• Issues raised during background investigation• Issues raised during polygraph examination <input type="checkbox"/> Yes <input type="checkbox"/> No• Issues raised during oral board <input type="checkbox"/> Yes <input type="checkbox"/> No• Issues raised during physical agility test <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Explain each:</p> _____ _____

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

12. List all on duty traffic accidents and explain circumstances. Include dates and if at fault

- Incident _____
- Incident _____

13. List all internal affair complaints you have received while employed as a law enforcement officer.

- Date: _____ Nature of Complaint: _____
- Agency: _____ Findings: _____

- Date: _____ Nature of Complaint: _____
- Agency: _____ Findings: _____

- Date: _____ Nature of Complaint: _____
- Agency: _____ Findings: _____

- Date: _____ Nature of Complaint: _____
- Agency: _____ Findings: _____

14. If it becomes necessary to shoot at another human being in the course of carrying out your law enforcement duties, would you be willing to do so? Yes No If no, why?

15. If it became necessary to inflict serious physical injury on another human being in the course of carrying out your law enforcement duties, would you be willing to do so? Yes No If no, why?

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

Declaration of Police Officer Applicant

I hereby certify that I have personally completed each page of this form and any supplemental pages(s) I have attached, and that all statements made on each and every page are true and complete to the best of my knowledge and belief.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment in the event I am hired.

I also understand that as part of my background investigation I will be asked to take a polygraph examination pursuant to Labor Code Section 432.2. Refusal to do so when asked will result in my not being further considered for employment with the City of Soledad as a Police Officer.

Advisement of Rights

Labor Code Section 432.2 / Polygraph or Lie Detector test as condition of employment states;

- a. No employer shall demand or require any applicant for employment or prospective employment, or any employee to submit to, or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. This prohibition does not apply to Federal Government or any agency thereof, or the State Government or any agency or local subdivision thereof, including, but not limited to, counties, cities, cities and counties, districts, authorities, and agencies.
- b. No employer shall request any person to take such a test, or administer such a test, without first advising the person in writing at the time the test is to be administered of the rights guaranteed by this section.

Signature of Applicant: _____ Date: _____

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