

# PERSONAL HISTORY STATEMENT

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME (    )	WORK (    )	EXT	OTHER (    ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? ..... <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			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			9. BIRTHDATE
			10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT      WEIGHT      HAIR COLOR      EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable or if the individual is deceased.</li> <li>If more space is needed, continue your response on page 25.</li> </ul>

<input type="checkbox"/> N/A	<b>A. Father</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY      STATE      ZIP
HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / APT)      CITY      STATE      ZIP
WORK PHONE (    )	CELL PHONE (    )      EMAIL

<input type="checkbox"/> N/A	<b>B. Step-father</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY      STATE      ZIP
HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / APT)      CITY      STATE      ZIP
WORK PHONE (    )	CELL PHONE (    )      EMAIL

<input type="checkbox"/> N/A	<b>C. Mother</b>
NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY      STATE      ZIP
HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / APT)      CITY      STATE      ZIP
WORK PHONE (    )	CELL PHONE (    )      EMAIL

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

**SECTION 2: RELATIVES AND REFERENCES** *continued*  
 13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A <b>D. Step-mother</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>E. Spouse / Registered Domestic Partner</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A <b>F. Father-in-law</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>G. Mother-in-law</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>H. Former Spouse(s) / Former Registered Domestic Partner(s)</b>					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

**SECTION 2: RELATIVES AND REFERENCES** *continued*

13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			

N/A **J. Children**

List all of your 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 or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
		CONTACT NUMBER ( )	EMAIL			
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
		CONTACT NUMBER ( )	EMAIL			

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

**SECTION 2: RELATIVES AND REFERENCES** *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE  _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)  ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CONTACT NUMBER ( ) EMAIL
4) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE  _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)  ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CONTACT NUMBER ( ) EMAIL
5) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE  _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)  ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CONTACT NUMBER ( ) EMAIL
6) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE  _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)  ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CONTACT NUMBER ( ) EMAIL

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ( )  WORK PHONE ( )	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CELL PHONE ( ) EMAIL  HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)  HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ( )  WORK PHONE ( )	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CELL PHONE ( ) EMAIL  HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)  HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME  <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ( )  WORK PHONE ( )	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP  CELL PHONE ( ) EMAIL  HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)  HOW LONG HAVE YOU KNOWN THIS PERSON?

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

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) <i>continued</i>					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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

**SECTION 3: EDUCATION**

**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**

15. Check applicable:  High School Diploma from an accredited U.S. institution  GED  California High School Proficiency Certificate

**16. List high schools attended:**

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

**17. List all colleges or universities attended:**

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

**18. List any trade, vocational, or business schools/institutes attended:**

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended a Crime Justice Basic Academy? .....  Yes  No  
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )	

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

**SECTION 3: EDUCATION** *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? .....  Yes  No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: RESIDENCE**

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					<b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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

SECTION 4: RESIDENCE <i>continued</i>					
21. LIST OF RESIDENCES <i>continued</i>					
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER (    )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER (    )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER (    )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER (    )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					



**SECTION 5: EXPERIENCE AND EMPLOYMENT**

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*  
 25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

29. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

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37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....  Yes  No  
 If yes, how often?

38. Has your work performance ever been affected by your use of alcohol or drugs? .....  Yes  No

WHEN?	NAME OF EMPLOYER
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39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....  Yes  No

WHEN?	NAME OF EMPLOYER
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40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? .....  Yes  No

- If yes, 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 25.

A) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
POSITION APPLIED FOR		EMAIL	

Check each step in the process that you completed, and your status:

STEPS:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  Conditional job offer

STATUS:  Hired  On List  Withdrawn  Disqualified

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



**SECTION 7: FINANCIAL**

**48. INCOME AND EXPENSES**

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?.....	\$ _____	per month
B) Do you have income other than from your salary or wages? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, fill in amount:.....	\$ _____	per month
Explain:		
C) How much do you spend each month? .....	\$ _____	per month
<i>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 obligation(s) you may have.</i>		

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have any of your bills ever been turned over to a collection agency?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever had purchased goods repossessed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have your wages ever been garnished? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever failed to file income tax or cheated/lie on an income tax form? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever borrowed money to pay for a gambling debt?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

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

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

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 were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 25.

62. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** .....  Yes  No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY

63. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Were you ever 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
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SECTION 8: LEGAL <i>continued</i>		
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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72. UNDETECTED ACTS – PART 1 At any time have you ever committed any of the following misdemeanors?		
A) Annoying / obscene phone calls .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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





**SECTION 8: LEGAL** *continued*

**Questions 74 and 75** ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines  
(*Uppers, Speed, Crank, etc*)
- Glue
- Mescaline
- Barbiturates (*Downers*)
- Hallucinogens  
(*Peyote, LSD, Mushrooms*)
- Morphine
- Cocaine / Crack Cocaine
- Hashish / Hashish Oil
- PCP / Angel Dust
- Designer Drugs  
(*Ecstasy, Synthetic Heroin, etc.*)
- Heroin / Opium
- Quaaludes
- GHB (*Date Rape Drug*)
- Marijuana
- Steroids
- Tetrahydrocannabinol (THC)

74. **Within the past 10 years**, have you used any drug(s) as indicated above? .....  Yes     No

If yes, give details, including drug(s) used and circumstances:

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75. **Prior to the past 10 years** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, most recent date used, and circumstances.

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76. 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 you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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**SECTION 9: MOTOR VEHICLE OPERATION**

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state? .....  Yes  No

If yes, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

80. Has your driver's license ever been suspended or revoked? .....  Yes  No

If yes, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES		
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ( )	
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES		
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ( )	
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES		
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ( )	
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES		
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ( )	

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

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month          Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month          Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month          Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear     Failed to complete traffic school     Failed to pay the required fine

If checked, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? .....  Yes     No

If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

84. Have you ever driven a vehicle without auto insurance, as required by law? .....  Yes     No

IF YES, GIVE REASON:

DATE Month          Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes     No

IF YES, GIVE REASON:

INSURANCE COMPANY				
DATE Month          Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

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

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

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

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**SECTION 10: OTHER TOPICS**

86. Have you ever been refused a permit to carry a concealed weapon? .....  Yes       No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes       No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes       No
89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes       No
90. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes       No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

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**SECTION 11: CERTIFICATION**

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

SIGNATURE IN FULL	DATE
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Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

