POST 2-251 (Rev 02/2018)

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator
 or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

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

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

4 VOUD FUI	1: PERSONAL								
1. YOUR FULI	L NAME								
LAST			F	IRST			MIDDLE		
2. OTHER NA	MES YOU HAVE USE	D OR BEEN KNOWN	BY (INCLUDE MAIDE	N NAME AND	NICKNAMES)				□ N/A
3. ADDRESS	WHERE YOU LIVE								
NUMBER / S	STREET						APT / UNIT		
CITY							STATE ZIP)	
4. MAILING A	DDRESS, IF DIFFERE	NT FROM ABOVE (F	FOR EXAMPLE, PO BO	OX)					
5. CONTACT			, \			<i>(</i>)			
HOME ()	WORK	()	EXT	OTHER	()	CELL	FAX	
6. CONTACT	EMAIL			7. LIST AI	LL OTHER EMAIL ADDRESSE	ES (SEPARATED BY CO	DMMAS)		
				7					
8. CITIZENSH	IIP								
Are you a	a U.S. citizen?							Yes	☐ No
IF NO, ar	re you a resident	alien who is elig	jible and has appli	ied for U.S	. citizenship?				☐ No
9. BIRTH PLA	CE (CITY / COUNTY	/ STATE / COUNTRY	′)						
10. BIRTHDATE	E (MM/DD/YYYY)	11. SOCIAL SECU	IRITY NUMBER 1	12. DRIVER'S	LICENSE				
		_	_	NUMBER:		STATE:	EXPIRES	S:	
13. PHYSICAL	. DESCRIPTION								
HEIGHT:		WEI	GHT:		HAIR COLOR:		EYE COLOR:		
SECTION									
	2: RELATIVES	AND REFERI	ENCES						
14. IMMEDIA		AND REFERI	ENCES						
	TE FAMILY			. • Mar	k "Deceased," if approp	oriate.			
• Prov	TE FAMILY vide all applicable	e information in	the spaces below.		k "Deceased," if approp ore space is needed, c		5 – reference con	responding	numbers.
Prov Mari	TE FAMILY vide all applicable k "N/A" if a categ	e information in to	the spaces below. able.						
Prov Mari 14.A Spous	TE FAMILY vide all applicable	e information in to ory is not applic	the spaces below. able.	• If m	ore space is needed, c	ontinue on page 25		Deceased	□ N/A
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SECTION	ECTION 2: RELATIVES AND REFERENCES continued									
14.C Paren	its / Guardians / In-laws									
List AL	LL parents/guardians/in-laws livin	g or deceased, including bio	ological, adoptive, foste	r, step-pare	nts, etc.					
14.C.1 Par	rent / Guardian / In-law:	her	other Step-father	☐ In-law	Other:		Deceased			
NAME		HOME ADDRESS (NUMBER / STF	REET / APT)	CITY		STATE	ZIP			
	LUCKE BUONE	AND THE APPROACH IN DIFFEREN		OUT		07.475	710			
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NI)	CITY		STATE	ZIP			
	WORK PHONE	CELL PHONE	EMAIL							
	()	()								
14.C.2 Par	rent / Guardian / In-law:	her Father Step-m	other Step-father	☐ In-law	☐ Other:		Deceased			
NAME	Wot	HOME ADDRESS (NUMBER / STF		CITY	Guior.	STATE	ZIP			
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP			
	()									
	WORK PHONE	CELL PHONE	EMAIL							
	()	()	-				1			
14.C.3 Par	rent / Guardian / In-law:			In-law	Other:	STATE	☐ Deceased			
INAIVIE		HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP			
	HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP			
	()									
	WORK PHONE	CELL PHONE	EMAIL							
	()	()								
14.C.4 Par	rent / Guardian / In-law:	her	other Step-father	☐ In-law	Other:		Deceased			
NAME		HOME ADDRESS (NUMBER / STF	REET / APT)	CITY		STATE	ZIP			
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP			
	WORK PHONE	CELL PHONE	EMAIL							
	()	()	LIVI (IL							
14.C.5 Par	rent / Guardian / In-law:	│	other Step-father	☐ In-law	Other:		Deceased			
NAME	INOU	HOME ADDRESS (NUMBER / STE		CITY	Otilei.	STATE	ZIP			
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP			
	()									
	WORK PHONE	CELL PHONE	EMAIL							
	rent / Guardian / In-law: Mot	her Father Step-m			Other:		Deceased			
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY		STATE	ZIP			
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP			
	()									
	WORK PHONE	CELL PHONE	EMAIL			•	•			
	()									

Supplemental relatives information included on page 25

SECTION	SECTION 2: RELATIVES AND REFERENCES continued									
14.D Broth	hers	/ Sisters								□ N/A
List A	ALL L	.IVING sib	lings, includ	ing ha	lf-s	iblings, step-siblings, foste	r-siblings, etc.			
14.D.1 Sil	ibling	: Bro	ther	ster		Half-brother Half-sister	r			
NAME				AGE	EF	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
							-			
		HOME PHO	NE		N	MAILING ADDRESS (IF DIFFEREN	II)	CITY	STATE	ZIP
		WORK PHO	NE		- (CELL PHONE	EMAIL			
		()	IVL			()	LIVIAL			
14.D.2 Sil	ibling	: Bro	ther 🔲 Si	ster		Half-brother Half-siste	r Other:			
NAME				AGE	E	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
		HOME PHO	NE		N	MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		() WORK PHO	NE			CELL PHONE	EMAIL			
		()	IV.			()	LIVITALL			
4450 00	LI.		ther De	. to :: .	<u> </u>	` ,				
NAME	bling	: Bro	ther			Half-brother Half-sister HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP
		HOME PHO	NE		N	MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		()								
		WORK PHO	NE		(CELL PHONE	EMAIL			
14.D.4 Sit	bling	: Bro	ther Si	ster		Half-brother Half-sister	Other:			
NAME				AGE	EF	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
		HOME PHON	NE		N	MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		() WORK PHO	NE			CELL PHONE	EMAIL			
		()	INE.			()	EWAIL			
	ا ا	, ,			<u> </u>	· /				
Supplemei	ental r	elatives in	formation ii	iclude	d o	n page 25				
14.E Child										□ N/A
						al, adopted, step, and/or fo arent/guardian, if other tha		other children who reside with you. F	Provide	the name
14.E.1 Ch	hild:	Son	☐ Daught	er [Other:				
NAME				AGE		CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
				•		ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
						CONTACT NUMBER	EMAIL			
						()				
	hild:	Son	☐ Daugh		_	Other:	LUE OTHER THAN YOU			
NAME				AGE	-	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					4	ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	7IP
						ADDITION (NOMBER / STILEET /	7.1.7		OIAIE	
						CONTACT NUMBER	EMAIL			
	()									

SECTION 2: RELATIVES AND REFERENCES continued										
14.E.3	Child:	☐ Son	☐ Daughter							
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (IF	F OTHER	R THAN YOU)			
					ADDRESS (NUMBER / STREET / AP	T)		CITY	STATE	ZID
					ADDRESS (NUMBER / STREET / AP	1)		CITY	SIAIE	ZIP
					CONTACT NUMBER E	EMAIL				
					()					
14.E.4	Child:	Son	☐ Daughter	. 🗆	Other:					
NAME	Cilia.	☐ 30II	☐ Daugniei	AGE	CUSTODIAL PARENT/GUARDIAN (IF	F OTHER	R THAN YOU)			
					ADDRESS (NUMBER / STREET / AP	T)		CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL				
					()					
Supp	lemental r	elatives in	formation inc	luded (on page 25 🗌					
15. LIS	15. LIST OF REFERENCES									
•	List 7-1 0) people w	vho know you	well, s	uch as close personal relation	nships,	social and fan	nily friends, teachers, military colleag	jues, an	d/or
	co-work	ers. Do N	OT include rel	latives,	employers, housemates, or a	•		elsewhere.		
45.4	NAME OF REFERENCE				HOME ADDRESS (NUMBER / ST	REET / /	APT)	CITY	STATE	ZIP
15.1										
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP			
		()	NIE.		OF IL PLONE	1.	T. A.A.II			
	WORK PHONE		CELL PHONE	ļ.	EMAIL					
		()			()					
	How do you know this person?						How long have you known this person?	1		
	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
15.2										
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
		()								
		WORK PHO	NE		CELL PHONE	E	EMAIL			
		()			()					
		How do yo	ou know this per	son?				How long have you known this person?	1	
	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / /	APT)	CITY	STATE	ZIP
15.3							,			
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
		()								
		WORK PHO	DNE		CELL PHONE	E	EMAIL			
		()			()					
		How do yo	ou know this per	son?				How long have you known this person?	1	
	NAME OF R	-		-	HOME ADDRESS (NUMBER / ST	DEET /	ADT)	CITY	STATE	710
15.4	NAME OF R	LI LINEINUE			HOWL ADDITESS (MOINDER / ST	NLCI/I	AL 1)	OIT	SIAIE	LIF
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
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		WORK PHO	ONE		CELL PHONE	E	EMAIL			
		()			()					
				<u>l</u>		Herri leng have very bream this necess?				
	How do you know this person?						How long have you known this person?			

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SEC	CTION 2: RELATIVES AND REFERENCES continued										
15.5	NAME OF F	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP				
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
		()									
		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
15.6	NAME OF F	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP				
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
		()									
		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
45.5	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP				
15.7											
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP				
	WORK PHONE		CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP				
15.8											
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
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		How do you know this person?			How long have you known this person?						
1E C	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP				
15.9											
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		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
		How do you know this person?			How long have you known this person?						
15.10	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP				
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP				
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		WORK PHONE	CELL PHONE	EMAIL							
		()	()								
	How do you know this person?				How long have you known this person?						
_					<u> </u>						

Supplemental references information included on page 25

SEC	CTION 3:	EDUCATION								
			•	iish transcripts or other pro ur response on page 25.	oof to support all	of your e	ducationa	I claims in Sec	tion 3.	
16 C	HECK APPLI	CARLE	MM/YYYY		MM/YYYY					MM/YYYY
	_	ool Diploma:	/	High School Equivalency		□ Calif	ornia High :	School Proficienc	v Certificate:	/
		— Прина.	,	Triigit Oorloot Equivalency	Test. ,				y Cortillodic.	
17. LI		HOOL(S) ATTENI	DED				T.		(4440)	
17.1	NAME OF HI	GH SCHOOL					F	FROM (MM/YYYY)	TO (MM/YY	YY)
				LOTTY				1	OTATE	1
				CITY					STATE	
	NAME OF HI	GH SCHOOL					F	FROM (MM/YYYY)	TO (MM/YY	YY)
17.2	NAME OF	GITOOTICOL						/	TO (WINN,	1
				CITY				, 	STATE	<i>'</i>
18. LI		LEGES AND UNI\ OLLEGE/UNIVERS	VERSITIES ATTE	NDED	FROM (MM/YYYY)	TO (MM/)	YYYY)	TOTAL UNITS COI	MPLETED	
18.1					/		1		_	SEM SYSTEM
		ADDRESS (NUME	BER / STREET)		•			DEGREE EA	<u> </u>	
								YES [NO TYPE:	
	ļ	CITY				STATE Z	ZIP	MAJOR / AF	REA OF STUDY	
	ļ									
	NAME OF C	OLLEGE/UNIVERS	SITY		FROM (MM/YYYY)	TO (MM/)	YYYY)	TOTAL UNITS COI	MPLETED	
18.2					/		/	a	QTR SYSTEM .	SEM SYSTEM
		ADDRESS (NUME	BER / STREET)					DEGREE EA		
	ļ								NO TYPE:	
	ļ	CITY				STATE Z	ZIP	MAJOR / AR	REA OF STUDY	
18.3	NAME OF C	OLLEGE/UNIVERS	ITY		FROM (MM/YYYY)	TO (MM/)	YYYY)	TOTAL UNITS COI		
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	ļ	CITY				STATE Z	ZIP		NO TYPE:	
		CITY				SIAIE	IIP	IVIAJUN / AI	(EA UF 310D1	
		<u> </u>								
19. LI				S SCHOOLS / INSTITUTES ATTEN			T=2 (4.040.0	T DID V		
19.1	NAME OF T	RADE, VOCATION	AL, OR BUSINESS	S SCHOOL/INSTITUTE	FROM (M	M/YYYY)	TO (MM/YY	לאY) טוט YC	OU COMPLETE THE	COURSE?
		CITY			STA	те Ітург	OF SCHOOL	OR TRAINING	Yes] NO
		CITT				1112	OF GOLIOCE	OK HAMMING		
Sunr	-lamontal c	ducation infor		-d -n nogo 25 🗍						
Supp	Nementar e	aucauon mion	Tlauon menue	ed on page 25						
LIST	ALL POST B	ASIC COURSES	ATTENDED							
20.	Have you	ever taken a P	C832 (Arrest a	ind/or Firearms) Course?					Yes	☐ No
	-		wing information							
		A. COURSE P	RESENTER NAME				LOCATION	I (CITY / STATE)		
		B. COURSE C						C	OMPLETION DATE	(MM/YYYY)
		Did you	successfully co	omplete the course?			🔲 '	Yes 🗌 No	/	

SEC	CTION 3: EDUCATION continued											
21.	Have you ever attended a POST Basic Course/Academy: Re	egular, Mo	dular, Special	zed Investiga	ators', Reserve, o	or Dispatche	r? 🗌 Yes 🔲 No					
	IF YES, provide the following information:											
	NAME OF COURSE PRESENTER/ACADEMY		FROM (I	MM/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?					
21.1				1	1		Yes No					
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICER	R / ACADEMY CO	OORDINATOR	CONT	ACT NUMBER					
						()					
	NAME OF COURSE PRESENTER/ACADEMY		FROM (I	MM/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?					
21.2				1	/		Yes No					
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICER	R / ACADEMY CO	OORDINATOR	CONT	ACT NUMBER					
						()					
Sup	plemental POST basic course information included on Page 2	25				<u>'</u>						
22.	Have you ever been subject to any disciplinary action, including from any high school(s), college/university, business, trade so						Yes No					
					•							
	IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.											
	roor basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.											
-												
-												
-												
23.	Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam?											
	•											
	IF YES, explain circumstances.											
OFO	TION 4. RESIDENCE HISTORY											
	CTION 4: RESIDENCE HISTORY											
24. [LIST OF RESIDENCES											
•	3 · · · · · · · · · · · · · · · · · · ·											
•	i i i i i i i i i i i i i i i i i i i					• *						
•	 If the residence is a military base, identify name of base in unless you shared individual quarters. 	address, r	nearest city, st	ate, and zip	code. Do NOT lis	t military ba	rracks mates					
		25										
					EDOM (ATA)	2000	TO (MMADOOCO					
24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MM/	1 1 1 1 1)	TO (MM/YYYY) Present					
	OTTY	07475	710	IE DELIES	/	OED DELIT						
	CITY	STATE	ZIP	IF RENTING	5: PROPERTY MANA	IGER, RENT CO	DLLECTOR, OR OWNER					
		A155 000		T / DC T 2: "		ONTAGE						
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR OW	VNER (NUMB	ER/STREET/AF	T / PO BOX)	Co	ONTACT NUMB \	BEK					
	CITY	STATE	71D	EMAIL)						
		SIAIE	ZIF	EIVIAIL								
	Name(s) of those with whom you live:											

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SEC	SECTION 4: RESIDENCE HISTORY continued									
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)			
24.2					/		1			
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER			
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	FR / STREET / APT /	PO BOX)		CONTACT NUMB	IFR .			
	WWW.LINGY.BBRESS STATISTICS EXTENSIONAL TOTAL CONTROL	LIT (ITOINID	EIC/OIIIEEI//II I/	10200)		, ,	ZIV.			
	CITY	STATE	ZID	EMAIL		()				
	CITT	SIAIE	ZIF	EWAIL						
	Name(s) of those with whom you lived:									
	Reason for moving:									
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)			
24.3	TOTALE TYPE STATES (TOTALE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP				1	,	1			
	CITY STATE ZIP IF RENTING: PROPERTY						I LECTOR OR OWNER			
	CITY	SIAIE	ZIP	IF RENTING: PROP	PERITIVIA	ANAGER, RENT CC	DLLECTOR, OR OWNER			
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER			
						()				
	CITY	STATE	ZIP	EMAIL						
	Name (a) of these with whom you lived:	•								
	Name(s) of those with whom you lived:									
	Reason for moving:									
					r					
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)			
					/		1			
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	ANAGER, RENT CC	LLECTOR, OR OWNER			
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER			
						()				
	CITY	STATE	ZIP	EMAIL						
	N () ()			•						
	Name(s) of those with whom you lived:									
	Reason for moving:									
	FORMER ADDRESS (NUMBER / STREET / APT)									
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)			
					1		1			
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER			
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER			
						()				
	CITY	STATE	ZIP	EMAIL						
		<u> </u>		ı						
	Name(s) of those with whom you lived:									
	Pageon for maying:									
	Reason for moving:									
	Cumplemental residence information included on nego 25	· <u></u>	·		· <u></u>					

Supplemental residence information included on page 25

	TION 4:	RESIDENCE HISTORY continued							
			la esta d	and a during the		40	er or ol		45
•		contact information for all housemates listed in Question 24 with whom you I I list anyone for whom you have already provided contact information.	nave	resided during the	pasi	10 yea	irs or si	nce age	e 15.
		space is needed, continue your response on page 25.							
		OUSEMATE			CONT	TACT NUN	/BER		
25.1					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		`	,	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
25.2	NAME OF H	OUSEMATE			CON	TACT NUI	MBER		
	-				()			
	l	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			•	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	IOUSEMATE			CON	TACT NUI	MBER		
25.3					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			-	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CON	TACT NUI	MBER		
25.4									
	l	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CON	TACT NUI	MBER		
25.5					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
Sunr	lomontal	housemate information included on page 25							
συμμ	nememan i	iousemate information included on page 25							
26.	Have you	ever been evicted or asked to leave a residence?						Yes	□ No
27.	Have you	ever left a residence owing rent, utilities, or other household expenses?						Yes	∐ No
ı	f you ansv	wered "YES" to Questions 26 and/or 27, explain (include when, where, and ci	ircums	stances):					
				,					
_									
_									

	DB EXPERIENCE	LIVI								
	List ALL jobs you have had, including par	t_time_temporary_self_employm	ent and vo	lunteer	(Regin w	ith you	r current or most re	cent)		
	If you have military experience, including in					-		cent.)		
	List ALL periods of unemployment in exc		base, assig	Jillionis	s, or unit c	n assig	mment.			
	If more space is needed, continue your re-	•								
•	Il more space is needed, continue your re-	sponse on page 25.								
	NAME OF CURRENT EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)		
28.1							/	1		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				С	ONTACT	NUMBER	EXT		
					()				
	CITY		STATE	ZIP	E	MAIL				
	JOB TITLE / RANK						CHECK ALL THAT APPL			
							Temp Self-emplo	yed U Volur	nteer	
	DUTIES / ASSIGNMENTS			REASO	ON FOR WA	ANTING	O LEAVE			
	SUPERVISOR CONTACT NUMBER EXT. EMAIL									
	COI ERVISOR	()	LXI.	LIVIAL	-					
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL	_					
	1)	()								
	2)	()								
		our current employer?						. Yes	No	
	IF YES, explain:									
28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	,	7 Othor				FROM (MM/YYYY)	TO (MM/YYYY)		
	☐ Student ☐ Between jobs ☐ Lea	ve of absence Travel	Other:				1	/		
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)		
28.3							/	/		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				С	ONTACT	NUMBER	EXT		
					()				
	CITY		STATE	ZIP	E	MAIL		•		
	JOB TITLE / RANK					•	CHECK ALL THAT APPL	•		
	DUTIES (ASSISTANT)				ON FOR LEA		Temp Self-emplo	yed Volun	iteer	
	DUTIES / ASSIGNMENTS			REASO	ON FOR LEA	AVING				
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL						
	55. 2.1.1165.1	()								
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL						
	1)	()								
	2)	()								
		()								
28.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE		7.00				FROM (MM/YYYY)	TO (MM/YYYY)		
20.4	☐ Student ☐ Between jobs ☐ Lea	ve of absence Travel	Other:				1	/		

SECT	SECTION 5: EXPERIENCE AND EMPLOYMENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)	
28.5							1	1	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT	
	, , , , , , , , , , , , , , , , , , ,					()		27.	
	OLTY		07475	1		` ,			
	CITY		STATE	ZII	P	EMAIL			
	JOB TITLE / RANK						CHECK ALL THAT APPLY		
					☐ FT ☐	PT 🔲 1	Гетр 🗌 Self-employ	ed Volunteer	
	DUTIES / ASSIGNMENTS				REASON FOR	LEAVING			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
		()							
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
		, ,	LXI.		LIVIAIL				
	1)	()							
	2)	()							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)	
28.6	☐ Student ☐ Between jobs ☐ Leav		Other:				/	/ /	
							1	1	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)	
28.7							1	1	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTAC					CONTACT		EXT	
	ADDITEO (NOMBER / OTREET / OUTE / OR BACE)					()	NOMBER	LXI	
	OLTY		OTATE	Laur	2				
	CITY		STATE	ZIF	þ	EMAIL			
	JOB TITLE / RANK						CHECK ALL THAT APPLY		
					☐ FT ☐	PT ∐ 1	Гетр Self-employ	ed UVolunteer	
	DUTIES / ASSIGNMENTS				REASON FOR	LEAVING			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
		()							
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)	()							
	2)	()							
	2)	()							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)	
28.8	☐ Student ☐ Between jobs ☐ Leav	re of absence	Other:				/	1	
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)	
28.9							/	1	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT	
						()			
	CITY		STATE	ZIF	Р	EMAIL			
	JOB TITLE / RANK				TYPE OF EMPL	OYMENT (CHECK ALL THAT APPLY	′)	
							Γemp ☐ Self-employ		
	DUTIES / ASSIGNMENTS				REASON FOR		,		
					22				
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
	CONTROL TOMBER								
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)								
	2)	()							

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued								
28.10		MPLOYMENT (CHECK AF	,					FROM (MM/YYYY)	TO (MM/YYYY)
20.10	☐ Student	☐ Between jobs	Leave of absence Tr	ravel 🗌 O	ther:			/	/
	NAME OF EMPLO	OYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
28.11	TO THE OT LINE E	572. C 57 (/	/
	ADDRESS (NUM	BER / STREET / SUITE / C	DR BASE)				CONTAC	T NUMBER	EXT
	,		,				()		
	CITY STATE ZIP EMAIL								
	JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK AL							(CHECK ALL THAT APP	LY)
						☐ FT	PT 🗌	Temp Self-emplo	oyed
	DUTIES / ASSIGN	NMENTS				REASON FO	OR LEAVING		
	SUPERVISOR		CONTACT NUMBER	EX.	Γ.	EMAIL			
			()						
	NAMES OF CO-V	VORKERS	CONTACT NUMBER	EX.	Γ.	EMAIL			
	1)		()						
	2)		()						
	PERIOD OF LINE	MPLOYMENT (CHECK AF	PPLICABLE)	·		·		FROM (MM/YYYY)	TO (MM/YYYY)
28.12		`	,	ravel 🗆 O	ther:			/	/
					_			,	,
00.40	NAME OF EMPLO	OYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
28.13								/	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTACT NUMBER EXT							EXT	
	()								
	CITY STATE ZIP EMAIL								
	JOB TITLE / RAN	IK .						(CHECK ALL THAT APP	·
	DUTIES / ASSIGN	MENTS					OR LEAVING	Temp Self-emplo	volunteer
	DOTILO / AGGIGI	VIVILIVIO				REAGOITE	OK ELAVINO		
	SUPERVISOR		CONTACT NUMBER	EX	Т.	EMAIL			
			()						
	NAMES OF CO-V	VORKERS	CONTACT NUMBER	EX	Г.	EMAIL			
	1)		()						
	2)		()						
	2)		()						
28.14		MPLOYMENT (CHECK AF	,	<u></u>				FROM (MM/YYYY)	TO (MM/YYYY)
20.14	Student	☐ Between jobs	Leave of absence Tr	ravel 🗌 O	ther:			/	1
Sup	plemental emp	loyment information	included on Page 25						
29.	Have you ever	been disciplined at v	work? (This includes written wa	rnings, forma	al letters	of counseling],		
	reprimands, su	spensions, reduction	ns in pay, reassignments, or de	motions.)				[Yes No
30.	Have you ever	heen fired released	from probation, or asked to res	sign from any	nlace (of employmen	t?	Γ	☐Yes ☐No
30.	l lave you ever		Trom probation, or asked to res	sign nom any	place	or employmen		L	
31.	Were you ever	involved in a physic	al/verbal altercation with a supe	ervisor, co-w	orker, o	customer?		[Yes No
32.	Have you ever	quit without giving p	roper notice?		·····			[Yes No
33.	Have you ever	resigned in lieu of te	rmination?					[Yes No
	•		crimination (such as sexual ha					_	☐ Yes ☐ No

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued								
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	□No							
36.	Have you ever been counseled at work due to lateness or absences?	□No							
37.	. Did you ever receive an unsatisfactory performance review?								
38.	Have you ever sold, released, or given away legally confidential information?	□No							
39.	. Have you ever called in sick when you were neither sick nor caring for a sick family member?								
	IF YES, how many sick days have you used in the past five years which were not due to illness? Days								
40.	While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.) Yes \text{Note:} Note \text{Note:}								
41.	While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	□No							
	If you answered "YES" to any of Questions 29–41 , explain (include when, where, and circumstances – <i>reference corresponding numbers</i>)								
Sup	plemental employment information included on Page 25								
42.	In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	□No							
43.	3. Has your work performance ever been affected by your use of alcohol or drugs?								
	IF YES, when? Name of employer:								
44.	In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	□No							
45.	Have you <i>ever</i> applied for <i>any</i> position at this or any other law enforcement agency (city, county, state, or federal)?	□No							
	 If you answered "YES" to Question 45, 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. 								
45.1	NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED (MM/YYYY)								
	ADDRESS (NUMBER / STREET) BACKGROUND INVESTIGATOR'S NAME (IF KI	NOWN)							
	CITY STATE ZIP CONTACT NUMBER E	XT							
	STATE ZIF CONTACT NOWIDER ()								
	POSITION APPLIED FOR EMAIL								
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	and Office							
	STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrew Disqualified List Expired Other (explain)								

SECI	ION 5: EXPERIENCE AND EMPLOYMENT continued									
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)				
45.2					1					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)				
	7.55.1250 (NO.152.17)			D, tortorto at a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
	OLTV	OTATE	710	CONTACT NUMBER	-D	EXT				
	CITY	STATE	ZIP	CONTACT NUMBE	=K	EXI				
			EMAIL	()						
	POSITION APPLIED FOR									
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:				_					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground 🔲 Chi	ef's Oral Condit	ional Offer				
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired	er (explain)						
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	YY)				
45.3					1					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	I VESTIGATOR'S NAME (IF	KNOWN)				
	CITY	STATE	ZIP	CONTACT NUMBE	ER .	EXT				
				()						
	POSITION APPLIED FOR		EMAIL	,						
	FOSITION AFFEILD FOR		LIVIAIL							
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	raranh/C	NSA D Back	ground \square Chi	of's Oral Condit	ional Offer				
		•		_		ional Onei				
	STATUS: Hired On Eligibility List Withdrew Disqualified	」List Ex	pired	er (explain)						
	NAME OF LAW ENFORCEMENT ACENCY				DATE ADDITED (MM/VVV	/V)				
45.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)				
45.4					1					
45.4	NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)			BACKGROUND IN						
45.4				BACKGROUND IN	1					
45.4		STATE	ZIP	BACKGROUND IN	/ VESTIGATOR'S NAME (IF					
45.4	ADDRESS (NUMBER / STREET)	STATE	ZIP		/ VESTIGATOR'S NAME (IF	KNOWN)				
45.4	ADDRESS (NUMBER / STREET)	STATE	ZIP		/ VESTIGATOR'S NAME (IF	KNOWN)				
45.4	ADDRESS (NUMBER / STREET) CITY	STATE			/ VESTIGATOR'S NAME (IF	KNOWN)				
45.4	ADDRESS (NUMBER / STREET) CITY	STATE			/ VESTIGATOR'S NAME (IF	KNOWN)				
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR		EMAIL	CONTACT NUMBE	/ VESTIGATOR'S NAME (IF	EXT				
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT				
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT ional Offer				
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT ional Offer				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified	/graph/C	EMAIL	CONTACT NUMBE () ground	VESTIGATOR'S NAME (IF	EXT ional Offer				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY	/graph/C	EMAIL	CONTACT NUMBE () ground	/ VESTIGATOR'S NAME (IF ER ef's Oral □ Condit □ DATE APPLIED (MM/YYY) /	EXT ional Offer				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)	/graph/C	EMAIL EVSA Back Epired Other	ground Chier (explain)	VESTIGATOR'S NAME (IF ef's Oral	EXT ional Offer (Y)				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY	/graph/C	EMAIL EVSA Back Epired Other	ground Chier (explain)	VESTIGATOR'S NAME (IF ef's Oral	EXT ional Offer				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)	/graph/C	EMAIL EVSA Back spired Other	ground Chier (explain)	VESTIGATOR'S NAME (IF ef's Oral	EXT ional Offer (Y)				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)	/graph/C	EMAIL EVSA Back Epired Other	ground Chier (explain)	VESTIGATOR'S NAME (IF ef's Oral	EXT ional Offer (Y)				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR	/graph/C	EMAIL EVSA Back spired Other	ground Chier (explain)	VESTIGATOR'S NAME (IF ef's Oral	EXT ional Offer (Y)				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C] List Ex STATE	EMAIL EVSA Back spired Other	ground Chier (explain) BACKGROUND IN CONTACT NUMBE ()	ef's Oral Condit DATE APPLIED (MM/YYY) VESTIGATOR'S NAME (IF	EXT ional Offer (Y) EXT				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL EVSA Back Spired Other ZIP EMAIL EVSA Back	CONTACT NUMBER () ground	ef's Oral Condit DATE APPLIED (MM/YYY) VESTIGATOR'S NAME (IF	EXT ional Offer (Y) EXT				
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C	EMAIL EVSA Back Spired Other ZIP EMAIL EVSA Back	CONTACT NUMBER () ground	ef's Oral Condit DATE APPLIED (MM/YYY) VESTIGATOR'S NAME (IF	EXT ional Offer (Y) EXT				

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SECT	TION 5: EXPERIENCE AND EMPLOYMENT continued						
45.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y)	YYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	/ IVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBE	≣R	EXT	
	POSITION APPLIED FOR		EMAIL	()			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/granh/C	:VSA □ Backr	around \square Chi	ief's Oral Cond	itional Offer	
	STATUS: Hired On Eligibility List Withdrew Disqualified						
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y)	///\	
45.7	NAME OF LAW ENFORCEMENT AGENCT				JATE APPLIED (MM/T	111)	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	 VESTIGATOR'S NAME (IF KNOWN)	
	OTT /	07475	710	CONTA OT AU INDE		LEVE	
	CITY	STATE	ZIP	CONTACT NUMBE	=R	EXT	
	POSITION APPLIED FOR		EMAIL	,			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	:VSA ☐ Backç	ground	ief's Oral	itional Offer	
	STATUS: Hired On Eligibility List Withdrew Disqualified						
	Supplemental employment information is included on Page 25						
0-0							
	TION 6: MILITARY EXPERIENCE						
	Are you required to register for the Selective Service?						
						es 🔲 NO	
	IF NO, explain:						
47.	Have you ever served in the military?				Y	es No	
40	If you answered "YES" to Question 47, include the following service informat	ion:					
40.	BRANCH OF SERVICE	ЮП.		FROM (MM/YYY	Y) TO (MM/Y	YYY)	
				1		1	
	TYPE OF DISCHARGE Entry Level Honorable General OTH (Oth	or than	Honorable)	☐ Bad Condu	ct Dishonora	ablo	
	Re-entry Code (1–4) if applicable – refer to your DD-214:	iei iliali	nonorable)		Ct Distibilities	able	
	The strain decay (1. 1) if applicable 1700 to your 25 211.						
49.	Are you currently participating in one of the following?						
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation		<u> </u>	·			
	Have you ever been the subject of any judicial or non-judicial disciplinary act office hours, company punishment)?	•				es No	
51.	Were you ever denied a security clearance, or had a clearance revoked, sus	pended	, or downgraded	i?	Y	es No	
52.	Have you ever taken military property without permission for personal use, to	sell, or	to give away?		Y	es No	
	If you answered "YES" to any of Questions 50-52, explain (include dates an	d circur	nstances).				
_							
_							
Supi	plemental military information included on Page 25						

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		7: FINANCIAL			
53.	INCOM	E AND EXPENSES			
		each of the following questions (53A and B), fill in the amounts to the nearest dollar.			
		Question 53A: Provide your total monthly disposable income. Include money from investments, rental income, a			•
		Question 53B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payme intenance, entertainment, etc., as well as any other obligations you may have.	∍nts, foo	od, gas and	car
		A) What is your total monthly disposable income?	\$_	per i	month
		B) How much do you spend each month?	\$ <u>_</u>	per i	month
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/lied on an income tax form?		Yes	☐ No
		you ever had an employment bond refused?			☐ No
61.		you ever avoided paying any lawful debt by moving away?			☐ No
62.		you ever defaulted on (failed to pay) a loan?			□ No
63.		you ever borrowed money to pay for a gambling debt? S, do you currently have any outstanding debts as a result of gambling?			∐ No □ No
64.		you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)			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 – reference corresponding not	umbers).	

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SECTION 8: LEGA	SE	CTI	ON	8:	LE	GΑ	П
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► Disclosure of Arrests and Convictions

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

•	If more space is needed, continue your response on page 25.			
67.	Have you EVER been detained by law enforcement for investigation misdemeanor or felony offense in this state or any other legal juris of Military Justice)? IF YES, explain each incident:	diction (including offense	s in the Uniform Code	□ No
67.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY	
	DISPOSITION OR PENALTY	1		
67.2	CHARGE	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY	
	DISPOSITION OR PENALTY	/		
Sup	olemental disclosure information included on Page 25			
	Have you ever been placed on court probation?			☐ No
69.	Were you ever required to appear before a juvenile court for an accommitted as an adult?			□No
70.	Have you ever been a party in a civil lawsuit (e.g., small claims ac support, etc.)?			□No
71.	Have the police ever been called to your home for any reason? .		Yes	☐ No
72.	Have you or your spouse/partner ever been referred to Child Prote	ective Services?	Yes	☐ No
73.	Have you ever been the subject of an emergency protective order	restraining order/stay-aw	ay order? Yes	☐ No
74.	Have you settled any civil suit in which you, your insurance compate to make payment to the other party?		·	☐ No
75.	Have you ever fraudulently received welfare, unemployment compor federal assistance?		ensation, or other state	□No
76.	Have you ever been required to repay any welfare payments, uner federal assistance?			□No
77.	Have you ever filed a false insurance or workers' compensation cl	aim?	Yes	□No
	If you answered "YES" to any of Questions 68-77 , explain (include numbers). If more space is needed, continue your response on pa		t, dates, and circumstances – <i>reference corres</i>	ponding

SEC	FION 8: LEGAL continued	
► In	volvement in Criminal Acts – Part 1	
78. l	Have you committed any of the following acts within the past seven (7) years? (You do NOT have to report any acts committed prior	' to age 15.)
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.	
•	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or s relieved you from reporting the detention, arrest, or conviction that arose from it.	tate law
78.1	Animal abuse and/or neglect Yes	s 🗌 No
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	s 🗌 No
78.3	Battery (use of force or violence upon another)	s 🗌 No
78.4	Brandishing a weapon (any type of weapon)	s 🗌 No
78.5	Carrying a concealed weapon without a permit Yes	s 🗌 No
78.6	Contributing to the delinquency of a minor	s 🔲 No
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	s 🗌 No
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	s 🗌 No
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	s 🗌 No
78.10	Filing a false police report	s 🗌 No
78.11	Hit & run collision (no injuries)	s 🗌 No
78.12	Illegal gambling	s 🗌 No
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	s 🗌 No
78.14	Impersonating a peace officer (pretending to be a police officer)	s 🗌 No
78.15	Indecent exposure and/or lewd or obscene conduct Yes	s 🗌 No
78.16	Intentionally writing a bad check Yes	s 🗌 No
78.17	Joyriding (using a car or other vehicle without owner's permission)	s 🗌 No
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	s 🗌 No
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	s 🗌 No
78.20	Possession of alcohol as a minor (under the age of 21)	s 🗌 No
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	s 🗌 No
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	s 🗌 No
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	s 🗌 No
78.24	Reckless driving	s 🗌 No
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	s 🗌 No
78.26	Treenassing	з П No

SECT	FION 8: LEGAL continued	
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No
78.28	Any other act amounting to a misdemeanor	□No
•	If you answered "YES" to ANY of the item(s) in Question 78 , fully explain circumstances, including dates, names of individuals involve and resolution. <i>Reference the corresponding number</i> (e.g., 78.5) for each explanation.	ed,
•	If more space is needed, continue your response on page 25.	
_		
Suppl	lemental legal information included on Page 25	
► In	volvement in Criminal Acts – Part 2	
79.	At any time in your life, have you EVER committed any of the following acts?	
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state relieved you from reporting the detention, arrest, or conviction that arose from it.	law
79.1	Arson (intentionally destroying property by setting a fire)	□No
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	□No
79.3	Blackmail or extortion Yes	□No
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ No
79.6	Elder abuse and/or neglect (physical and/or financial)	□No
79.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
79.8	Felony drunk driving (involving injuries)	□No
79.9	Felony illegal sex acts Yes	☐ No
79.10	Forcible rape Yes	☐ No
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□ No
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	☐ No
79.13	Grand theft (value of over \$950, automobile, any firearm)	□No
79.14	Hit & run (with injuries)	☐ No
79.15	Hate crime Yes	☐ No
79.16	Insurance fraud Yes	□No
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	☐ No
79.18	Perjury (lying under oath)	☐ No
79.19	Possession of an explosive/destructive device Yes	□No
79.20	Robbery (theft from another person using a weapon, force, or fear)	□No

SECT	TION 8: LEGAL continued							
79.21	Stalking	Yes No						
79.22	Theft of a vehicle and/or vehicle parts	Yes No						
79.23	Viewing and/or possessing child pornography	Yes □ No						
79.24	Any other act amounting to a felony							
•	If you answered "YES" to ANY of the item(s) in Question 79 , fully explain and resolution. Reference the corresponding number (e.g., 79.3) for each	n circumstances, including dates, names of individuals involved,						
•	If more space is needed, continue your response on page 25.	т <i>вхріанацон</i> .						
.								
► III	egal Use of Drugs							
•	For the purpose of responding to the following questions, "illegal drugs" incor over-the-counter drugs; it also includes the illegal use of any other subs							
•	Your responses should include — $\it{but\ not\ be\ limited\ to}$ — your use of an	y of the following:						
	► Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)	► Marijuana (with or without a prescription)						
	► Barbiturates (<i>Downers</i>)	► Mescaline						
	► Cocaine / Crack Cocaine	► Morphine						
	▶ Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	► PCP / Angel Dust						
	► GHB (Date Rape Drug)	► Quaaludes						
	► Hallucinogens (Peyote, LSD, Mushrooms)	► Steroids						
	► Hashish / Hashish Oil	► Tetrahydrocannabinal (THC)						
	► Heroin / Opium	► Glue, paint, or any substance containing toluene						
- - -	80. Within the past six months, have you used any drug(s) as indicated above?							
81.	Prior to the past six months:							
	I have <i>never</i> used any drug recreationally.							
I	I have tried or used one or more drugs, but only under <i>limited</i> circums events, etc.)	stances (for example, experimentation, at parties, concerts, special						
ı	F YOU CHECKED BOX 2, give details including drug(s) used, most received	nt date used, and circumstances:						
_								
_								
_								
_								

SEC	CTION 8: LEGAI	L continued						
82.		engaged in any of the act				, including marijuana and/or pr	escription	
	Sold	Manufactured	Purchased	Furnished	☐ Cultivated	Carried or Held for Anoth	er	
	IF ANY ITEM IS	CHECKED, give details in	ncluding drug(s) involv	ed, over what til	me period(s), and circur	nstances.		
83.	. During the <i>past five years</i> , have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?							
Sup	plemental drug in	formation included on Pag	ge 25 🗌					
SEC	CTION 9: MOTO	R VEHICLE INFORMAT	ΓΙΟΝ					
84.	Current Driver's I	License:						
	STATE OF ISSUE	LICENSE NUMBER		ATE (MM/DD/YYYY) /	NAME UNDER WHICH LICENS	SE WAS GRANTED		
05	List other states	whore you have been lies	need to energic a moto	r vohiolo:	1			
85.		where you have been lice			NAME UNDER WHICH LICENS	SE WAS GRANTED		
86.	-	een refused a driver's lice				Yes	□ No	
87.	Has your driver's	license ever been susper	nded or revoked?			Yes	☐ No	
	-	include when, where, and				_		

SEC.	TION 9: MOTOR VEHICLE INFORMATION contin	ued						
88.	List your current liability insurance on your vehicle(s).							
00.4	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y)	YYY)	VEHICLE LI	CENSE	
88.1	☐ Insured ☐ Bonded ☐ Cash Deposit							
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (/IM/DD/YYYY)
	ADDRESS (ALLIMDED/STDEET)	CITY		LOTATE	ZID		CONTACT NUMBER	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y)	/ / //	VEHICLE LI	CENSE	
88.2	☐ Insured ☐ Bonded ☐ Cash Deposit	VEI HOLL WALL		12741(11	,	VETTIOLE EN	OENOE .	
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (MM/DD/YYYY)
							/ /	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
							()	
88.3	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y)	YYY)	VEHICLE LI	CENSE	
	☐ Insured ☐ Bonded ☐ Cash Deposit		POLICY NUMBER				EXPIRATION DATE (##/DDAAAA
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (I	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
	,						()	
89.	Have you received any traffic citations, excluding park NATURE OF VIOLATION		n the past seven year N (STREET)	ars. 🔲	Yes	∐ No <i>II</i>	f YES, give details	S below.
89.1	WATONE OF VIOLATION	EGOATION	N (OTTLET)		OITT			OTATE
	DATE VIOLATION OCCURRED AC	CTION TAKEN						
	Month: Year:	☐ Not Guilty	Fined		Traffi	c School	Dismiss	ed
89.2	NATURE OF VIOLATION	LOCATION	N (STREET)		CITY			STATE
00.2	DATE VIOLATION COCUPEED	CTION TAKEN						
	Month: Year:	Not Guilty	☐ Fined	Г	l Traffi	c School	☐ Dismiss	ed
	NATURE OF VIOLATION		N (STREET)		CITY			STATE
89.3								
		CTION TAKEN						
	Month: Year:	☐ Not Guilty	Fined		_ Traffi	c School	Dismiss	ed
90.	Has a traffic citation ever resulted in a warrant or caus	sed your driver's lice	ense to be withheld d	lue to the	followi	ng (check	all that apply):	
	☐ Failed to Appear ☐ Faile	d to Complete Traff	ic School	ailed to F	ay the	Required	Fine	
	IF CHECKED, explain circumstances:							
91. H	lave you been involved as the driver in a motor vehicl	e accident <i>within th</i>	ne past seven vears	?			Yes	□No
	F YES, give details below.		,,					
	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE
91.1	1							
	POLICE REPORT LAW ENFORCEMENT AGENC	Y		AT FAULT?			THE ACCIDENT?	1
	☐ Yes ☐ No			☐ Ye	s 🔲 1	No	☐ Injury ☐ Nor	
91.2	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE
	POLICE REPORT LAW ENFORCEMENT AGENC	:Y		AT FAULT?	•	WAS	THE ACCIDENT?	
	Yes No			Yes			☐ Injury ☐ Nor	-injury

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SECTION 9: MOTOR VEHICLE INFORMATION continued				
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
91.3	1			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	Yes No		Yes No	☐ Injury ☐ Non-injury
92.	92. Have you ever driven a vehicle without auto insurance, as required by law?			
	IF YES, GIVE REASON FROM (MM/YYYY) TO (MM/YYYY)			
				/ /
93.	Have you ever been refused automobile liability insurance or a bond, or had them cancelled?			
	IF YES, GIVE REASON DATE (MM/YYYY)			
		INSURANCE COMPANY		
Supplemental motor vehicle information included on page 25				
SECTION 10: OTHER TOPICS				
94.	Have you ever been refused a permit to carry a concealed weapon?			
95.	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?			
96.				
JU.	romantic or intimate relationship with, or who resided in the same household as you?			
97.				
98.	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?			
	If you answered "YES" to any of Questions 94–98, give details including dates and circumstances – reference corresponding numbers).			
SECTION 11: CERTIFICATION				
99.	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.			
	Signature in Full: ▶		Date:	
	· ·			

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

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SUPPLEMENTAL INFORMATION

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.