

<b>FULL LEGAL NAME</b>	FIRST:	MIDDLE:	LAST:	LAST 4 OF SSN:	DATE:
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## PERSONAL HISTORY STATEMENT

### PHS INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. **Your final draft may not be handwritten!**
3. Save this form on your computer. Be sure to save the final, completed version as well.
4. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter “NA” (Not Applicable). **If you cannot remember or obtain with reasonable diligence, please indicate so in your response by referencing the question number and explanation in the “additional space” on the last page.**
5. Be sure that you have completed the Certification section.
6. Once completed fully to your satisfaction, save the file in a secure manner. You may save this file **only** as a .doc (Word 97-2003), .pdf or .jpg. **Do not save as a .docx!** If you are using a Mac computer, you may need to download a Microsoft word compatible program to fill out this form or use a different computer. Once saved, sign in to your account on the PST website and upload this saved file to the PST website per instructions provided there.
7. Public Safety Testing WILL NOT be able to make any modifications to your form once you submit it. Please ensure that the form is completed to your full satisfaction before you upload!

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for a public safety position that you have applied for.

***Please fill out the ENTIRE questionnaire completely, accurately and truthfully.***

**Keep in mind that:**

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

If a question does not apply to you, write “N/A” (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheet and identify the additional information with the question number. Follow carefully and completely subsection instructions.

**Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

**PERSONAL HISTORY STATEMENT**

<b>SECTION 1: PERSONAL</b>			
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	OTHER	
6. PRIMARY EMAIL ADDRESSES			
PERSONAL		BUSINESS	
7. LIST ALL EMAIL ADDRESSES USED IN THE LAST 5 YEARS.			
8. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
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 <input type="checkbox"/> N/A			
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			10. BIRTHDATE
			11. SOCIAL SECURITY NUMBER
12. DRIVER'S LICENSE			13. PHYSICAL DESCRIPTION
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

<b>SECTION 2: RELATIVES AND REFERENCES</b>
14. 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 28.</li> </ul>

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

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

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

**PERSONAL HISTORY STATEMENT**

<input type="checkbox"/> N/A <b>E. Spouse / Registered Domestic Partner</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME 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		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		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		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				

<input type="checkbox"/> N/A <b>I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.</b>					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		CELL PHONE	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		CELL PHONE	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		CELL PHONE	EMAIL		

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

**PERSONAL HISTORY STATEMENT**

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	

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

A) NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY			STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY			STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY			STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

D) NAME	HOME ADDRESS (NUMBER / STREET / APT)      CITY			STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION		
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	CELL PHONE	EMAIL	OCCUPATION		
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	CELL PHONE	EMAIL	OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

**PERSONAL HISTORY STATEMENT**

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

G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		OCCUPATION		
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	CELL PHONE	EMAIL		OCCUPATION		
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	CELL PHONE	EMAIL		OCCUPATION		
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	CELL PHONE	EMAIL		OCCUPATION		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

**SECTION 3: EDUCATION**

16. Check applicable:  High School Diploma from an accredited U.S. institution  GED

17. List high schools attended:

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

18. List all colleges or universities attended:

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

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

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

**PERSONAL HISTORY STATEMENT**

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

20. Have you ever attended a Basic Law Enforcement, Corrections, Telecommunication, or Fire Service Academy?.....  Yes  No  
If yes, provide the following information:

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

**SECTION 3: EDUCATION** *continued*

21. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, 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**

22. 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 28.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT) DATE FROM TO **Present**

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
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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
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Names of those with whom you lived:

Reason for moving:

**SECTION 4: RESIDENCE** *continued*

22. LIST OF RESIDENCES *continued*

**PERSONAL HISTORY STATEMENT**

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
Names of those with whom you lived:				
Reason for moving:				

**SECTION 4: RESIDENCE** *continued*

23. Provide contact information for all housemates listed in Question 22 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 28.

A) NAME			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY			STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	

B) NAME			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY			STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	

C) NAME			CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY			STATE	ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)			EMAIL	

24. Have you ever been evicted or asked to leave a residence?.....  Yes  No

25. Have you ever left a residence owing rent? .....  Yes  No

If you answered yes to **Questions 24 and/or 25**, explain (include when, where and circumstances):

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

26. 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 28.)
- 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.
- List your current (or most recent) supervisor for each job.
- List two (2) coworkers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT				DATE FROM	DATE TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER		EXT
JOB TITLE			SUPERVISOR 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)		CONTACT NUMBER		EMAIL	
NAME 2)		CONTACT NUMBER		EMAIL	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:		REASON FOR WANTING TO LEAVE	

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)		CONTACT NUMBER		EMAIL	
NAME 2)		CONTACT NUMBER		EMAIL	
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

**PERSONAL HISTORY STATEMENT**

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)	CONTACT NUMBER	EMAIL	
NAME 2)	CONTACT NUMBER	EMAIL	
REASON FOR LEAVING			

F) 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				

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)	CONTACT NUMBER	EMAIL		
NAME 2)	CONTACT NUMBER	EMAIL		
REASON FOR LEAVING				

H) 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				

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	
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)	CONTACT NUMBER	EMAIL		
NAME 2)	CONTACT NUMBER	EMAIL		
REASON FOR LEAVING				

**PERSONAL HISTORY STATEMENT**

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
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K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER		
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)		CONTACT NUMBER		EMAIL	
NAME 2)		CONTACT NUMBER		EMAIL	
REASON FOR LEAVING					

P) 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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27. 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
28. Have you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. 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
33. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Is there a work-related civil lawsuit pending in which you have been named as a defendant? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. 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?		
40a. Have you ever viewed pornographic material at your workplace? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40b. Have you ever engaged in sexual activity at work in violation of your employer's policy? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of <b>Questions 27-40b</b> , explain (include when, where & circumstances; indicate corresponding number):
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41. 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?

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

WHEN?	NAME OF EMPLOYER
-------	------------------

43. 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
-------	------------------

44. Have you **ever** applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? ....  Yes  No

- If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., initial background investigation, etc.)**, 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 28.

A) NAME OF AGENCY	DATE APPLIED
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ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
---------------------------	---

CITY	STATE	ZIP	CONTACT NUMBER
------	-------	-----	----------------

POSITION APPLIED FOR	EMAIL
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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  Other/Explain:

B) NAME OF AGENCY	DATE APPLIED
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ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
---------------------------	---

CITY	STATE	ZIP	CONTACT NUMBER
------	-------	-----	----------------

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  Other/Explain:

C) NAME OF AGENCY	DATE APPLIED
-------------------	--------------

ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
---------------------------	---

CITY	STATE	ZIP	CONTACT NUMBER
------	-------	-----	----------------

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  Other/Explain:



SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

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

A) From any source, what is your current take-home monthly income? ..... \$ \_\_\_\_\_ per month

B) Do you have income other than from your salary or wages (including spouse's income)? .....  Yes  No

If yes, fill in amount:..... \$ \_\_\_\_\_ per month

Explain:

C) How much do you spend each month? ..... \$ \_\_\_\_\_ per month

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.

54. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....  Yes  No

55. Have any of your bills ever been turned over to a collection agency?.....  Yes  No

56. Have you ever had purchased goods repossessed?.....  Yes  No

57. Have your wages ever been garnished? .....  Yes  No

58. Have you ever been delinquent on income or other tax payments? .....  Yes  No

59. Have you ever failed to file income tax or cheated/lie on an income tax form? .....  Yes  No

60. Have you ever had an employment bond refused? .....  Yes  No

61. Have you ever avoided paying any lawful debt by moving away? .....  Yes  No

62. Have you ever defaulted on (failed to pay) a loan? .....  Yes  No

63. Have you ever borrowed money to pay for a gambling debt?.....  Yes  No  
If yes, do you currently have any outstanding debts as a result of gambling? .....  Yes  No

64. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....  Yes  No

65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....  Yes  No

66. Have you written three or more bad checks in a one-year period? .....  Yes  No

If you answered YES to any of Questions 54–66, explain (include when, where, and why; indicate corresponding number):

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

Please 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 28.

67. **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. If more space is needed, continue on Page 28.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY

- |  |  |
|--|--|
| 68. Have you ever been placed on court probation as an adult?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 70. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 71. Have the police ever been called to your home for any reason? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 72. Have you or your spouse/partner ever been referred to Child Protective Services? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 76. Have you ever filed a false insurance or workers' compensation claim? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

77. Other than those listed in Question #67 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer).  Yes  No
78. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income?  Yes  No

If you answered yes to any of **Questions 68–78**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

**79. UNDETECTED ACTS**

At any time after you were first employed in your life, have you **ever** committed any of the following even if you were not caught?  
**NOTE:** You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A) Annoying / obscene phone calls or text messages; cyber bullying .....                                    | <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; providing alcohol to minors .....                            | <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) Any hunting and/or fishing violations .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K) Illegal gambling; including online 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); sex within public view.....                           | <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 |

**PERSONAL HISTORY STATEMENT**

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Cruelty to animals.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AA) Street racing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AB) Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AC) Assault with a deadly weapon .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AD) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AE) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AF) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AG) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AH) Elder abuse/neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AI) Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AJ) Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT**

AK) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AL) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AM) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AN) Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AO) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AP) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AQ) Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AR) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AS) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AT) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AU) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AV) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AW) Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AX. Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **YES** to **any** item(s) in **Question 79**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (*80-A, etc.*) for each explanation.

**Questions 80 and 81** 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.*)
  - Barbiturates (*Downers*)
  - Cocaine / Crack Cocaine
  - Designer Drugs  
(*Ecstasy, Synthetic Heroin, etc.*)
  - GHB (*Date Rape Drug*)
  - Prescription drug(s) not prescribed to you
- Glue
  - Hallucinogens  
(*Peyote, LSD, Mushrooms*)
  - Hashish / Hashish Oil
  - Heroin / Opium
  - Marijuana
  - Prescription drugs used for recreation purposes
- Mescaline
  - Morphine
  - PCP / Angel Dust
  - Quaaludes
  - Steroids
  - Tetrahydrocannabinol (THC)

80. **Within the past six months**, have you used any drug(s) as indicated above?.....  Yes     No

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

81. **Prior to the past six months** (check all that apply):

- I have **never** used, or experimented with, 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.

82. Have you **ever** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

- Sold
  - Manufactured
  - Present when illegal drugs were being used
- Purchased
  - Furnished / Shared
  - Loaned money to someone else to purchase illegal drugs
- Cultivated
  - Carried or held for another
  - Traded/Bartered

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

**SECTION 9: MOTOR VEHICLE OPERATION**

83. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

84. 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

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

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

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

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

87. 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			
INSURANCE COMPANY	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET) CITY	STATE	ZIP	CONTACT NUMBER

88. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #93 below.

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:

89. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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	

90. Have you ever driven a vehicle without auto insurance, as required by law? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:				
DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month                  Year				

91. Have you ever been refused automobile liability insurance or a bond, or had either of them cancelled? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:			INSURANCE COMPANY	
DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month                  Year				

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

**SECTION 10: OTHER TOPICS**

93. Have you ever been refused a permit to carry a concealed weapon? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
94. 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
96. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
97. Have you ever hit or physically overpowered a spouse or romantic partner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
98. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
99. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
100. Have you ever engaged in sexual abuse inside a prison, jail, juvenile facility, lockup or any other institution where there are inmates being held? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
101. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion or if the victim did not or was unable to consent? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
102. Have you ever been civilly or administratively adjudicated to have engaged in the activities listed in questions 101 or 102? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered **YES** to any of **Questions 93–102**, give details including dates and circumstances; indicate corresponding number.

**SECTION 11: CERTIFICATION**

**CERTIFICATION**

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I hereby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

**BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL SPACE**

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.



**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

This document affects your legal rights.  
Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (applicant – leave this space blank) \_\_\_\_\_ to furnish to the City of Spokane or its agencies any and all information that you have concerning me, my work record, my disciplinary records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Spokane or its agencies. Your reply will be used to assist the City of Spokane or its agencies in determining my qualifications and fitness for a position I am seeking with the City of Spokane and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.56 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the City of Spokane and/or its agencies or departments in conjunction with employment procedures. **I will make no attempt** to gain access to the information provided by you to the City of Spokane and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Spokane and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing the information requested.

Print: \_\_\_\_\_  
                    First Name                      Middle Initial                      Last Name

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_ Notary Public in and for the State of  
\_\_\_\_\_ residing at \_\_\_\_\_. My commission expires \_\_\_\_\_.

(Notary seal or stamp here)

*Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.*



THE INFORMATION NETWORK  
 ACRAnet CBS Branch  
 www.ACRAnet.com/CBS

**Exhibit A-4  
 Notice for Applicant/Employee**

**'Notice of Intent' and 'Authorization'  
 to Obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:	
Yes	No
If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.	
Please provide me a copy of my credit report as indicated above	

Print Full Name: \_\_\_\_\_

Former Name/Maiden Name (list all): \_\_\_\_\_

Address: \_\_\_\_\_

Prev. Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth:   /  /  

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) \_\_\_\_\_ State of Issue \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:**  
 The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.