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: ____

SECTION 1: PERS	SONAL						
1. YOUR FULL NAME							
LAST		FIRST			MIDDLE		
2. OTHER NAMES YOU H	HAVE USED OR BEEN KNOW	N BY (INCLUDE MAIDEN NAM	E AND NICKNAMES)			ſ	N/A
3. ADDRESS WHERE YO NUMBER / STREET	DULIVE				APT / UNIT		
CITY					STATE ZIF	>	
4. MAILING ADDRESS, IF	F DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS							
HOME ()	WORK	()	EXT OT	THER ()		FAX	
6. CONTACT EMAIL	· · · · ·	· / / 7. L	IST ALL OTHER EMAIL ADDF	RESSES (SEPARATED BY	· · · ·		
				·			
8. CITIZENSHIP							
	izen?					□ Yes □	No
		gible and has applied fo					No
	COUNTY / STATE / COUNTR'						1.10
10. BIRTHDATE (MM/DD/Y	(YYY) 11. SOCIAL SECU	JRITY NUMBER 12. DRIV	/ER'S LICENSE				
	-	- NUM	IBER:	STAT	TE: EXPIRE	S:	
13. PHYSICAL DESCRIPT	TION				•		
HEIGHT:	WE	IGHT:	HAIR COLOR:		EYE COLOR:		
SECTION 2: REL	ATIVES AND REFER	ENCES					
	unlights information in		Mark "Daaraad " if a				
	pplicable information in a category is not applic		Mark "Deceased," if ap If more space is neede		25 reference co	responding num	bors
			In more space is neede	eu, cominue on page			
14.A Spouse / Regis	stered Domestic Partn	HOME ADDRESS (NUMBER	/ STREET / APT)	CITY		Deceased STATE ZIP] N/A
			,				
HOME PH	ONE	WORK ADDRESS (NUMBER	/ STREET / SUITE)	CITY		STATE ZIP	
()							
WORK PH	IONE	CELL PHONE	EMAIL				
()		()					
	MARRIAGE/REGISTRATION		Is there, or has th	nere ever been, a res	training or stay-awa	ay	
	/ (MM/YYYY)		order in effect inv	olving you and this ir	ndividual?	Yes	No No
14.B Former Spous	e / Former Registered	Domestic Partner				Deceased	
NAME						STATE ZIP	N/A
		HOME ADDRESS (NUMBER	STREET / AFT)	CITY] N/A
] N/A
HOME PH		HOME ADDRESS (NUMBER		CITY		STATE ZIP] N/A
	ONE						
HOME PH ()	ONE	WORK ADDRESS (NUMBER	/ STREET / SUITE)				
HOME PH () WORK PH ()	ONE	WORK ADDRESS (NUMBER	/ STREET / SUITE)			STATE ZIP	

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SECTI	ON 2: RELATIVES AND REFERE	NCES continued					
14.C P	arents / Guardians / In-laws						
Li	st ALL parents/guardians/in-laws living	g or deceased, including bio	ological, adoptive, foste	r, step-parents, etc.			
14.C.1	Parent / Guardian / In-law: 🗌 Moth	ner 🔲 Father 🔲 Step-m	other Step-father	In-law Other:		Deceased	
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP	
	HOME PHONE	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP	
	() WORK PHONE	CELL PHONE	EMAIL				
		()					
14.C.2	Parent / Guardian / In-law: Other	ner 🔲 Father 🔲 Step-m	other Step-father	In-law Other:			
NAME		HOME ADDRESS (NUMBER / STR			STATE	ZIP	
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP	
	()						
	WORK PHONE	CELL PHONE	EMAIL	·			
	()	()					
14.C.3	Parent / Guardian / In-law: Other	-		In-law Other:		Deceased	
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP	
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP	
					OTAL	2.1	
	WORK PHONE	CELL PHONE	EMAIL				
	()	()					
14.C.4	Parent / Guardian / In-law: Moth	ner 🔲 Father 🔲 Step-m	other Step-father	In-law Other:		Deceased	
NAME		HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP	
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP	
	() WORK PHONE	CELL PHONE	EMAIL				
			EMAIL				
14.C.5 NAME	Parent / Guardian / In-law: Moth	ner Father Step-m HOME ADDRESS (NUMBER / STF		In-law Other: CITY	STATE	Deceased ZIP	
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP	
	()						
	WORK PHONE	CELL PHONE	EMAIL				
	()	()					
14.C.6	Parent / Guardian / In-law: 🔲 Moth	ner 🗌 Father 🔲 Step-m		In-law Other:		Deceased	
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP	
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI			OTATE	ZIP	
		WAILING ADDRESS (IF DIFFEREI		CITY	STATE	217	
	WORK PHONE	CELL PHONE	EMAIL				
	()	()					
	· · ·						

Supplemental relatives information included on page 25

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SECTION 2: RELATIVES AND REFERENCES continued									
14.D B	rothers	/ Sisters							🗌 N/A
Li	st ALL I	_IVING siblings,	includinę	g half	-siblings, step-siblings, foste	er-siblings, etc.			
14.D.1	Sibling	j: 🗌 Brother	Siste] Half-brother 🛛 Half-siste				
NAME				AGE	HOME ADDRESS (NUMBER / STF	REET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL			
		()			()				
14.D.2	Sibling	: 🗌 Brother	Siste	er 🗌	Half-brother 🔲 Half-siste	r 🗌 Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STF	REET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL	•		
		()			()				
14.D.3	Sibling	: 🗌 Brother	Siste	er 🗌] Half-brother 🔲 Half-siste	r 🔲 Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL	l		
		()			()				
14.D.4	Sibling	: Brother	Siste	er 🗌] Half-brother 🔲 Half-siste	r 🔲 Other:			
NAME				AGE	HOME ADDRESS (NUMBER / STF	REET / APT)	CITY	STATE	ZIP
L		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()							
		WORK PHONE			CELL PHONE	EMAIL	1	1	
		()			()				

Supplemental relatives information included on page 25

14.E Children			□ N/A			
List ALL LIVING children, including nature and contact information of the custodial	ıral, adopted, step, and/or foster care. Include a parent/guardian, if other than you.	any other children who reside with you. Pro	ovide the name			
14.E.1 Child: Son Daughter	Other:					
AME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)						
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP			
	CONTACT NUMBER EMAIL ()					
14.E.2 Child: Son Daughter	Other:					
NAME AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)					
	ADDRESS (NUMBER / STREET / APT)		STATE ZIP			
	CONTACT NUMBER EMAIL ()					

SEC	TION 2: F	RELATIVES AND RE	FERENC	ES continued				
14.E.3	Child:	🗌 Son 🔲 Daught						
NAME			AGE CI	USTODIAL PARENT/GUARDIAN ((IF OTHER THAN YOU)			
			A	DDRESS (NUMBER / STREET / A	PT)	CITY	STATE	ZIP
			C	ONTACT NUMBER	EMAIL			
			()				
14.E.4	Child:	Son Daught						
NAME			AGE CI	USTODIAL PARENT/GUARDIAN ((IF OTHER THAN YOU)			
			A	DDRESS (NUMBER / STREET / A	PT)	CITY	STATE	ZIP
				ONTACT NUMBER	EMAIL			
Supp	lemental r	elatives information in	cluded on	page 25 📋				
15. LI	ST OF REFEF	RENCES						
•				h as close personal relation nployers, housemates, or		nily friends, teachers, military colleaç elsewhere.	gues, and	d/or
	NAME OF R	EFERENCE		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
15.1								
		HOME PHONE		WORK ADDRESS (NUMBER / S	STREET / SUITE)	CITY	STATE	ZIP
		()						
WORK PHONE				CELL PHONE	EMAIL			
		()		()		1		
		How do you know this p	erson?			How long have you known this person?	?	
15.2	NAME OF R	EFERENCE		HOME ADDRESS (NUMBER / S	STREET / APT)	СІТҮ	STATE	ZIP
		HOME PHONE		WORK ADDRESS (NUMBER / S	STREET / SUITE)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL			
		()		()		1		
		How do you know this p	erson?			How long have you known this person?	?	
15.3	NAME OF R	EFERENCE		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
		HOME PHONE		WORK ADDRESS (NUMBER / S	STREET / SUITE)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL			
		()		()				
		How do you know this p	erson?			How long have you known this person?	?	
15.4	NAME OF R	EFERENCE		HOME ADDRESS (NUMBER / S	STREET / APT)	CITY	STATE	ZIP
		HOME PHONE		WORK ADDRESS (NUMBER / S	STREET / SUITE)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL			
		()		()		1		
	How do you know this person?					How long have you known this person?	?	

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SEC	SECTION 2: RELATIVES AND REFERENCES continued								
45.5	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.5									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.6									
		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		
15.7									
		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?				
45.0	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.8									
		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 norman?				
					How long have you known this person?				
15.9	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
10.0									
		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?				
45.40	NAME OF F	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.10									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL	1	1			
		()	()						
		How do you know this person?			How long have you known this person?				

Supplemental references information included on page 25 \Box

SECTION 3: EDUCATION				
 NOTE: You will be required to furnish transcription If more space is needed, continue your response of 		of your educationa	I claims in Section	3.
16. CHECK APPLICABLE MM/YYYY	MM/YYYY			MM/YYYY
	nool Equivalency Test: /	California High S	School Proficiency Cer	
17. LIST HIGH SCHOOL(S) ATTENDED				
NAME OF HIGH SCHOOL		F	ROM (MM/YYYY)	TO (MM/YYYY)
17.1			1	/
CITY				STATE
NAME OF HIGH SCHOOL		F	ROM (MM/YYYY)	TO (MM/YYYY)
17.2			/	1
CITY				STATE
18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED				
NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLET	TED
18.1	1	1		
ADDRESS (NUMBER / STREET)				
CITY		STATE ZIP	MAJOR / AREA OF	F STUDY
NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLET	
10.2	/	/	QTR SY	
ADDRESS (NUMBER / STREET)	· · · · · · · · · · · · · · · · · · ·	•	DEGREE EARNED	
				D TYPE:
CITY		STATE ZIP	MAJOR / AREA OF	F STUDY
NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLET	TED
18.3	/	/	QTR SY	STEM SEM SYSTEM
ADDRESS (NUMBER / STREET)	÷		DEGREE EARNED	
				D TYPE:
CITY		STATE ZIP	MAJOR / AREA OF	F STUDY
19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / I	NSTITUTES ATTENDED			
NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTI		M/YYYY) TO (MM/YY	YY) DID YOU COI	MPLETE THE COURSE?
19.1	/	1		Yes 🗌 No
CITY	STAT	TYPE OF SCHOOL	OR TRAINING	
Supplemental education information included on page 2		I		
LIST ALL POST BASIC COURSES ATTENDED				
20. Have you ever taken a PC832 (Arrest and/or Firearn	ns) Course?			🗌 Yes 🗌 No
IF YES, provide the following information:				
A. COURSE PRESENTER NAME			(CITY / STATE)	
A. OOONOETINEDENTERIAMIE				
		LOCATION		
B. COURSE COMPLETION		LOCATION		ETION DATE (MM/YYYY)

SE	CTION 3: EDUCATION continued								
21.	Have you ever attended a POST Basic Course/Academy: F	Regular, Modular,	Specialized Investig	jators', Reserve, or L	Dispatcher? Ves No				
	IF YES, provide the following information:								
21.1	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)					
			/ G OFFICER / ACADEMY C						
	LOCATION (CITY, STATE)	NAME OF TRAINING	5 OFFICER / ACADEMY C	OURDINATOR	CONTACT NUMBER				
			FDOM (11100000)	70 (1010000)					
21.2	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?				
	LOCATION (CITY, STATE)	NAME OF TRAINING	G OFFICER / ACADEMY C	OORDINATOR					
_					()				
Sup	plemental POST basic course information included on Page	25							
	Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy?								
23.	Since the age of 18, have you cheated on an exam, or assis cheating on any POST exam? IF YES, explain circumstances.								
050									
24. L	IST OF RESIDENCES								

- List all residences during the last 10 years or since age 15.
- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do NOT use PO 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 your response on page 25.

	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO	(MM/YYYY)	
24.1				_	1		Present	
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MANAGER, REI	IT COLLEC	TOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR OWNER (NUMBER / STREET / APT / PO BOX) CONTACT NUMBER							
					()			
	CITY	STATE	ZIP	EMAIL				
	Name(s) of those with whom you live:							

SEC	TION 4: RESIDENCE HISTORY continued						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	1M/YYYY)	TO (MM/YYYY)
24.2					1		1
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
				,		()	
	СІТҮ	STATE	ZIP	EMAIL		· · ·	
	Name(s) of those with whom you lived:						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)
24.3					1		/
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, 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		()	
	Name(s) of those with whom you lived:						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)
24.4					1		1
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, 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		、 ,	
	Name(s) of those with whom you lived:						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)
24.5					1		/
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, 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			
	Name(s) of those with whom you lived:						
	Reason for moving:						
	Supplemental residence information included on page 25						

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SEC	TION 4:	RESIDENCE HISTORY continued								
25. L	IST OF HOL	SEMATES								
•	• Provide contact information for all housemates listed in Question 24 with whom you have resided during the past 10 years or since age 15.									
•	Do NO	list anyone for whom you have already provided contact information.								
•	If more space is needed, continue your response on page 25.									
	NAME OF H	DUSEMATE			CONTAC	CT NUMB	ER			
25.1					()				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			S	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
25.2	NAME OF H	OUSEMATE		-	CONTAG	CT NUMB	BER			
					()				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	/		5	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	NAME OF H	OUSEMATE		1	CONTAG	CT NUMB	BER			
25.3					()				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	/		5	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	NAME OF H	OUSEMATE		<u> </u>	CONTACT NUMBER					
25.4					()				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	/		S	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
	NAME OF H	OUSEMATE			CONTAG	CT NUMB	BER			
25.5					()				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	/		5	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL						
Supp	lemental l	nousemate information included on page 25		1						
26.	Have you	ever been evicted or asked to leave a residence?					🗆	Yes 🗌	No	

If you answered "YES" to Questions 26 and/or 27, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- 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.
- If more space is needed, continue your response 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)				CONTACT NUMBER	EXT				
					()					
	CITY		STATE	ZIP	EMAIL					
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)						
				FT [FT PT Temp Self-employed Volunteer					
	DUTIES / ASSIGNMENTS		REASON FOR	WANTING TO LEAVE						
	SUPERVISOR CONTACT NUMBER EXT.									
		()								
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL						
	1)	()								
	2)	()								
	Would there be a problem if we contact y	our current employer?				Yes No				
	IF YES, explain:									

	PERIOD OF UNE	MPLOYMENT (CHECK A	PPLICABLE)						FROM (MM/YYYY)	TO (N	IM/YYYY)
28.2	Student	Between jobs	Leave of absence	Travel	Other:				/		/
	NAME OF EMPLO	OYER OR MILITARY UNIT	-						FROM (MM/YYYY)	TO (N	1M/YYYY)
28.3									1		1
	ADDRESS (NUM	BER / STREET / SUITE / G	OR BASE)					CONTAC	r NUMBER		EXT
								()			
	CITY				STAT	EZ	<u>(IP</u>	EMAIL			
	JOB TITLE / RAN	ĸ							CHECK ALL THAT APPL	<u>V)</u>	
	JOB THEE / IVAN	ĸ							Temp		Volunteer
	DUTIES / ASSIGN	IMENTS					REASON FOR	LEAVING			
	SUPERVISOR		CONTACT NUMB	ER	EXT.		EMAIL				
			()								
	NAMES OF CO-W	VORKERS	CONTACT NUMB	ER	EXT.		EMAIL				
	1)		()								
	2)		()								
		MPLOYMENT (CHECK A	PPLICABLE)		·		•		FROM (MM/YYYY)		1M/YYYY)
28.4			Leave of absence	Travel	Other:				/	(1	/

SEC	TION 5: EXPERIENCE AND EMPLOYM	ENT continued							
28.5	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)	
20.0							/	/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT	
						()			
	CITY		STATE	ZI	Р	EMAIL			
	JOB TITLE / RANK								
							Temp Self-employ	ved UVolunteer	
	DUTIES / ASSIGNMENTS				REASON FOR	LEAVING			
	SUPERVISOR		EXT.		EMAIL				
			EV/T		E144				
	NAMES OF CO-WORKERS		EXT.		EMAIL				
	1)	()							
	2)	()							
·	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		•		•		FROM (MM/YYYY)	TO (MM/YYYY)	
28.6	Student Between jobs Leav	e of absence Travel T	Other:					/	
							/	/	
_	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)	
28.7							/	/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT	
						()			
	CITY		STATE	ZI	Р	EMAIL			
	JOB TITLE / RANK		1		TYPE OF EMPL	OYMENT (CHECK ALL THAT APPL'	Y)	
					FT 🗌	PT 🔲 1	Temp Self-employed Volunteer		
	DUTIES / ASSIGNMENTS				REASON FOR	LEAVING			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
		()							
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)	()							
	2)	()							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		•				FROM (MM/YYYY)	TO (MM/YYYY)	
28.8		u af al anna an Direanal - D	Othern					10 (MM/1111)	
	Student Between jobs Leav	e of absence	Other:				1	7	
	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	ZI	Р	EMAIL			
	JOB TITLE / RANK						CHECK ALL THAT APPL'		
							Temp Self-employ	ved Volunteer	
	DUTIES / ASSIGNMENTS				REASON FOR	LEAVING			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
		()							
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)	()							
	2)	()							

SEC	TION 5: EXPE	RIENCE AND EM	PLOYME	ENT continued	,							
28.10		MPLOYMENT (CHECK AP			— — ·					FROM (MM/YYYY)	TO (N	IM/YYYY)
20.10	Student	Between jobs	Leav	e of absence	Travel	Ot	her:			/		/
	NAME OF EMPLO	YER OR MILITARY UNIT								FROM (MM/YYYY)	TO (MN	//YYYY)
28.11										1		1
	ADDRESS (NUMB	ER / STREET / SUITE / O	R BASE)						CONTACT	NUMBER	E	хт
									()			
	CITY						STATE Z	<u>ZIP</u>	EMAIL			
	JOB TITLE / RANK	<								(CHECK ALL THAT APP		
										Temp Self-empl	oyed	Volunteer
	DUTIES / ASSIGN	MENTS						REASON FOR	RLEAVING			
	SUPERVISOR			CONTACT NUMBE	P	EXT		EMAIL				
	SOI EIWISOIX			()	-11	LAI						
	NAMES OF CO-W	ORKERS		CONTACT NUMBE	R	EXT		EMAIL				
	1)			()								
	2)			()								
	2)											
28.12		MPLOYMENT (CHECK AP	,							FROM (MM/YYYY)	TO (MN	//YYYY)
20.12	Student	Between jobs	Leav	e of absence		Ot	her:			/		/
	NAME OF EMPLO	YER OR MILITARY UNIT								FROM (MM/YYYY)	TO (MN	//YYYY)
28.13										/		1
	ADDRESS (NUMB	ER / STREET / SUITE / O	R BASE)						CONTACT	NUMBER	E	хт
									()			
	CITY						STATE Z	^I P	EMAIL			
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	JOB TITLE / RANK	X								Temp Self-empl		
	DUTIES / ASSIGN	MENTS						REASON FOR				
	SUPERVISOR			CONTACT NUMBE	R	EXT	-	EMAIL				
				()								
	NAMES OF CO-W	ORKERS		CONTACT NUMBE	R	EXT		EMAIL				
	1)			()								
	2)			()								
-		MPLOYMENT (CHECK AP								FROM (MM/YYYY)		1/YYYY)
28.14	Student	Between jobs		e of absence	Travel	🗆 Ot	her:			/		/
Supr		oyment information			1					•		
		-				forme	Llottora -	foounacling]
		peen disciplined at v spensions, reduction									Yes	No No
	•	•		-								
30. I	Have you ever b	been fired, released	trom prob	pation, or aske	d to resign fro	om any	place of	employment	<i>?</i>		Yes	∐ No
31. \	Nere you ever i	involved in a physica	al/verbal a	altercation with	a supervisor	, co-wo	rker, or c	ustomer?			Yes	No No
	,				,		,					
32. I	Have you ever o	quit without giving p	roper noti	ce?							Yes	□ No
33. I	Have you ever r	resigned in lieu of te	rmination	?							Yes	🗌 No
	•	been accused of dis superior, subordina		•						· · ·	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 No
36.	Have you ever been counseled at work due to lateness or absences?	□ No
37.	Did you ever receive an unsatisfactory performance review?	No No
38.	Have you ever sold, released, or given away legally confidential information?	No No
39.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	No No
	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	🗌 No
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
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.	Has your work performance ever been affected by your use of alcohol or drugs?	No No
	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
	IF YES, when? Name of employer:	
45.	Have you ever applied for any position at this or any other law enforcement agency (city, county, state, or federal)?	No 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) / /	

	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)
5.1					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'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	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ef's Oral 🛛 Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Dothe	er (explain)		

SECI	ION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)
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				B/ IOI IOI II O O II D III		
	CITY	STATE	ZIP	CONTACT NUMB	=R	EXT
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	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	ground 🗌 Chi	ief's Oral 🛛 Condit	ional Offer
	STATUS: 🔲 Hired 🔲 On Eligibility List 🔛 Withdrew 🔲 Disqualified 🗌	list Fx		er (explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
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	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Back	around 🗌 Chi	ief's Oral 🔲 Condit	ional Offer
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				er (explain)		
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					I DATE APPLIED (MM/YYY)	(Υ)
45.4					DATE APPLIED (MM/YY)	(Y)
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45.4	ADDRESS (NUMBER / STREET)			BACKGROUND IN		
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45.4		STATE	ZIP	BACKGROUND IN	/ IVESTIGATOR'S NAME (IF	
45.4	ADDRESS (NUMBER / STREET)	STATE	ZIP		/ IVESTIGATOR'S NAME (IF	KNOWN)
45.4	ADDRESS (NUMBER / STREET)	STATE	ZIP		/ IVESTIGATOR'S NAME (IF	KNOWN)
45.4	ADDRESS (NUMBER / STREET)	STATE			/ IVESTIGATOR'S NAME (IF	KNOWN)
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SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)
45.6					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
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	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	SVSA 🗌 Back	ground 🗌 Chi	ief's Oral 🛛 Condit	ional Offer
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	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	aranh/C		around Chi	ief's Oral 🔲 Condit	ional Offer
				-		
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	cpired Othe	er (explain)		
	Sum la mantel ampleument information is included en Dave 25					
	Supplemental employment information is included on Page 25					
SEC	TION 6: MILITARY EXPERIENCE					
46	Are you required to register for the Selective Service?					es 🗌 No
	IF YES, have you registered?				Ye	s 🗌 No
	IF NO, explain:					
47.	Have you ever served in the military?				Ye	es 🗌 No
48.	If you answered "YES" to Question 47, include the following service informati	on:				
	BRANCH OF SERVICE			FROM (MM/YYY	Y) TO (MM/YY	YY)
				1	, , ,	1
	TYPE OF DISCHARGE					
	Entry Level Honorable General OTH (Oth	er than	Honorable)	Bad Condu	ct 🗌 Dishonoral	hle
			nonorabic)			510
	Re-entry Code (1–4) if applicable – refer to your DD-214:					
49.	Are you currently participating in one of the following?					
	Military Reserve National Guard IF CHECKED, date obligation	on ends	(MM/DD/YY):			
50.	Have you ever been the subject of any judicial or non-judicial disciplinary acti	ion (su	ch as, court mar	tial, captain's m	nast.	
	office hours, company punishment)?			1 N N	·	s 🗌 No
51.	Were you ever denied a security clearance, or had a clearance revoked, sus	pended	, or downgrade	d?	Ye	es 🗌 No
-						
52.	Have you ever taken military property without permission for personal use, to	sell, o	r to give away?		Ye	es 🗌 No
·						
	If you answered "YES" to any of Questions 50-52, explain (include dates an	d circur	nstances).			
-						
L -						

Supplemental military information included on Page 25

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

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SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

- For each of the following questions (53A and B), fill in the amounts to the nearest dollar.
- For Question 53A: Provide your total monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For Question 53B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

	A) What is your total monthly disposable income? \$	er month
	B) How much do you spend each month? \$ pe	er month
54.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	s 🗌 No
55.	Have any of your bills ever been turned over to a collection agency?	s 🗌 No
56.	Have you ever had purchased goods repossessed?	5 🗌 No
57.	Have your wages ever been garnished?	s 🗌 No
58.	Have you ever been delinquent on income or other tax payments?	s 🗌 No
59.	Have you ever failed to file income tax or cheated/lied on an income tax form?	s 🗌 No
60.	Have you ever had an employment bond refused?	s 🗌 No
61.	Have you ever avoided paying any lawful debt by moving away?	s 🗌 No
62.	Have you ever defaulted on (failed to pay) a loan?	5 🗌 No
63.	Have you ever borrowed money to pay for a gambling debt?	
64.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	s 🗌 No
65.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	3 🗌 No
66.	Have you written three or more bad checks in a one-year period?	s 🗌 No

If you answered "YES" to any of Questions 54-66, explain (include when, where, and why - reference corresponding numbers).

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.
- If more space is needed, continue your response on page 25.

	Have you EVER been detained by law enforcement for investigati misdemeanor or felony offense in this state or any other legal juris of Military Justice)?	sdiction (including offense	s in the Uniform Code
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
67.1		1	
	DISPOSITION OR PENALTY		
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
67.2		1	
	DISPOSITION OR PENALTY		

Supplemental disclosure information included on Page 25

68.	Have you ever been placed on court probation?	s	🗌 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?	s	No No
70.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	s	No
71.	Have the police ever been called to your home for any reason?		No No
72.	Have you or your spouse/partner ever been referred to Child Protective Services?	s	No No
73.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	s	No 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?	s	No
75.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	s	🗌 No
76.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	s	🗌 No
77.	Have you ever filed a false insurance or workers' compensation claim?	s	🗌 No
	If you answered "YES" to any of Questions 68-77 , explain (include court case or document, dates, and circumstances – <i>reference corr numbers</i>). <i>If more space is needed, continue your response on page 25.</i>	esp	onding

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

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

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SECT	ION 8: LEGAL continued
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)
78.28	Any other act amounting to a misdemeanor
•	If you answered "YES" to ANY of the item(s) in Question 78 , fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 78.5) for each explanation.</i>
•	If more space is needed, continue your response on page 25.

Supplemental legal information included on Page 25

Involvement 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 law relieved you from reporting the detention, arrest, or conviction that arose from it.								
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 No						
79.3	Blackmail or extortion	□ 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 No						
79.8	Felony drunk driving (involving injuries)	No No						
79.9	Felony illegal sex acts	No No						
79.10	Forcible rape	🗌 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 No						
79.13	Grand theft (value of over \$950, automobile, any firearm)	🗌 No						
79.14	Hit & run (with injuries)	🗌 No						
79.15	Hate crime	🗌 No						
79.16	Insurance fraud	🗌 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	🗌 No						
79.20	Robbery (theft from another person using a weapon, force, or fear)	🗌 No						

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

SEC.	ION 8: LEGAL continued								
79.21	Stalking								
79.22	Theft of a vehicle and/or vehicle parts								
79.23	Viewing and/or possessing child pornography	Yes No							
79.24	Any other act amounting to a felony	Yes No							
•									
	and resolution. Reference the corresponding number (e.g., 79.3) for each explanation.								
•	If more space is needed, continue your response on page 25.								
	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 substitues your responses should include — <i>but not be limited to</i> — your use of any Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) Barbiturates (<i>Downers</i>) Cocaine / Crack Cocaine Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) GHB (<i>Date Rape Drug</i>) Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) Hashish / Hashish Oil Heroin / Opium 	 trance for the purpose of getting "high." y of the following: Marijuana (with or without a prescription) Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinal (THC) Glue, paint, or any substance containing toluene 							
	 Prior to the past six months: I have never used any drug recreationally. I have tried or used one or more drugs, but only under limited circums events, etc.) F YOU CHECKED BOX 2, give details including drug(s) used, most received. 								

SEC	CTION 8: LEGA	L continued							
82.	 Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription? Yes No If YES, indicate which activities (mark all that apply): 								
	Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another								
	IF ANY ITEM IS	CHECKED, give details in	icluding <i>drug(s) invo</i>	lved, over what tii	ne period(s), and circu	umstances.			
83.	 Buring 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? IF YES, explain: 								
Sup	plemental drug in	formation included on Pag	ge 25 🗌						
SECTION 9: MOTOR VEHICLE INFORMATION									
84.	Current Driver's								
	STATE OF ISSUE	LICENSE NUMBER		DATE (MM/DD/YYYY)	NAME UNDER WHICH LICE	NSE WAS GRANTED			
85.	5. List other states where you have been licensed to operate a motor vehicle:								
	STATE OF ISSUE	LICENSE NUMBER (IF KNOWN) TYPE OF LIC	ENSE	NAME UNDER WHICH LICE	NSE WAS GRANTED			
					I				
86.	-	een refused a driver's lice (include when, where, and				Yes No			
87.	-	s license ever been susper (include when, where, and				Yes No			
		· · · ·	,						

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89. H 89.1 1 89.2	ADDRESS (NUMBER/STREET) ave you received any traffic citations, excluding par NATURE OF VIOLATION DATE VIOLATION OCCURRED Month: Year:	rking citations, within LOCATIC ACTION TAKEN	in the past seven y	years.	Yes	No	/ / CONTACT NUMBER ()	s below.	
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89. H 89.1 I 89.2 I	ave you received any traffic citations, excluding par NATURE OF VIOLATION DATE VIOLATION OCCURRED Month: Year:	rking citations, within LOCATIC ACTION TAKEN	ON (STREET)	years.	Yes	No	()	ls below.	
89. H 89.1 I 89.2 I	ave you received any traffic citations, excluding par NATURE OF VIOLATION DATE VIOLATION OCCURRED Month: Year:	rking citations, within LOCATIC ACTION TAKEN	ON (STREET)	years.	Yes	<u>No</u>	()	ls below.	
89.1 ¹ 89.2 ¹	NATURE OF VIOLATION DATE VIOLATION OCCURRED A Month: Year:		ON (STREET)	-		No	If YES, give detail		
89.1 ¹ 89.2 ¹	NATURE OF VIOLATION DATE VIOLATION OCCURRED A Month: Year:		ON (STREET)	-		No /	lf YES, give detail		
89.1	DATE VIOLATION OCCURRED A Month: Year:	ACTION TAKEN	· ·	. –				UTAL	
89.2	Month: Year:	Not Guilty	y 🗌 Fined	. –					
89.2		-	y 🗌 Fined						
89.2	JATURE OF VIOLATION	LOCATIO			Traffic	School	Dismis	sed	
			ON (STREET)		CITY			STATE	
	DATE VIOLATION OCCURRED A	ACTION TAKEN							
_	Month: Year:	Not Guilty	y 🗌 Fined		Traffic	School	🗌 Dismis	sed	
	JATURE OF VIOLATION (STREET)				CITY			STATE	
89.3									
	DATE VIOLATION OCCURRED ACTION TAKEN Month: Year: Not Guilty Fined Traffic School Dismissed						sed		
90. H	as a traffic citation ever resulted in a warrant or cau	used your driver's lice	cense to be withheld	d due to the	followir	ig (check	all that apply):		
	☐ Failed to Appear ☐ Fail	led to Complete Traf	ffic School	Failed to P	ay the	Required	Fine		
IF	IF CHECKED, explain circumstances:								
-									
-									
91. Have you been involved as the driver in a motor vehicle accident <i>within the past seven years</i> ?									
	YES, give details below.								
91.1	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE	
	POLICE REPORT LAW ENFORCEMENT AGEN	ICY		AT FAULT?		WAS	THE ACCIDENT?		
								n-injury	
[Yes No			🗌 Yes		Ŭ I	_ , , _		
04.0	Yes No Date of Accident (MM/YYYY) Location (Street)					<u> </u>		STATE	
91.2		101/					THE ACCIDENT?		
91.1	YES, give details below. DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET) /		the past seven yea	CITY	_	WAS	THE ACCIDENT?	STAT	

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

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SEC	TION 9: MOTOR VEHICLE	E INFORMATION c	ontinued					
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CITY			STATE
91.3	/							
	POLICE REPORT	LAW ENFORCEMENT A	GENCY		AT FAULT?	WAS THE ACCIE	DENT?	1
	Yes No				🗌 Yes 🗌 No	🗌 🗌 Injury	Non	-injury
92.	Have you ever driven a vehic	le without auto insu	ance, as required by la	w?			. 🗌 Yes	🗌 No
	IF YES, GIVE REASON					FROM (MM/YYYY)	TO (MM/Y	YYY)
						/	1	l.
03	Have you ever been refused	automobile liability i	osurance or a bond or	had them cancelled?)		. TYes	ΠNο
50.	IF YES, GIVE REASON						DATE (MN	
)	
			INSURANCE COMPANY					
Sur	plemental motor vehicle infor	mation included on	nage 25 🗌					
-	-							
SEC	CTION 10: OTHER TOPICS							
94.	Have you ever been refused	a permit to carry a c	oncealed weapon?				Yes	No No
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?							🗌 No
96.	Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you?							No
97.	Since the age of 15, have ye	ou ever been involve	d in an anger-provoked	l physical fight, confr	ontation or other vi	olent act?	Yes	No No
98.	Do you have, or have you ev or any other group that advoc origin, nationality, gender, se	cates violence again	st individuals because of	of their race, religion,	political affiliation,	ethnic	Yes	🗌 No
	If you answered "YES" to any		8, give details including	dates and circumst	ances – <i>reference</i>	corresponding nu	imbers).	
SEC	CTION 11: CERTIFICATION	N						
99.	I hereby certify that I have p statements made are true a subject me to disqualificatio	and complete to the	best of my knowledge	e and belief. I under	rstand that any mi	sstatement of m		

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.