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 and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or 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 last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send
 the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

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

I have read and I understand the above instructions.		
Signature:	Date:	

SECTION	1: PERSONA	\L							
1. YOUR FUL	L NAME								
LAST				FIRST			MIDDLE		
2. OTHER NA	AMES YOU HAVE U	SED OR BEEN KNOW	N BY (INCLUDE MA	AIDEN NAME AND) NICKNAMES)				□ N/A
3. ADDRESS	WHERE YOU LIVE								
NUMBER /	STREET						APT / UNIT		
CITY							STATE	ZIP	
4. MAILING A	ADDRESS, IF DIFFE	RENT FROM ABOVE (FOR EXAMPLE, PO	O BOX)					
5. CONTACT			,)			- ()			
HOME ()	WORK	()	EXT	Γ OTHE	:R ()	CEL	L FAX	
6. CONTACT	EMAIL	·		7. LIST A	LL OTHER EMAIL ADDRES	SSES (SEPARATED BY 0	COMMAS)		
8. CITIZENSH	HIP								
Are you	a U.S. citizen?							Ye	s No
IF NO, a	re you a reside	nt alien who is eli	gible and has a	applied for U.S	6. citizenship?			Ye	s No
9. BIRTH PLA	ACE (CITY / COUN	TY / STATE / COUNTR	Y)						
10. BIRTHDAT	E (MM/DD/YYYY)	11. SOCIAL SECU	URITY NUMBER	12. DRIVER'S	LICENSE				
		_	-	NUMBER:		STAT	E: EXPII	RES:	
13. PHYSICAL	L DESCRIPTION								
HEIGHT:		WE	IGHT:		HAIR COLOR:		EYE COLOR:		
SECTION	2. RELATIV	ES AND REFER	ENCES						
14. IMMEDIA		LO AND KEI EK							
		ble information in	the engage had	low - Mor	rk "Deceased" if ann	ranziata			
		ble information in egory is not applic	•		rk "Deceased," if appi nore space is needed,	•	27 _ reference c	orrespondin	na numbere
				• 11 11	lore space is freeded,	, continue on page	_		
14.A Spous	se / Registered	d Domestic Partn	HOME ADDRESS	S (NILIMBER / STRI	FET / APT)	CITY	L	Deceased STATE 2	□ N/A
INAIVIL			HOWE ADDICES	(NOMBER / STR	LLI / AF I)	CITT		SIAIL	-IF
	HOME PHONE		WORK ADDRESS	S (NUMBER / STR	EET / SUITE)	CITY		STATE 2	ZIP
	()				, ,				
	WORK PHONE		CELL PHONE		EMAIL				
	()		()						
	DATE OF MARRIA	AGE/REGISTRATION							
	,	(MM/YYYY)			Is there, or has ther				
					order in effect involv	ving you and this in	dividual?		Yes No
	er Spouse / Fo	ormer Registered						Deceased	□ N/A
NAME			HOME ADDRESS	(NUMBER / STR	EET / APT)	CITY		STATE 2	ZIP
	HOME PHONE		WORK ADDRESS	S (NUMBER / STR	FET / SUITE)	CITY		STATE 2	7 P
	()		WORKADDINEOC	O (NOMBER / OTT	LET / GOITE)	OITT		OTATE 2	-11
	WORK PHONE		CELL PHONE		EMAIL				
	()		()						
	DATE OF MARRIA	AGE/REGISTRATION	DATE OF DISSOI	LUTON					
	/	(MM/YYYY)	/	(MM/YYYY)	Is there, or has ther order in effect involved				Yes No

SECTI	ION 2:	RELATIVES	AND REF	ERE	NCES co	ontinue	d							
14.C P	arents /	Guardians												
Li	ist ALL	parents/guard	lians, living	or de	ceased, ir	ncludin	g biological	, adoptive, foste	er, step-p	arent	ts, in-laws, etc.			
14.C.1	Parent	/ Guardian:	☐ Mother					☐ Step-father	☐ In-la	w	Other:			Deceased
NAME					HOME ADI	DRESS (I	NUMBER / STF	REET / APT)		CITY		STATE	ZIF)
		HOME PHONE			MAILING A	ADDRESS	(IF DIFFEREN	NT)		CITY		STATE	ZIF	•
		()			OFIL DUO	NIE.		FRANII						
		WORK PHONE			()	INE		EMAIL						
		,						_			_			_
14.C.2 NAME	Parent	/ Guardian:	☐ Mother	Ш			p-mother NUMBER / STR	Step-father	☐ In-la	CITY	Other:	STATE		Deceased
INAIVIE					HOIVIE ADI	DRESS (I	NUMBER / 31P	CEET/APT)		CITT		STATE		
		HOME PHONE			MAII ING A	ADDRESS	(IF DIFFEREN	JT)		CITY		STATE	ZIF	.
		()					(11 511 1 21121	,		0		0.7.112		
		WORK PHONE			CELL PHO	NE		EMAIL						
		()			()									
14.C.3	Parent	/ Guardian:	☐ Mother		Father	□ Ste	p-mother	☐ Step-father	☐ In-la	ıw	Other:		Тг	Deceased
NAME	T GI OIII	, Guaraiani					NUMBER / STF			CITY		STATE		_
		HOME PHONE			MAILING A	ADDRESS	(IF DIFFEREN	NT)		CITY		STATE	ZIF	0
		()												
		WORK PHONE			CELL PHO	NE		EMAIL						
		()			()									
14.C.4	Parent	/ Guardian:	☐ Mother		Father	☐ Ste	p-mother	☐ Step-father	☐ In-la	ıw	Other:			Deceased
NAME					HOME ADI	DRESS (1	NUMBER / STF	REET / APT)		CITY		STATE	ZIF	
		HOME PHONE			MAILING A	ADDRESS	(IF DIFFEREN	NT)		CITY		STATE	ZIF	•
		WORK PHONE			CELL PHO	NIT.		EMAIL					丄	
		()			()	/INC		EWAIL						
5	- 41	10:1			/									
14.D B	rotners	/ Sisters											4_	□ N/A
Li	st ALL I	L IVING sibling	gs, includino	g half	-siblings,	step-sil	olings, foste	er-siblings, etc.						
	Sibling	g: 🔲 Brothe	er 🗌 Siste											
NAME				AGE	HOME ADI	DRESS (1	NUMBER / STF	REET / APT)		CITY		STATE	ZIF	
		HOME PHONE			MAILING A	ADDRESS	(IF DIFFEREN	NT)		CITY		STATE	ZIF	•
		()											\perp	
		WORK PHONE			()			EMAIL						
		()						_					_	
14.D.2 NAME	Sibling	g: Brothe	er Siste					r Other: _		CITY		LOTATE	- 1	
INAIVIE				AGE	HOWE ADI	DRESS (I	NUMBER / STF	REET / APT)		CITY		STATE	, ZIF	
		HOME PHONE			MAII ING A	ADDRESS	(IF DIFFEREN	NT)		CITY		STATE	711	o
		()			WAILING P	DUNLOG	(II DII I LIXEI	,		OITT		STATE	211	
		WORK PHONE			CELL PHO	NE		EMAIL					_	
		()			()									
		· ′												

SECT	SECTION 2: RELATIVES AND REFERENCES continued									
14.D.3	Sibling	: Brothe	r 🔲 Siste	r 🔲	Half-brother Half-sister	Other:				
NAME				AGE	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP	
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP	
		()								
		WORK PHONE			CELL PHONE	EMAIL				
		()			()					
14.D.4	Sibling	: Brothe	r Siste	r 🔲	Half-brother Half-sister	Other:				
NAME				AGE	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP	
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP	
		()								
		WORK PHONE			CELL PHONE	EMAIL				
		()			()					
14 E. C	hildren								□ N/A	
		IVING obilde	on includin	a not	ral adopted stan and/ar fa	ester care. Include care	other children who reside with your	Provide		
	List ALL LIVING children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.									
14.E.1	Child:	☐ Son [Daughter							
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	N (IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
						1				
					CONTACT NUMBER	EMAIL				
					()					
14.E.2	Child:	☐ Son [☐ Daughter		Other:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	N (IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
14.E.3	Child:	☐ Son [Daughter		Other:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	N (IF OTHER THAN YOU)				
							Lawre	I	T	
					ADDRESS (NUMBER / STREET /	API)	CITY	STATE	ZIP	
					CONTACT NUMBER	LEMAN				
					CONTACT NUMBER	EMAIL				
			_		()	<u> </u>				
14.E.4 NAME	Child:	☐ Son	Daughter	AGE	Other: CUSTODIAL PARENT/GUARDIAN	I (IE OTHER THAN YOU)				
INAIVIE				AGE	COSTODIAL PARENT/GUARDIAN	(II OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL	l		I	
					()					
						1				

		RELATIVES AND REFERENC	ES continued					
15. LI	ST OF REFER	RENCES						
•		10 people who know you well, surers. Do NOT include relatives, en			mily friends, teachers, military colleag elsewhere.	jues, ar	nd/or	
15.1	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP	
15.1								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()						
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
		How do you know this person?			How long have you known this person?			
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP	
15.2								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()						
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
		, ,	, ,	<u> </u>	Ī			
		How do you know this person?			How long have you known this person?			
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	HOME ADDRESS (NUMBER / STREET / APT)		STATE	ZIP	
15.3								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()						
	WORK PHONE		CELL PHONE	EMAIL				
	()		()					
		How do you know this person?		l	How long have you known this person?			
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
15.4								
	l	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
		()						
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
		Llaur de veu les aux this nomes 2		1	Have land have you know this name?			
		How do you know this person?			How long have you known this person?			
15.5	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET)	/ APT)	CITY	STATE	ZIP	
. 5.5								
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()						
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
How do you know this person?					How long have you known this person?			
NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT)					CITY	STATE	7ID	
15.6	INAIVIE OF R	LI LILLINGE	HOWE ADDRESS (NUMBER / STREET)	/ArT)	CITT	STATE	LIF	
		LIONE DUONE	WORK ADDRESS (ALLEYSES (OTSETS	/ CLUTE'	CITY	OTATE	710	
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP	
		()		1				
		WORK PHONE	CELL PHONE	EMAIL				
		()	()					
		How do you know this person?			How long have you known this person?			

SECTION 2: RELATIVES AND REFERENCES continued									
15.7	NAME OF R	EFERENCE	HOMI	E ADDRESS (NUMBER / STREE	Г / АРТ)	CITY		STATE	ZIP
		HOME PHONE	WOR	K ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
		()							
		WORK PHONE	CELL	. PHONE	EMAIL	•			•
		()	()					
		How do you know this pe				How long hav	e you known this person?		
15.8	NAME OF R	EFERENCE	HOMI	E ADDRESS (NUMBER / STREET	T / APT)	CITY		STATE	ZIP
10.0									
		HOME PHONE	WOR	K ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
		WORK PHONE	CELL	. PHONE	Теман				
		()	CELL)	EMAIL				
		()	(,		1			
		How do you know this pe	erson?			How long hav	e you known this person?		
15.9	NAME OF R	EFERENCE	HOMI	E ADDRESS (NUMBER / STREET	T / APT)	CITY		STATE	ZIP
		HOME PHONE	WOR	K ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
		()							
		WORK PHONE	CELL	. PHONE	EMAIL				
		()	()					
	How do you know this person?				•	How long hav	e you known this person?		
45 40	NAME OF R	EFERENCE	HOM	E ADDRESS (NUMBER / STREE	Γ/APT)	CITY		STATE	ZIP
15.10									
	•	HOME PHONE	WOR	K ADDRESS (NUMBER / STREE	T / SUITE)	CITY		STATE	ZIP
		()							
		WORK PHONE	CELL	. PHONE	EMAIL				
		()	()					
		How do you know this pe	erson?			How long have you known this person?			
SEC	CTION 3:	EDUCATION							
•	NOTE:			scripts or other proof to use on page 27.	support all of ye	our education	nal claims in Section 3	3.	
16. C	HECK APPL	ICABLE	MM/YYYY	MM/YYYY				М	M/YYYY
		ligh School Diploma:	/	☐ GED: /	☐ Califor	rnia High Scho	ol Proficiency Certificate:		1
17. LI	IST HIGH SC	CHOOL(S) ATTENDED							
47.4	NAME OF H	IGH SCHOOL					FROM (MM/YYYY)	TO (MM/Y	YYY)
17.1							/		/
			CIT	Υ				STATE	
17.2	NAME OF H	IGH SCHOOL						TO (MM/Y	YYY)
[112]				W			/	OT ATE	/
			CIT	T				STATE	
							<u>'</u>		

SEC	TION 3:	EDUCATION continued						
18. LI	ST ALL COL	LEGES AND UNIVERSITIES ATTENDED						
40.4	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/	YYYY)	TO (MI	M/YYYY)	TOTAL	L UNITS COMPLETED
18.1			/			/		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY		S	TATE	ZIP		MAJOR / AREA OF STUDY
	NAME OF C	L OLLEGE/UNIVERSITY	FROM (MM/	YYYY)	TO (MI	M/YYYY)	TOTAI	L UNITS COMPLETED
18.2			/			1	☐ QTR SYSTEM ☐ SEM SY	
		ADDRESS (NUMBER / STREET)				<u>'</u>		TYPE OF DEGREE EARNED
		, , , , , , , , , , , , , , , , , , , ,						
		CITY		l s	ZIP		MAJOR / AREA OF STUDY	
		Offi			TATE	211		WAGON / ANEA OF GIGDT
	NAME OF C	DOLL FOR ALNUARDOLTA	EDOM (MANA)	2000	TO (M)	44444	TOTAL	LINITO COMPLETED
18.3	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM/	YYYY)	TO (MI	M/YYYY)	TOTAL	L UNITS COMPLETED
			/			1		QTR SYSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY						
				TATE	ZIP		MAJOR / AREA OF STUDY	
	NAME OF C	ÖLLEGE/UNIVERSITY	FROM (MM/	YYYY)	TO (MI	Ŵ/YYYY)	TOTAL	L UNITS COMPLETED
18.4						/		☐ QTR SYSTEM ☐ SEM SYSTEM
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED
		CITY	STATE ZIP		MAJOR / AREA OF STUDY			
19. LI		ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTEN			10000	1.70 (4.040.0)		This you could see the couldess
19.1	NAME OF I	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	1	FROM (MM	/YYYY)	TO (MM/YY	Y Y)	DID YOU COMPLETE THE COURSE?
		Towns .		/		/		Yes No
		CITY		STATE	E TYF	PE OF SCHOOL	OR TRA	AINING
19.2	NAME OF 1	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	F	ROM (MM	/YYŸY)	TO (MM/YY	YY)	DID YOU COMPLETE THE COURSE?
19.2				/		/		☐ Yes ☐ No
		CITY	•	STATE	TYF	PE OF SCHOOL	OR TRA	AINING
20.	Have you	ever taken a PC832 (Arrest and/or Firearms) Course?						Yes No
	IF YES, p	rovide the following information:						
		A. COURSE PRESENTER NAME				LOCATION	(CITY /	STATE)
		B. COURSE COMPLETION						COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?				🔲 \	es/	□ No /

SEC	TION 3: EDUCATION continued										
21.	Have you ever attended a POST Basic Course/Academy: R	legular, Spe	cialized Investig	jators', Rese	erve, or Dispa	tcher?	Yes No				
	IF YES, provide the following information:										
	NAME OF ACADEMY		FROM (MM	/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?				
21.1			/		/		☐ Yes ☐ No				
	LOCATION (CITY, STATE)	NAME OF TR	AINING OFFICER / /	ACADEMY COO	RDINATOR	CONT	ACT NUMBER				
					()				
	NAME OF ACADEMY	<u> </u>	FROM (MM	/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?				
21.2			/	,	/		☐ Yes ☐ No				
	LOCATION (CITY, STATE)	NAME OF TR	AINING OFFICER / /	ACADEMY COO	RDINATOR	CONT	ACT NUMBER				
						()				
		J.									
ı	Have you ever been subject to any disciplinary action, include from any high school(s), college/university, business, trade set yes, describe in detail below. Starting with high school, lise POST basic course. Include when the disciplinary action(s) or	school, or P	OST basic cours	se/academy′	ed in any sch	ool, education					
0=0	TION A DECIDENCE MOTORY										
	TION 4: RESIDENCE HISTORY										
23 . L	IST OF RESIDENCES										
•		address, n			ode. Do NOT	list military ba	rracks mates				
23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (M	/ /	Present				
	CITY	STATE	ZIP	IE DENTING:	DDODEDTV MA	NACED DENT CO	DLLECTOR, OR OWNER				
	GITT	SIAIL	ZIF	IF KENTING.	FROFERTIWA	NAGER, RENT OC	DELECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMB)	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER .				
						()					
	CITY	STATE	ZIP	EMAIL		· ,					
	Name(s) of those with whom you live:	'		•							
23.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MI	M/YYYY)	TO (MM/YYYY)				
23.2					/		/				
	CITY	STATE	ZIP	IF RENTING:	PROPERTY MA	NAGER, RENT CC	DLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMBI	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
						()					
	CITY	STATE	ZIP	EMAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:										
	Todas To The Things										

SEC	TION 4:	RESIDENCE HISTORY continued							
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	M/YYYY)	TO (MM/YYYY)	
23.3						/		/	
	CITY		STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CC	DLLECTOR, OR OWNER	
	MAII ING AF	DDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	FR / STREET / APT /	PO BOX)		CONTACT NUMB	FR	
							()		
	CITY		STATE	ZIP	EMAIL		,		
	Name(s)	of those with whom you lived:							
		or moving:							
00.4	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	M/YYYY)	TO (MM/YYYY)	
23.4						/		/	
	CITY		STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CC	DLLECTOR, OR OWNER	
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	<u>L</u> ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER	
							()		
	CITY		STATE	ZIP	EMAIL				
·	Name(s) of those with whom you lived:								
		or moving:							
23.5	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (N	M/YYYY)	TO (MM/YYYY)	
25.5						/		/	
	CITY		STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CC	DLLECTOR, OR OWNER	
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER	
							()		
	CITY		STATE	ZIP	EMAIL				
	Name(s)	of those with whom you lived:							
	Reason f	or moving:							
24	IST OF HOL	SEMATES							
24. L									
•	Provide	contact information for all housemates listed in Ques	tion 23	with whom you l	have resided du i	ring the	past 10 years	s or since age 15.	
•	Do NO	Γ list anyone for whom you have already provided con	tact info	ormation.					
•	If more	space is needed, continue your response on page 27							
	NAME OF H	OUSEMATE					CONTACT NUMBI	ER	
24.1							()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		S	STATE ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEN	D, HOUSE	EMATE ONLY, ETC.)	EMAIL				
	Į.								

SECTION 4: RESIDENCES continued										
	NAME OF H	OUSEMATE			CONTACT NUM	MBER				
24.2					()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	NAME OF H	OUSEMATE			CONTACT NUM	MBER				
24.3					()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		,	STATE	ZIP			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
		·····								
	NAME OF H	OUSEMATE			CONTACT NUM	MRED				
24.4					()	JEIN				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		\ \ \	STATE	7ID			
		CONNERT ADDITESS II DII I ENERT (NUMBER / STREET / MPT)	OHY			SIMIE	LIF			
		NATURE OF BELATIONICHID (E.C. DELATIVE LAND) ORD FRIEND HOUSEWATE ONLY STOLE		LEMAII						
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	TALANT OF	OLOFIA TE			CONTACTOR	IDEE.				
24.5	NAME OF H	OUSEMATE			CONTACT NUM	IBER				
					()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
24.6	NAME OF H	OUSEMATE			CONTACT NUM	/BER				
24.6					()					
	•	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	NAME OF H	OUSEMATE			CONTACT NUM	MBER				
24.7					()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,		STATE	ZIP			
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
25.	Have vou	ever been evicted or asked to leave a residence?					Yes N	0		
26.	Have you	ever left a residence owing rent, utilities, or other household expenses?					Yes N	0		
- 1	f you answ	ered "YES" to Questions 25 and/or 26, explain (include when, where, and circ	rcum	stances):						
_										
_										

SEC	TION 5: EXPERIENCE AND EMPLOYM	IENT									
27. J	OB EXPERIENCE										
•	List ALL jobs you have had, including par	rt-time, temporary, self-employment	and vo	olunteer. (E	Begin with yo	ur most current.)					
	If you have military experience, including										
	List ALL periods of unemployment in exc		,	J ,		g					
	If more space is needed, continue your re	•									
	ii more space is needed, continue your re	ssponse on page 27.									
	NAME OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)				
27.1						/	/				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR					
	CITY		STATE	ZIP	CONTAC	T NUMBER	EXT				
					()						
	JOB TITLE / RANK				EMAIL						
	DUTIES / ASSIGNMENTS			TYPE OF	EMPLOYMENT	(CHECK ALL THAT APP	LY)				
				□F	T 🗌 PT 🗀	Temp Self-emp	loyed				
	NAMES OF CO-WORKERS			REASON	FOR WANTING	TO LEAVE					
	1)	2)									
	Would there be a problem if we contact your current employer?										
	would there be a problem if we contact yo	our current employer?				•••••	∐ Yes ∐ No				
	IF YES, explain:										
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)				
27.2	☐ Student ☐ Between jobs ☐ Leav	ve of absence	her:			/	/				
27.3	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)				
21.3						/	/				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR					
	CITY		STATE	ZIP		「 NUMBER	EXT				
					()						
	JOB TITLE / RANK				EMAIL						
	DUTIES / ASSIGNMENTS					(CHECK ALL THAT APPI	,				
						Temp Self-empl	oyed U Volunteer				
	NAMES OF CO-WORKERS	2)		REASON	FOR LEAVING						
	1)	2)									
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)				
27.4	☐ Student ☐ Between jobs ☐ Leav	ve of absence	her:			/	/				

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued									
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
27.5						/	/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR				
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT			
					()					
	JOB TITLE / RANK				EMAIL					
	DUTIES / ASSIGNMENTS					MENT (CHECK ALL THAT APPLY)				
				FT [PT .	Temp Self-emplo	yed Volunteer			
	NAMES OF CO-WORKERS			REASON FOR	LEAVING					
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)			
27.6	☐ Student ☐ Between jobs ☐ Lea		□ Other:			/	/			
	Gradent Between jobs Beca	ve of absence fraver				,	'			
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
27.7						/	/			
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	CITY	CONTACT	ACT NUMBER EXT							
	JOB TITLE / RANK									
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL	•			
						Temp Self-emplo	yed UVolunteer			
	NAMES OF CO-WORKERS	0)		REASON FOR	LEAVING					
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)			
27.8	☐ Student ☐ Between jobs ☐ Lea	ve of absence	Other:			/	/			
	*			•						
27.9	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)			
						/	/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR				
	All I		1				[-]-			
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT			
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	JOB TITLE / RANK				EMAIL					
	DUTIES / ASSIGNMENTS			TYPE OF EMPI	OVACNT (CHECK ALL THAT APPL				
	DOLIES / VOSIGIAIMENTS				,	Temp Self-emplo	,			
	NAMES OF CO-WORKERS			REASON FOR		remb 🗖 gen-emblo	yeu 🔲 volunteer			
	1)	2)		REAGONTOR	LLAVING					
ļ	• '	-/								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)			
27.10	☐ Student ☐ Between jobs ☐ Lea	ve of absence	Other:			/	/			
						l	1			

SEC	TION 5: EXPERIENCE AND EMPLOYN	IENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)	
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	ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVIS					SOR				
	CITY		STATE	ZIP		CONTACT	NUMBER EXT			
						()				
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS			TYPE	E OF EMPL	OYMENT (CHECK ALL THAT APPLY)			
					FT 🔲	PT 🔲	Temp ☐ Self-employed ☐ Volunteer			
	NAMES OF CO-WORKERS			REAS	SON FOR L	EAVING				
	1)	2)								
	DEDICE OF LINEARY OVALENT (OLICOV APPLICADIE)						EDOM (MMADOOD)	TO /	14420000	
27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	10 (1	MM/YYYY)	
	Student Between jobs Leav	/e of absence ☐ Travel ☐ Ot	ner:				/		/	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)	
27.13							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR			
	CITY		STATE	ZIP		CONTACT	CT NUMBER EXT			
						()				
	JOB TITLE / RANK					EMAIL				
	DUTIES / ASSIGNMENTS			TYPE	E OF EMPL	OYMENT (CHECK ALL THAT APPL	-Y)		
					FT 🗌	PT	Temp Self-emplo	oyed	Volunteer	
	NAMES OF CO-WORKERS	1		REAS	SON FOR L	.EAVING				
	1)	2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)	
27.14	,						/ /	10 (1	/	
	☐ Student ☐ Between jobs ☐ Leav	/e of absence	ner:						/	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (I	MM/YYYY)	
27.15							/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	6OR			
	CITY		STATE	ZIP		CONTACT	NUMBER		EXT	
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	JOB TITLE / RANK EMAIL					EMAIL				
	DUTIES / ASSIGNMENTS			TYPE	E OF EMPL	OYMENT (CHECK ALL THAT APPL	-Y)		
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	NAMES OF CO-WORKERS			REAS	SON FOR L	.EAVING				
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	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						EDOM (MM/VVVV)	TO "	MM/VVVV)	
27.16	·	es of aboves	L				FROM (MM/YYYY)	10 (1	MM/YYYY)	
	Student Between jobs Leav	ve of absence Travel Ot	ner:				/		/	

SEC	TION 5: EXPERIENCE AND EMPLOYMEN	T continued							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (M	IM/YYYY)
27.17	.17						/		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVI						SOR		
	CITY		STATE	ZIF)	CONTACT	NUMBER		EXT
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	DUTIES / ASSIGNMENTS					`	_		¬., .
							Temp Self-emplo	yed L	Volunteer
	NAMES OF CO-WORKERS				REASON FOR I	LEAVING			
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	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (M	IM/YYYY)
27.18	· · · · · · · · · · · · · · · · · · ·	fabanaa D.Tanaal D.Oth					/	10 (10	/
	☐ Student ☐ Between jobs ☐ Leave o	f absence	ier:		-		/		/
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (M	IM/YYYY)
27.19							,	,	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	, SOR		<u> </u>
	ADDITEOU (NOMBERT OTHER TY CONTE TO CREDICE)					OOI LITTI			
	CITY		STATE	715)	CONTACT	NUMBER		EXT
	CITT		SIAIE	ZIF		()	NUMBER		EXI
						()			
	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS						CHECK ALL THAT APPL	•	_
							Temp Self-emplo	yed L	Volunteer
	NAMES OF CO-WORKERS				REASON FOR I	LEAVING			
	1) 2)								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (M	IM/YYYY)
27.20	,	fabanaa D.Tanal D.Oth					/	10 (10	/
	☐ Student ☐ Between jobs ☐ Leave o	f absence	ier:		-		/		/
20	Have you ever been disciplined at work? (This i	includes written warnings, forma	Llottore	of	councoling				
	reprimands, suspensions, reductions in pay, rea						Г	Yes	s 🗌 No
29.	Have you ever been fired, released from probat	tion, or asked to resign from any	place of	of e	mployment?			Yes	s 🗌 No
30.	Were you ever involved in a physical/verbal alte	ercation with a supervisor, co-wo	rker, o	r cu	stomer?		[Yes	s 🗌 No
31.	Have you ever quit without giving notice?						[Yes	s 🗌 No
32.	Have you ever resigned in lieu of termination? .						[Yes	S No
22	Have you ever been accused of discrimination	(such as sayual harassment, rec	ial higo		vual oriente	tion hara	sement etc.)		
	by a co-worker, superior, subordinate or custom	*					_	Yes	s \square No
	2, a se memor, expense, expenses of existent								
34.	Were you ever the subject of a written complain	nt at work?					[Yes	S No
35.	Have you ever been counseled at work due to I	lateness or absences?					[Yes	S No

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued						
36.	Did you ever receive an unsatisfactory performance review?				Yes	☐ No	
37.	Have you ever sold, released, or given away legally confidential in	nformation?			Yes	☐ No	
38.	Have you ever called in sick when you were neither sick nor carin	g for a sick family	member?		Yes	☐ No	
	IF YES, how many sick days have you used in the past five years	which were not o	lue to illness?	Days			
	If you answered "YES" to any of Questions 28–38, explain (included)	de when, where, a	and circumstanc	ces – reference c	corresponding number	rs).	
39.	In the past three years, have you missed days or been late to wo	ork due to drug or	alcohol consum	nption?	Yes	☐ No	
40.	Has your work performance ever been affected by your use of alc	cohol or drugs?			Yes	☐ No	
		of employer:					
41.	In the past three years , have you been warned by an employer a on your performance?	about your drinkin				□No	
	ii i i i i i i i i i i i i i i i i i i	or employer.					
42.	Have you ever applied for any position at another law enforcement	nt agency (city, co	ounty, state, or f	ederal)?	Yes	☐ No	
	 If you answered "YES" to Question 42, list EVERY agency you have applied to, starting with the most recent. Give complete and accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 27. 						
42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY	()	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF K	(NOWN)	
	CITY	STATE	ZID	CONTACT NUMBE	:D	≣XT	
	CITY	STATE	ZIP	()	:R	= 1	
	POSITION APPLIED FOR		EMAIL	<u> </u>			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STA	ATI IC:					
	STEP: Application Written Physical Ability Or STATUS: Hired On Eligibility List Withdrawn Dis	al Polygraph/		kground 🗌 Chie	ef's Oral	nal Offer	

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued						
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)	
42.2					/		
	ADDRESS (NUMBER / STREET)	BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)			
	CITY	STATE	ZIP	CONTACT NUMBER EXT			
				()			
	POSITION APPLIED FOR	•	EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		N/OA		-8-0-1		
	STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified			ground 🔲 Chi	ef's Oral 🔲 Condit	ional Offer	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Υ)	
42.3					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	ER .	EXT	
				()			
	POSITION APPLIED FOR		EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground 🔲 Chi	ef's Oral 🔲 Condit	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired				
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)	
42.4					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
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				()			
	POSITION APPLIED FOR		EMAIL				
	AUSOV SAGULOTES INTUS DEGOS SAGUTUAT VOLLOGADEL ETER, AND VOLUS OTATIO						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	· auanh /C	N/CA Deals		of a Oral Candit	ional Offer	
	STEP: Application Written Physical Ability Oral Poly			ground Chi	ers Orai 🔲 Condit	ional Oller	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	:xpirea			0.0	
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	Y)	
					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)	
	OLTV	OTATE	710	CONTACT AU IMP		EVT	
	CITY	STATE	ZIP	CONTACT NUMBER	:K	EXT	
	POSITION APPLIED FOR		EMAIL	()			
	FOOTHOR AFFLIED FOR		LIVIAIL				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Poly	/aranh/C	N/SA 🗆 Book	around D.Chi	ef's Oral	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	•		ground 🗀 Chi	era Orai 🔲 Condit	ional Onel	
	5 IATUS. Hired On Eligibility List Withdrawn Disqualified	LIST E	xpirea				

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued							
40.0	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	YY)		
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	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)		
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	POSITION APPLIED FOR		EMAIL					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED. AND YOUR STATUS:							
	STEP: Application Written Physical Ability Oral Poly	/graph/C	SVSA □ Back	ground \square Chi	ef's Oral	ional Offer		
	STATUS: Hired On Eligibility List Withdrawn Disqualified			ground 🗀 On	cro crai 🔲 coriaia	ional Onci		
	NAME OF LAW ENFORCEMENT AGENCY	LIOU L	-хріїси		DATE APPLIED (MM/YYY	(Y)		
42.7	The state of the s				/	,		
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)		
						·		
	CITY	STATE	ZIP	CONTACT NUMBE	ER .	EXT		
				()				
	POSITION APPLIED FOR	<u> </u>	EMAIL					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			_	<u>_</u>			
	STEP: Application Written Physical Ability Oral Poly	/graph/C	CVSA Back	ground \square Chi	ef's Oral 🔲 Conditi	ional Offer		
	STATUS: Hired On Eligibility List Disqualified List Expired							
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	Expired					
SEC		List E	Expired					
	TION 6: MILITARY EXPERIENCE				□ v _e			
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				_	_		
43.	TION 6: MILITARY EXPERIENCE				_	_		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				_	_		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				☐ Ye	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				☐ Ye	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				☐ Ye	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service? IF YES, have you registered? IF NO, explain: Have you ever served in the military? If you answered "YES" to Question 44, include the following service informat				Ye	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				Ye	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?				Ye	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:		FROM (MM/YYY	Ye Ye Ye Yo (MM/YY'	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:			Ye Ye Ye Yo (MM/YY'	s No		
43.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:		FROM (MM/YYY	Ye Ye Ye Yo (MM/YY'	s No		
44.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:		FROM (MM/YYY	Ye Ye Ye Yo (MM/YY'	s No		
44.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:	Honorable)	FROM (MM/YYY	Ye Ye Ye Yo (MM/YY'	s No		
44. 45.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion:	Honorable) (MM/DD/YY):	FROM (MM/YYY' / / Bad Condi	Ye Ye Ye Yo MWYY' Yo Dishonora	s No		
43. 44. 45.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion: ner than on ends	Honorable) (MM/DD/YY):	FROM (MM/YYY' / Bad Condi	Ye Ye Ye Yo Mwyy Yo Dishonora	es No		
43. 44. 45.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion: ner than on ends	Honorable) (MM/DD/YY):	FROM (MM/YYY' / Bad Condi	Ye Ye Ye Yo Mwyy Yo Dishonora	es No		
44. 45. 46.	TION 6: MILITARY EXPERIENCE Are you required to register for the Selective Service?	ion: ner than on ends ion (suc	Honorable) (MM/DD/YY):	FROM (MM/YYY' / Bad Condi	Ye Yout Dishonora	s No ss No yyy) / able		

SECTION 6: MILITARY EXPERIENCE continued	
If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).	
SECTION 7: FINANCIAL 50. INCOME AND EXPENSES	
For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.	
For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car	
maintenance, entertainment, etc., as well as any other obligations you may have.	
A) From your employer(s), what is your take-home monthly income?	
B) Do you have other sources of income? (IF YES, fill in amount and explain.)	
Explain:	
C) How much do you spend each month?	
c) now much do you spend each month?	
51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	
52. Have any of your bills ever been turned over to a collection agency?	
53. Have you ever had purchased goods repossessed?	
54. Have your wages ever been garnished?	
55. Have you ever been delinquent on income or other tax payments?	
56. Have you ever failed to file income tax or cheated/lied on an income tax form?	
57. Have you ever had an employment bond refused?	
58. Have you ever avoided paying any lawful debt by moving away?	
59. Have you ever defaulted on (failed to pay) a loan?	
60. Have you ever borrowed money to pay for a gambling debt?	
IF YES, do you currently have any outstanding debts as a result of gambling?	
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes	
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	
63. Have you written three or more bad checks in a one-year period?	
If you answered "YES" to any of Questions 51–63 , explain (include when, where, and why – reference corresponding numbers).	
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POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL

- ► Disclosure of Arrests and Convictions
 - This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.

•	If more space is needed, continue your response on page 27.				
	Have you EVER been detained by law enforcement for investigation misdemeanor or felony offense in this state or any other legal juris of Military Justice)?	diction (including offenses	s in the Uniform Code	es e	□No
	IF YES, explain each incident:				
64.1	CHARGE	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY		
	DISPOSITION OR PENALTY				
64.2	CHARGE	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY		
64.3	CHARGE DISPOSITION OR PENALTY	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY		
65.	Have you ever been placed on court probation?			es:	□No
	Were you ever required to appear before a juvenile court for an accommitted as an adult?		Ye	es	□No
	Have you ever been a party in a civil lawsuit (e.g., small claims act support, etc.)?			es	□No
68.	Have the police ever been called to your home for any reason? .)S	□No
69.	Have you or your spouse/partner ever been referred to Child Prote	ective Services?	Ye	es .	☐ No
70.	Have you ever been the subject of an emergency protective order/	/restraining order/stay-awa	ay order? Ye	es	☐ No

SEC	TION 8: LEGAL continued	
	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?	☐ No
	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	□No
	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	☐ No
74.	Have you ever filed a false insurance or workers' compensation claim?	☐ No
	If you answered "YES" to any of Questions 65–74 , explain (include court case or document, dates, and circumstances – <i>reference correnumbers</i>).	esponding
N I	nvolvement in Criminal Acts – Part 1	
75.	Have you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior to age 1	(5 .)
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it.	te law
	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state.	te law
•	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it.	
75.1	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	□ No
75.1 75.2	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	□ No
75.1 75.2 75.3	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No No No
75.1 75.2 75.3 75.4	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No No No No
75.1 75.2 75.3 75.4 75.5	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No No No No No No
75.1 75.2 75.3 75.4 75.5	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No No No No No No No No
75.1 75.2 75.3 75.4 75.5 75.6	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No No No No No No No No No
75.1 75.2 75.3 75.4 75.5 75.6 75.7	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No
75.1 75.2 75.3 75.4 75.5 75.6 75.7 75.8	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No
75.1 75.2 75.3 75.4 75.5 75.6 75.7 75.8 75.9	Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it. Animal abuse and/or neglect	No

SEC	FION 8: LEGAL continued						
75.14	Impersonating a peace officer (pretending to be a police officer)	□No					
75.15	Indecent exposure and/or lewd or obscene conduct Yes	□ No					
75.16	Intentionally writing a bad check Yes	□ No					
75.17	Joyriding (using a car or other vehicle without owner's permission)	□No					
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	□No					
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	□No					
75.20	Possession of alcohol as a minor	□No					
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□ No					
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□No					
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	□No					
75.24	Reckless driving Yes	□No					
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□No					
75.26	Trespassing Yes	□No					
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No					
75.28	Any other act amounting to a misdemeanor	□ No					
-	If you answered "YES" to ANY of the item(s) in Question 75, fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 27.	d,					
Involvement in Criminal Acts – Part 2 76. 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 areas from it.							
76.	At any time in your life, have you EVER committed any of the following acts?	aw					
76.	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	aw No					
76.	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 relieved you from reporting the detention, arrest, or conviction that arose from it. Arson (intentionally destroying property by setting a fire) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily	□ No					
76. 4 76.1	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 relieved you from reporting the detention, arrest, or conviction that arose from it. Arson (intentionally destroying property by setting a fire)						

SECT	TON 8: LEGAL continued	
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□No
76.6	Elder abuse and/or neglect (physical and/or financial)	□No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
76.8	Felony drunk driving (involving injuries)	☐ No
76.9	Forcible rape Yes	☐ No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ No
76.11	Fraudulent use of a credit, ATM, debit, and/or check cardYes	☐ No
76.12	Grand theft (value of over \$950, or any firearm)	☐ No
76.13	Hit & run (with injuries)	☐ No
76.14	Hate crime Yes	☐ No
76.15	Illegal sex acts Yes	☐ No
76.16	Insurance fraud Yes	☐ No
76.17	Murder, homicide, or attempted murder	☐ No
76.18	Perjury (lying under oath) Yes	☐ No
76.19	Possession of an explosive/destructive device	☐ No
76.20	Robbery (theft from another person using a weapon, force, or fear)	☐ No
76.21	Stalking Yes	☐ No
76.22	Theft of a vehicle and/or vehicle parts	☐ No
76.23	Viewing and/or possessing child pornography	☐ No
76.24	Any other act amounting to a felony	□No
•	If you answered "YES" to ANY of the item(s) in Question 76 , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 76.3) for each explanation. If more space is needed, continue your response on page 27.	ed,

SE	SECTION 8: LEGAL continued	
•	▶ Illegal Use of Drugs	
•	 For the purpose of responding to the following questions, "illegal drugs" include the or over-the-counter drugs; it also includes the illegal use of any other substance for the volume of the volume o	or the purpose of getting "high."
	► Cocaine / Crack Cocaine ►	Morphine
	► Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	PCP / Angel Dust
		Quaaludes
	► Hallucinogens (Peyote, LSD, Mushrooms)	Steroids
		Tetrahydrocannabinal (THC)
		Glue, paint, or any substance containing toluene
	Filefolit/ Optuin	Gide, paint, or any substance containing toldene
77.	77. Within the past six months, have you used any drug(s) as indicated above?	Yes No
	IF YES, give details including drug(s) used, most recent date used, and circum	
	ii 125, give details including drug(s) deta, most recent date deta, and orotan	Stantous.
78.	78. Prior to the past six months:	
	☐ I have <i>never</i> used any drug recreationally.	
	I have tried or used one or more drugs, but only under <i>limited</i> circumstances events, etc.)	(for example, experimentation, at parties, concerts, special
	IF VOLUCIED POV 2. mins datable including discrete database and database discrete database database discrete database discrete database discrete database database discrete database discrete database discrete database database database discrete database da	and and singuistances
	IF YOU CHECKED BOX 2, give details including drug(s) used, most recent date	usea, and circumstances:
79.	79. Have you EVER engaged in any of the activities listed below involving drugs, narce drugs without a prescription:	otics or illegal substances, including marijuana and/or prescription
	☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished	☐ Cultivated ☐ Carried or Held for Another
	IF ANY ITEM IS CHECKED, give details including drug(s) involved, over what ti.	me period(s) and circumstances
	in ART THE WILD OTTE ONE D, give details including drag(s) involved, over what the	no period(s), and on our starious.
<u> </u>		
80.	80. During the past five years , have you associated with friends, acquaintances, hous have illegally used drugs or narcotics, and/or illegally used prescription medications	
	IF YES, explain:	

SEC	TION 9: MOTOR VEHICLE INFORMATION						
81.	Current Driver's License:						
	STATE OF ISSUE LICENSE NUMBER	EXPIRATION DATE (MM/I	DD/YYYY) NAME UNDI	ER WHICH LI	ICENSE	WAS GRANTE	D
		/ /					
82.	List other states where you have been licensed to ope	erate a motor vehicle):				
	STATE OF ISSUE LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UND	ER WHICH L	ICENSE	WAS GRANTE	D
83.	Have you ever been refused a driver's license by any	state?					Yes No
	IF YES, explain (include when, where, and circumstar						
-							
_							
84.	Has your driver's license ever been suspended or rev	oked?					
	IF YES, explain (include when, where, and circumstar						
		,					
_							
-							
85.	List your current liability insurance on your vehicle(s).						
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
85.1	☐ Insured ☐ Bonded ☐ Cash Deposit						
	INSURANCE COMPANY		POLICY NUMBER			1	EXPIRATION DATE (MM/DD/YYYY)
							/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
85.2	☐ Insured ☐ Bonded ☐ Cash Deposit						
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (MM/DD/YYYY)
							/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
	TVDE OF COVERACE	VEHICLE MAKE		YEAR (YY	VV)	LVEHICLE LIC	()
85.3	TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit	VEHICLE MAKE		TEAK (YY	11)	VEHICLE LIC	ENOE
	INSURANCE COMPANY		POLICY NUMBER			<u>I</u>	EXPIRATION DATE (MM/DD/YYYY)
							/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
							()

SEC	TION 9: MOTOR VEHICL	E OPERATION conti	nued							
86. List all traffic citations, excluding parking citations, you have received within the past seven years.										
	NATURE OF VIOLATION			LOCATION (STRE	ET)	(CITY			STATE
86.1										
	DATE VIOLATION OCCURRED	Vacan	ACTION TAKEN				Tueffie Cel	I	7 D::	4
	Month: NATURE OF VIOLATION	Year:		lot Guilty LOCATION (STRE	Fined		Traffic Sch	1001	Dismisse	STATE
86.2	NATURE OF VIOLATION			LOCATION (STRE	E1)		JII T			STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN							
	Month:	Year:		lot Guilty	Fined		Traffic Sch	nool	Dismisse	d
	NATURE OF VIOLATION			LOCATION (STRE	ET)	(CITY			STATE
86.3										
	DATE VIOLATION OCCURRED	Vacan	ACTION TAKEN		Fined		Tueffie Cel	I	7 Diamiana	-1
	Month:	Year:		lot Guilty	☐ Fined		Traffic Sch	1001	Dismisse	a
87.	Has a traffic citation ever res	sulted in a warrant or c	aused your dr	iver's license to	be withheld d	lue to the fo	ollowing (c	heck all that a	pply):	
			-	lete Traffic Scho		ailed to Pa				
	IF CHECKED, explain circur						,			
	ozozz, o.pia oou.									
_										
_										
88. I	Have you been involved as the	ne driver in a motor ve	hicle accident	within the pas	t seven years	s?			Yes [No
	F YES, give details below.									
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)				CITY				STATE
88.1	/									
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			AT FAULT?		WAS THE ACCID		
	Yes No	LI CONTION (OTREET)				Yes	∐ No	☐ Injury	☐ Non-i	
88.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)				CITY				STATE
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			AT FAULT?		WAS THE ACCID	ENT?	
	☐ Yes ☐ No					Yes	☐ No	☐ Injury		injury
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)				CITY				STATE
88.3	/									
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			AT FAULT?	_	WAS THE ACCIE		
	Yes No					Yes	∐ No	☐ Injury	☐ Non-i	injury
0.5	Harris and a state of the same	ala vidda avid avida da i		م نام ام م					□ v	□ N-
89.	Have you ever driven a vehi	cie without auto insura	nce, as requir	red by law?			1	OM (APARAGE C	_	∐ No
	IF YES, GIVE REASON						FR	OM (MM/YYYY)	TO (MM/YY	YY)
								/	/	
00	Have you over been refused	automobile liebility in	curanco or o h	and or had tha	m cancolloda				□ Voc	□ No
90.	Have you ever been refused automobile liability insurance or a bond, or had them cancelled?						_			
	II TES, GIVE REASON								DATE (MM/	1111)
		li I	NSURANCE COM	IPANY						

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SEC	CTION 10: OTHER TOPICS	
91.	Have you ever been refused a permit to carry a concealed weapon?	☐ No
92.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	□No
93.	Have you ever hit or physically overpowered a spouse or romantic partner?	□No
94.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	□No
95.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	☐ No
	If you answered "YES" to any of Questions 91–95 , give details including dates and circumstances – reference corresponding numbers).	
SEC	CTION 11: CERTIFICATION	
96.	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fa subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.	
	Signature in Full: ▶ Date:	

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

ADDITIONAL COMMENTS				
•	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. If you are filling in this page online, text will flow to additional pages automatically.			
	·			