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 **Security Officer**.

- It is your responsibility to complete this form and provide all required information. (including email addresses for your references)
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

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:

1. YOUR FULL NAME LAST FIRST MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)	N/A
3. ADDRESS WHERE YOU LIVE	
NUMBER / STREET APT / UNIT	
CITY STATE ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)	
5. CONTACT NUMBERS	
HOME () WORK () EXT OTHER () CELL AX	
6. CONTACT EMAIL 7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	
8. LEGAL AUTHORIZATION FOR EMPLOYMENT	
Are you legally authorized for permanent employment in the United States?	No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	
10. BIRTHDATE (MM/DD/YYYY) 11. SOCIAL SECURITY NUMBER 12. DRIVER'S LICENSE	
- - NUMBER: STATE: EXPIRES: 13. PHYSICAL DESCRIPTION	
HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR:	
SECTION 2: RELATIVES AND REFERENCES	
14. IMMEDIATE FAMILY	
Provide all applicable information in the spaces below. Mark "Deceased," if appropriate. Mark "NUA" if a patenticipal of applicable	
Mark "N/A" if a category is not applicable. If more space is needed, continue on page 25 – reference corresponding numb	
14.A Spouse / Registered Domestic Partner Deceased NAME HOME ADDRESS (NUMBER / STREET / APT) CITY CITY	N/A
HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP	
() WORK PHONE CELL PHONE EMAIL	
DATE OF MARRIAGE/REGISTRATION	
/ (MM/YYYY) Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?	No
14.B Former Spouse / Former Registered Domestic Partner	N/A
NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	
HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP	
WORK PHONE CELL PHONE EMAIL	
DATE OF MARRIAGE/REGISTRATION DATE OF DISSOLUTON	

SECTI	ON 2: F	RELATIVES A	ND REFE	RENCES	continue	ed					
14.C Pa	rents /	Guardians									
•	List A	LL parents/gua	rdians, livi	ng or dece	eased, inc	cluding biolog	jical, adoptive, fo	oster, ste	ep-parents, in-laws, etc.		
•	If mor	e space is need	ded, contin	nue on pag	ge 25 – re	eference corre	esponding numb	ers.			
14.C.1	Pare	nt / Guardian:	Mother	Fathe	r S	tep-mother	Step-father	In-lav	Other:		Deceased
NAME						S (NUMBER / STI			CITY	STATE	ZIP
							A (77)			07475	710
		HOME PHONE		MAIL	ING ADDRE	SS (IF DIFFERE	NT)		CITY	STATE	ZIP
		WORK PHONE	_	CELL	. PHONE		EMAIL				
		()		()						
14.C.2	Pare	nt / Guardian:	Mother	Fathe	r S	tep-mother	Step-father	In-lav	Other:		Deceased
NAME						NUMBER / ST			СПУ	STATE	ZIP
							A (77)			07475	710
		HOME PHONE		MAIL	ING ADDRE	SS (IF DIFFERE	NI)		CITY	STATE	ZIP
		WORK PHONE	_	CELL	. PHONE		EMAIL				
		()		()						
14.C.3	Pare	nt / Guardian:	Mother	Fathe	r S	tep-mother	Step-father	In-lav	Other:		Deceased
NAME				HOM	E ADDRESS	S (NUMBER / STR			CITY	STATE	ZIP
		HOME PHONE		MAIL	ING ADDRE	SS (IF DIFFERE	NI)		CITY	STATE	ZIP
		WORK PHONE	_	CELL	PHONE	-	EMAIL				
		()		()						
14.C.4	Pare	nt / Guardian:	Mother	Fathe	r S	tep-mother	Step-father	In-lav	Other:		Deceased
NAME				HOM	E ADDRESS	S (NUMBER / STR	REET / APT)		CITY	STATE	ZIP
		HOME PHONE				SS (IF DIFFERE			CITY	STATE	710
				WAIL		.55 (IF DIFFERE	INT)		CIT	STATE	ZIF
		WORK PHONE	_	CELL	PHONE		EMAIL				
		()		()						
14.D Br	others	/ Sisters									∏N/A
	List A	LL LIVING sibli	inas, inclu	ding half-s	iblinas. st	tep-siblings, f	oster-siblings, e	tc.			
•							esponding numb				
14.D.1	Sibling				- brother	Half-siste					
NAME	Chonny	j. Diotric				S (NUMBER / STR			CITY	STATE	ZIP
		HOME PHONE		MAIL	ING ADDRE	SS (IF DIFFERE	NT)		CITY	STATE	ZIP
		() WORK PHONE		CELL	PHONE	_	EMAIL				
		()		()						
14 D 2	Sibling	a: Brothe	r Siste	r Half	-brother	Half-siste	e Other:				
14.D.2 NAME	Junut	J. DIOUIE				S (NUMBER / STR			CITY	STATE	ZIP
_		HOME PHONE		MAIL	ING ADDRE	SS (IF DIFFERE	NT)		CITY	STATE	ZIP
		() WORK PHONE		CEU	PHONE		EMAIL				
				()						
		\ /		`	,						

SECTI	ON 2: F	RELAT	IVES AND	D REF	EREN	ICES continue	d					
14.D.3	Sibling	:	Brother	Siste	er	Half-brother	Half-siste)ther:			
NAME					AGE	HOME ADDRESS	NUMBER / STR	REET / AP	Г)	CITY	STATE	ZIP
	(HOME F	PHONE			MAILING ADDRES	S (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()									
		WORK	PHONE			CELL PHONE		EMAIL				
		()			()						
14.D.4	Sibling	:	Brother	Siste	er	Half-brother	Half-siste)ther:			
NAME					AGE	HOME ADDRESS	NUMBER / STR	REET / AP	Г)	CITY	STATE	ZIP
,	(HOME F	PHONE			MAILING ADDRES	S (IF DIFFEREN	NT)		CITY	STATE	ZIP
		()									
		WORK	PHONE			CELL PHONE		EMAIL				
		()			()						

□ N/A

14.E Children

• List ALL LIVING children, including natural, adopted, step, and/or foster care.

- Include any other children who reside with you.
- Provide the name and contact information of the custodial parent/guardian, if other than you.
- If more space is needed, continue on page 25 reference corresponding numbers.

14.E.1 Child: Son Daughter	Other:		
	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		<u>.</u>
NAME AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	CONTACT NUMBER EMAIL	•	· · ·
		1	r
14.E.2 Child: Son Daughter	Other:		
	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)	<u>k</u>	
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	ADDRESS (NOMBER / STREET / AFT)	CIT	STATE LIP
	CONTACT NUMBER EMAIL		
	()		
	0.1		
	Other:		
NAME AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	CONTACT NUMBER EMAIL	1	
· · · · · · · · · · · · · · · · · · ·		(
14.E.4 Child: Son Daughter	Other:		
	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)	J.	
	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
	ADDRESS (NOWDER / STREET / AFT)	UTT	
	CONTACT NUMBER EMAIL		
	()		

SECT	FION 2: R	RELATIVES AND REFERENCE	S continued				
	T OF REFE						
•	and/or o Do NOT	7 people who know you well, such co-workers. Finclude relatives, employers, hou space is needed, continue on pag	usemates, or any individuals liste	ed elsewhere.	ily friends, teachers, military colleagu	Jes,	
15.1	NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	СІТҮ	STATE	ZIP
		()		1			
				EMAIL			
		How do you know this person?			How long have you known this person?		
15.2	NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET)	/ APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
			CELL PHONE	EMAIL			<u> </u>
		How do you know this person?	()		How long have you known this person?		
15.3	NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	СІТҮ	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?		
15.4	NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET)	/ APT)	СІТҮ	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	СІТҮ	STATE	ZIP
		() WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
15.5	NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET)	(APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	СІТҮ	STATE	ZIP
		WORK PHONE ()	CELL PHONE ()	EMAIL			
		How do you know this person?	·	·	How long have you known this person?		

SEC	TION 2: R	ELATIVES AND RE	FERENCES continued					
	NAME OF	REFERENCE	HOME ADDRESS (NUM	BER / STREET /	APT)	CITY		STATE ZIP
15.6								
		HOME PHONE	WORK ADDRESS (NUM	BER / STREET /	SUITE)	CITY		STATE ZIP
		()						
		WORK PHONE	CELL PHONE		EMAIL			
		()	()					
		How do you know this pe	erson?			How long have	you known this person	?
	NAME OF	REFERENCE	HOME ADDRESS (NUM	BER / STREET /	APT)	CITY		STATE ZIP
15.7								
		HOME PHONE	WORK ADDRESS (NUM	BER/STREET/	SUITE)	CITY		STATE ZIP
		()						
		WORK PHONE	CELL PHONE		EMAIL			
		()	()					
		How do you know this pe	erson?			How long have	you known this person	?
SECT								
SEC		DUCATION						
•			to furnish transcripts or othe	er proof to si	upport all of	your educationa	I claims in Section	13.
•	If more s	space is needed, contir	nue your response on page 25.					
_								
16. Do	you have	a high school diploma	, GED, or California High Scho	ol Proficienc	y Certificate?	,		Yes No
17. LIS	T HIGH SCH	HOOL(S) ATTENDED						
17.1	NAME OF H	IGH SCHOOL				FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)	DID YOU GRADUATE?
						1	/	□ _{Yes} □ _{No}
					CITY			STATE
17.2	NAME OF H	IGH SCHOOL				FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		-		-	CITY	/		
					GIT			STATE
18. LIS		EGES AND UNIVERSITIES	S ATTENDED					
18.1		OLLEGE/UNIVERSITY		FROM (I	MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLE	
		ADDRESS (NUMBER / STR			/	1		YSTEM SEM SYSTEM
		ADDRESS (NUMBER / STRI	==1)				TYPE OF DEGRE	E EARNED
		CITY				ATE ZIP	MAJOR / AREA C	
		GITT			517		MAJOR / AREA C	F 310D 1
		OLLEGE/UNIVERSITY		FROM	MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLE	
18.2					i l			
I	l	ADDRESS (NUMBER / STRI	EET)		/	/	TYPE OF DEGRE	SEM SYSTEM
		CITY			ST/	ATE ZIP	MAJOR / AREA C	F STUDY

SEC	TION 3: E	DUCATION continued					
		OLLEGE/UNIVERSITY	FROM (MM	/YYYY)	TO (MI	ΜΥΥΥΥ) ΤΟΤΑ	AL UNITS COMPLETED
18.3			/			/	
		ADDRESS (NUMBER / STREET)					TYPE OF DEGREE EARNED
		СПУ		5	IAIE	ZIP	MAJOR / AREA OF STUDY
40.4		OLLEGE/UNIVERSITY	FROM (MM	/YYYY)	TO (MI	Μ/ΥΥΥΥ) ΤΟΤΑ	
18.4			/			/	
		ADDRESS (NUMBER / STREET)					TYPE OF DEGREE EARNED
		СІТҮ		S	TATE	ZIP	MAJOR / AREA OF STUDY
19.	LIST ALL TR	ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATT	ENDED				
	-	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM	/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
19.1				/		/	🗌 Yes 🗌 No
		CITY		STAT	E TYPI	E OF SCHOOL OR TR	AINING
		RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM	/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
19.2				/		1	🗌 Yes 🗌 No
		CITY		STAT	E TYPI	E OF SCHOOL OR TR	AINING
40.0		RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM	/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
19.3				/		1	🗌 Yes 🗌 No
		CITY		STAT	E TYPI	E OF SCHOOL OR TR	AINING
20. Ha	-	ten a PC832 (Arrest and/or Firearms) Course?					Yes No
	IF YES, pr	ovide the following information:				LOCATION (CITY /	STATE)
						LOCATION (CITT)	STATE)
		B. COURSE COMPLETION					COMPLETION DATE (MM/YYYY)
		Did you successfully complete the course?				□ Yes □	No /
21	Have you ev	ver attended a POST Basic Course/Academy: Regular, Spe	cialized Inv	estidato	s' Rese	erve or Dispatche	r? Yes No
		ovide the following information:		ooligatoi	0,11000	inte, el Diopatorio	
		-		FROM (MN	/YYYY)	TO (MM/YYYY) DID YOU PASS/GRADUATE?
21.1				,	,		Yes No
	LOCATION (CITY, STATE) NAME (OF TRAINING (OFFICER /	ACADEMY	COORDINATOR	
							()
	NAME OF A	CADEMY		FROM (MN	/YYYY)	TO (MM/YYYY) DID YOU PASS/GRADUATE?
21.2					/	1	Yes No
	LOCATION (CITY, STATE) NAME (OF TRAINING (OFFICER /	ACADEMY	COORDINATOR	CONTACT NUMBER
							()

SECT	FION 3: EDUCATION continued						
22. Ha	ave you ever been subject to any disciplinary action, including a						
f	rom any high school, college/university, business, trade school,	or POS	ST basic course/a	cademy?			🗌 Yes 🗌 No
	YES, describe in detail below. Starting with high school, list an OST basic course. Include when the disciplinary action(s) occur	-			-		
_							
_							
	TION 4: RESIDENCE HISTORY ST OF RESIDENCES						
23. LI	List all residences during the last 10 years or since age 15.						
	Provide complete addresses (include markers such as Street		Road, East, We	st, etc., and unit/	apt num	nber). Do NOT	use POBoxes.
•	If the residence is a military base, identify name of base in ad	ldress, r	nearest city, state	e, and zip code. [Do NOT	list military bar	racks 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 (M	IM/YYYY)	TO (MM/YYYY)
23.1						/	Present
	CITY	STATE	ZIP	IF RENTING: PROF	ERTY MA	NAGER, RENT CO	LLECTOR, OROWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	(NUME	ER/STREET/APT/I	O BOX)		CONTACT NUMBI	ĒR
			-			()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you live:	<u> </u>					
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
23.2						/	/
	CITY	STATE	ZIP	IF RENTING: PROF	ERTY MA	NAGER, RENT CO	LLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, KENT COLLECTOR, OR OWNER		ER/STREET/APT/I	PO BOX)		CONTACT NUMBI	ER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:	-	-		-		
	Reason for moving:				FROM (1)		
23.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	1M/YYYY) /	TO (MM/YYYY) /
	СІТҮ	STATE	ZIP	IF RENTING: PROP	ERTY MA	NAGER, RENT CO	LLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER					CONTACT NUMB	ER
	MULLING ADDITEOU OF THE EXTEMPIONOLIN, NEW COLLECTOR, OR OWNER		ER/ORALLI/AFI/			()	
	СІТҮ	STATE	ZIP	EMAIL		. ,	
					=	-	
	Name(s) of those with whom you lived:				-		
	Reason for moving:						
			-			<u> </u>	

SEC	TION 4: R	ESIDENCE HISTORY continued							
	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	Т	Ο (ΜΜ/ΥΥΥΥ)
23.4							/		/
			STATE	ZIP	IF RENTING: PROP	ERTY MAI	NAGER, REM	IT COLLE	CTOR, OR OWNER
	MAILING ADDR	ESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	(NUMBEI	R/STREET/APT/POBOX)				IBER	
_	CITY		STATE	ZIP	EMAIL		()		
	Name(s)	of those with whom you lived:							
	Reason f	or moving:							
23.5	FORMER A	DDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	T	O (MM/YYYY)
23.5							1		1
			STATE	ZIP	IF RENTING: PROF	ÈRTY MAI	NAGER, REN	IT COLLE	CTOR, OR OWNER
				ļ					
	MAILING ADDR	ESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	(NUMBEI	R/STREET/APT/POBOX)				NBER	
	CITY		STATE	ZIP	EMAIL		()		
	Name(s)	of those with whom you lived:							
	Reason f	or moving:							
24. LI	ST OF HOU	SEMATES							
	Provide	contact information for all housemates listed in Ques	tion 23	with whom you h	nave resided du i	ring the	past 10 y	vears or	since age 15.
		list anyone for whom you have already provided cont				•			, , , , , , , , , , , , , , , , , , ,
•	If more	space is needed, continue your response on page 25.							
	NAME OF H	OUSEMATE					CONTACT N	NUMBER	
24.1							()		
	•	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY			STAT	E ZIP
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDL			EMAIL				
			0100,110	LND, L10.)					
	NAME OF H	OUSEMATE					CONTACT N	NUMBER	
24.2							()		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		()	STAT	E ZIP
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDL	ORD, FRI	END, ETC.)	EMAIL				
24.3	NAME OF H	OUSEMATE					CONTACT N	NUMBER	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		()	CTAT	
		UNINENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY			STAT	E ZIP
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDL	ORD, FRI	END, ETC.)	EMAIL				

SEC	TION 4: F	ESIDENCES continued							
	NAME OF H	OUSEMATE			CONTAG		IBER		
24.4					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		•	,	STATE	ZIP	
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.)		EMAIL					
		OUSEMATE			CONTAG		IBER		
24.5					/	,			
					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CONTAG	CT NUM	IBER		
24.6					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		•	,	STATE	ZIP	
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.)		EMAIL					
		OUSEMATE			CONTAG		IBER		
24.7					/	,			
					()		1710	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CONTAG	CT NUM	IBER		
24.8					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		(OPTIONAL) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, ETC.)	<u> </u>	EMAIL					
		an evident of an entropy to have a residence of						Ver	
25. Hav	/e you ever be	en evicted or asked to leave a residence?						Yes [NO
26. Hay	/e vou ever lef	a residence owing rent, utilities, or other household expenses?						Yes	No
	,	3 , , 1						•	
11	f vou answ	ered "YES" to Questions 25 and/or 26, explain (include when, where, and cir	rcum	stances).					
	you anon		ourn						

27. JOB EXPERIENCE

- List ALL jobs you have had within the past ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- · 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.

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
						SUPERVI		/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUFERVI	SUR	
	CITY			STATE	ZIP	CONTACT	NUMBER	EXT
						(
	JOB TITLE / RANK					EMAIL		
	DUTIES / ASSIGNMENTS				TYPE OF E	MPLOYMENT (CHECK ALL THAT APPI	_Y)
					□ FT	ПртП	Temp 🗌 Self-empl	oved 🗖 Volunteer
	NAMES OF CO-WORKERS							
		2)					0 22.02	
	1)	2)						
	Would there be a problem if we contact your current employ er?							∏Yes ∏No
	would there be a problem if we contact your current employer?							
	IF YES, explain:							
[PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	ΙΟ (ΜΜ/ΥΥΥΥ)
27.2				thor			FROM (MM/YYYY)	
27.2		ave of absence	Travel DO	ther:			FROM (MM/YYYY) /	10 (MM/YYYY) /
			Travel Dot	ther:			FROM (MWYYYY) / FROM (MWYYYY)	
27.2	Student Between jobs Lea		Travel 🛛 Of	ther:			/	1
	Student Between jobs Lea		Travel 01	ther:	_	SUPERVI	/ FROM (MM/YYYY) /	/ 10 (MM/YYYY)
			Travel 🗌 Of	ther:		SUPERVI	/ FROM (MM/YYYY) /	/ 10 (MM/YYYY)
	Student Between jobs Lea		Travel D Of		71P		/ -kom(mm/yyyy) / Sor	/ 10 (MM/YYYY) /
			Travel DO	ther:	ZIP		/ -kom(mm/yyyy) / Sor	/ 10 (MM/YYYY)
	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY		Travel Do		ZIP	CONTACT	/ -kom(mm/yyyy) / Sor	/ 10 (MM/YYYY) /
	Student Between jobs Lea		Travel 01		ZIP		/ -kom(mm/yyyy) / Sor	/ 10 (MM/YYYY) /
	Student Between jobs Lea		Travel 0			CONTACT ()	/ FROM (MM/YYYY) / SOR NUMBER	/ 10 (MM/YYYY) / EXT
	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY		Travel 0			CONTACT ()	/ -kom(mm/yyyy) / Sor	/ 10 (MM/YYYY) / EXT
	Student Between jobs Lea		Travel 01		TYPE OF E	CONTACT () EMAIL	/ FROM (MM/YYYY) / SOR NUMBER	/ IO (MM/YYYY) / EXT .Y)
	Student Between jobs Lea		Travel 01		TYPE OF E	CONTACT () EMAIL	/ FROM (MM/YYYY) / SOR NUMBER CHECK ALL THAT APPI	/ IO (MM/YYYY) / EXT .Y)
	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS	ave of absence	Travel 01		TYPE OF E	CONTACT () EMAIL MPLOYMENT (PT]	/ FROM (MM/YYYY) / SOR NUMBER CHECK ALL THAT APPI	/ IO (MM/YYYY) / EXT .Y)
	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS		Travel 01		TYPE OF E	CONTACT () EMAIL MPLOYMENT (PT]	/ FROM (MM/YYYY) / SOR NUMBER CHECK ALL THAT APPI	/ IO (MM/YYYY) / EXT .Y)
27.3	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS	ave of absence	Travel 01		TYPE OF E	CONTACT () EMAIL MPLOYMENT (PT]	/ FROM (MM/YYYY) / SOR NUMBER CHECK ALL THAT APPI	/ IO (MM/YYYY) / EXT .Y)
	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS NAMES OF CO-WORKERS 1) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	ave of absence		STATE	TYPE OF E	CONTACT () EMAIL MPLOYMENT (PT]	/ FROM (MM/YYYY) / SOR NUMBER CHECK ALL THAT APPI Temp Self-empi	/ IU (MM/YYYY) / EXT EXT y) oyed Volunteer

SEC.	TION 5: EXPERIENCE AND EMPLOYM	ENT continued					
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
27.5						1	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	OR	
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT
					(
	JOB TITLE / RANK				EMAIL	,	
	DUTIES / ASSIGNMENTS			TYPE OF EMPL		CHECK ALL THAT APPLY)
] рт 🗖 1	Temp 🔲 Self-employ	/ed 🔲 Volunteer
	NAMES OF CO-WORKERS			REASON FOR	LEAVING		
	1)	2)					
				1			
27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE;					FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
21.0	🗌 Student 🔲 Between jobs 🔲 Lea	ave of absence 🔲 Travel 🛛 🛛 🖓	ther:			1	1
	NAME OF EMPLOYER OR MILITARY UNIT				_	FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
27.7						1	10 (
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	/	1
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT
			0.7.12		()	2
	JOB TITLE / RANK)	
					2.00 02		
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT (0	CHECK ALL THAT APPLY)
						Temp Self-employ	
	NAMES OF CO-WORKERS			REASON FOR			
	1)	2)					
	.,	_/					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
27.8	Student 🛛 Between jobs 🔲 Lea	ave of absence 🔲 Travel 🛛 🗆 C	ther:			1	1
					_	FROM (MM/YYYY)	
27.9	NAME OF EMPLOYER OR MILITARY UNIT						TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	/	1
	ADDRESS (NOWBER/STREET/SOITE/OR DASE)				SUPERVIS		
	СІТҮ		STATE	710	CONTACT	NUMBER	EXT
			UTALE	20		NOMBER	EXT
					()	
	JOB IIILE / RANK				EMAIL		
	DUTIES / ASSIGNMENTS				OVMENT (^
	DUTIES / ASSIGNMENTS						
	NAMES OF CO-WORKERS			REASON FOR		Temp Self-employ	/ea 📋 Volunteer
		2)		REASON FOR	LEAVING		
	1)	2)					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	ΙΟ (ΜΜ/ΥΥΥΥ)
27.10	☐ Student ☐ Between jobs ☐ Lea		ther:			1	/
						'	'

SEC	TION 5: EXPERIENCE AND EMPLOYM	ENT continued					
07.44	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
27.11						1	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL		
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPLY	
						Temp Self-employ	/ed Volunteer
	NAMES OF CO-WORKERS			REASON FOR	LEAVING		
	1)	2)					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
27.12	Student Between jobs Le	ave of absence 🔲 Travel 🔲 Ot	hor			1	1
			ner.	<u> </u>		1	1
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	IO (MM/YYYY)
27.13						/	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	
	CITY		STATE	ZIP	CONTACT	NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL		
	DUTIES / ASSIGNMENTS						
	NAMES OF CO-WORKERS			FT REASON FOR	-	Temp Self-employ	ved Volunteer
		2)		REASON FOR	LEAVING		
	1)	2)					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
27.14	☐ Student ☐ Between jobs ☐ Le	ave of absence Travel Ot	her:			1	/
27.15	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	
							EVT
	СІТҮ		STATE	ZIP	CONTACT	NUMBER	EXT
	JOB TITLE / RANK				(EMAIL)	
	SOD THEE / WANK						
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT (0	CHECK ALL THAT APPLY)
						Temp Self-employ	·
	NAMES OF CO-WORKERS			REASON FOR			
	1)	2)					
	· ·	,					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
27.16	Student Between jobs Le	ave of absence 🔲 Travel 🛛 Ot	her:			/	/

SE	CTION 5: EXPERIENCE AND EMPLOYMENT continued		
28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	Yes	No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	🗌 Yes	🗌 No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	🗌 Yes	No No
31.	Have you ever quit without giving notice?	🗌 Yes	No No
32.	Have you ever resigned in lieu of termination?	Yes	No No
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	🗌 Yes	🗌 No
34.	Were you ever the subject of a written complaint at work?	🗌 Yes	🗌 No
35.	Have you ever been counseled at work due to lateness or absences?	🗌 Yes	🗌 No
36.	Did you ever receive an unsatisfactory performance review?	Yes	🗌 No
37.	Have you ever sold, released, or given away legally confidential information?	Yes	🗌 No
38.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	Yes	No No
	IF YES, how many sick days have you used in the past five years which were not due to illness? Days		

If you answered "YES" to any of Questions 28-38, explain (include when, where, and circumstances - reference corresponding numbers).

39In the past three years, have you missed days or been late to work due to drug or alcohol consumption? IF YES, how often?			
40. Has your work performance ever been affected by your use of alcohol or drugs?			
IF YES, when? Name of employer:			
41. In the past three years , have you been warned by an employer about your drinking or drug habits and their impact			
IF YES, when? Name of employer:			

SECTION 5: EXPERIENCE AND EMPLOYMENT continued								
42 . Ha	ave you ever applied for any position at another law enforcement agency (city	y, count	y, state, or fede	eral)?	🏼 Yes	s 🗌 No		
	 If you answered "YES" to Question 42, list EVERY agency you have app 	olied to,	starting with the	e most recent.				
	Give complete and accurate addresses.		U U					
	All agencies MUST be listed regardless of the outcome or current st	atus. C	heck all boxes	that apply for	each agency.			
	 If more space is needed, continue your response on page 25. 							
	NAME OF LAW ENFORCEMENT AGENCY		(ф	DATE APPLIED (MM/YYY	(Y)		
42.1					1			
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)		
		07475	1710					
	СІТҮ	STATE	ZIP	CONTACT NUMBE	:K	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 🗌 Backg	ground 🗌 Chie	ef's Oral 🗌 Conditio	onal Offer		
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	xpired					
	NAME OF LAW ENFORCEMENT AGENCY	ĺ			DATE APPLIED (MM/YYY	(Y)		
42.2					1			
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT		
	POSITION APPLIED FOR		EMAIL	()				
			EWAIL					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			•				
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🗌 Backg	ground Chie	ef's Oral 🗌 Conditio	onal Offer		
		List E		· _				
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)		
42.3					1			
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT		
	POSITION APPLIED FOR			()				
	POSITION APPLIED FOR		EMAIL					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	_						
	STEP: Application Written Physical Ability Oral Poly	/draph/C	VSA 🗌 Backo	around Chie	ef's Oral 🗌 Conditio	onal Offer		
	STATUS: Hired On Eligibility List Withdrawn Disqualified			,		-		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)		
42.4								
					1			
	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			ef's Oral 🔲 Conditio	onal Offer		
	STATUS: Hired On Eligibility List Withdrawn Disqualified	-						
		LISUE	xpireu					

SECTION 6: MILITARY EXPERIENCE		
43. Are you required to register for the Selective Service?		Yes 🛛 No
IF YES, have you registered?		Yes 🗌 No
IF NO, explain:		
44. Have you ever served in the military?		Yes 🗌 No
45. If you answered "YES" to Question 44, include the following service information:		
BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	1
TYPE OF DISCHARGE Image: Discharge	Bad Conduct	Dishonorable
46. Are you currently participating in one of the following? Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):		
47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court man	tial, captain's mast,	🗌 Yes 🗌 No
48. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?)	Yes No
49. Have you ever taken military property without permission for personal use, to sell, or to give away?		Yes No
If you answered "YES" to any of Questions 47–49 , explain (include dates and circumstances).		

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

- For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.
- For **Question 50C:** Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

homemonthlyincome? \$	per month
B) Do you have other sources of income? (IF YES, fill in amount and explain.) Yes No \$	per month
Explain:	
C) How much do you spend each month? \$	per month
51.Have you ever filed for or declared bankruptcy (Chapter7, 11 or 13)?	Yes No
52. Have any of your bills ever been turned over to a collection agency?	Yes 🗌 No
53. Have you ever had purchased goods repossessed?	Yes 🗌 No

SEC	CTION 7: FINANCIAL continued		
54.	Have your wages ever been garnished?	🗌 Yes	🗌 No
55.	Have you ever been delinquent on income or other tax payments?	☐ Yes	□ No
56.	Have you ever failed to file income tax or cheated/lied on an income tax form?	Yes	🗌 No
57.	Have you ever had an employment bond refused?	🗌 Yes	□ No
58.	Have you ever avoided paying any lawful debt by moving away?	🗌 Yes	🗌 No
59.	Have you ever defaulted on (failed to pay) a loan?	Yes	No No
60.	Have you ever borrowed money to pay for a gambling debt?	Yes	No No
	IF YES, do you currently have any outstanding debts as a result of gambling?	Yes	No No
61.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes	🗌 No
62.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	Yes	No No
63.	Have you written three or more bad checks in a one-year period?	Yes	No No

If you answered "YES" to any of Questions 51-63, explain (include when, where, and why - reference corresponding numbers).

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

63. Have you ever been convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?

IF YES, explain each incident:

 CHARGE
 APPROX DATE (MM/YYYY)
 ARRESTING OR DETAINING AGENCY

 DISPOSITION OR PENALTY
 /

SEC	TION 8: LEGAL continued				
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY		
04.2		1			
	DISPOSITION OR PENALTY				
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY		
64.3		1			
	DISPOSITION OR PENALTY				
65.		Haveyoueverb	eenplacedoncourtprobation?	🗌 Yes	No No
66.	Were you ever required to appear before a juvenile court for an act	t which would have been	a crime if		
	committed as an adult? (You may answer "no" if your juvenile reco			Yes	No No
	Have you ever been a party in a civil lawsuit (e.g., small claims act			_	_
	support, etc.)?			Yes	No No
68.	Have the police ever been called to your home for any reason?			Yes	No No
60	Have you or your spouse/partner ever been referred to Child Prote	ctive Services?		Yes	□ No
09.	have you of your spouse/partiel ever been relefied to child i role				
70.	Have you ever been the subject of an emergency protective order/	restraining order/stay-awa	ay order?	Yes	No No
71.	Have you settled any civil suit in which you, your insurance compa	ny, or anyone else on you	ır behalf was		
	required to make payment to the other party?			Yes	No No
	Have you ever fraudulently received welfare, unemployment comp				—
	state or federal assistance?			Yes	No No
	Have you ever been required to repay any welfare payments, uner federal assistance?			Yes	□ No
74.	Have you ever filed a false insurance or workers' compensation cla	aim?		Yes	No No
					<i>,</i> ,
	If you answered "YES" to any of Questions 65–74 , explain (include numbers).	e court case or document	, dates, and circumstances – refere	nce corres	ponding
	namoooj.				
-					
-					

SECTION 8: LEGAL continued							
Involvement in Criminal Acts – Part 1							
75 . Ha	we you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior	r 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 state law relieved you from reporting the detention, arrest, or conviction that arose from it. 						
75.1	Animal abuse and/or neglect	☐ Yes	□ No				
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	Yes	□ No				
75.3	Battery (use of force or violence upon another)	☐ Yes	□ No				
75.4	Brandishing a weapon (any type of weapon)	☐ Yes	□ No				
75.5	Carrying a concealed weapon without a permit	Yes	□ No				
75.6	Contributing to the delinquency of a minor	Yes	□ No				
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	☐ Yes	□ No				
75.8	Driving under the influence of alcohol and/or drugs	Yes	□ No				
75.9	Drunk in public(being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	□ No				
75.10	Filing a false police report	☐ Yes	□ No				
75.11	Hit & run collision (no injuries)	☐ Yes	□ No				
75.12	Illegal gambling	☐ Yes	□ No				
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ Yes	□ No				
75.14	Impersonating a peace officer (pretending to be a police officer)	☐ Yes	□ No				
75.15	Indecent exposure and/or lewd or obscene conduct	☐ Yes	□ No				
75.16	Intentionally writing a bad check	☐ Yes	□ No				
75.17	Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	□ No				
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	☐ Yes	□ No				
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	☐ Yes	□ No				
75.20	Possession of alcohol as a minor	☐ Yes	□ No				
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	□ No				
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ Yes	□ No				
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ Yes	□ No				
75.24	Reckless driving	☐ Yes	□ ^{No}				
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ Yes	□ No				

SECT	ION 8: LEGAL continued		
75.26	Trespassing	Yes	□ No
75.27	Vandalism (including, but not limited to, "tagging", malicious mischief, and/or property damage)	Yes	□ No
75.28	Any other act amounting to a misdemeanor	Yes	□ No
•	If you answered "YES" to ANY of the item(s) in Question 75 , fully explain circumstances, including dates, names of individu and resolution. <i>Reference the corresponding number</i> (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 25.	als involved	1,

Involvement in Criminal Acts – Part 2 76. At any time in your life, have you EVER committed any of the following acts? NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the conviction that arose from it. **76.1** Arson (intentionally destroying property by setting a fire) Yes No Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily 76.2 injury or death) Yes No No Blackmail or extortion Yes No No 76.3 76.4 Burglary (entering a structure or vehicle to commit theft or other crime) ☐ Yes ☐ No 76.5 Child molestation (performing unlawful acts with a child, inappropriate touching of a child) Yes No No 76.6 Elder abuse and/or neglect (physical and/or financial) Yes ∏ No 76.7 Embezzlement (theft of money or other valuables entrusted to you) Yes No 76.8 Felony drunk driving (involving injuries) ☐ Yes ☐ No

SECT	ION 8: LEGAL continued		
76.9		Forciblerape Yes	□ No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	🗌 Yes	No No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	🗌 Yes	□ No
76.12	Grand theft (value of over \$950, or any firearm)	Yes	No No
76.13	Hit & run (with injuries)	Yes	No No
76.14	Hate crime	Yes	No No
76.15	Illegal sex acts	Yes	No No
76.16	Insurance fraud	🗌 Yes	No No
76.17	Murder, homicide, or attempted murder	Yes	□ No
76.18	Perjury (lying under oath)	Yes	No No
76.19	Possession of an explosive/destructive device	Yes	No No
76.20	Robbery (theft from another person using a weapon, force, or fear)	Yes	□ No
76.21	Stalking	Yes	No No
76.22	Theft of a vehicle and/or vehicle parts	Yes	No No
76.23	Viewing and/or possessing child pornography	Yes	□ No
76.24	Any other act amounting to a felony	Yes	No No

• If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation*

• If more space is needed, continue your response on page 25.

Hilegal Use of Drugs For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high." Your responses should include — but not be limited to — your use of any of the following: Amphetamines / Methamphetamines (Uppers, Speed, Crark, etc) Marijuana (with or without a prescription) Barbiturates (Downers) Cocaine / Crack Cocaine Morphine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) PCP / Angel Dust Cocaine / PCP / Angel Dust Hallucinogens (Peyote, LSD, Mushrooms) Hashish / Hashish Oli Harbitin the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances:	SECTION 8: LEGAL continued	le la construction de la construction
er over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high." Your responses should include — <i>but not be limited to</i> — your use of any of the following: A mphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc.</i>) Barbiturates (<i>Downers</i>) Cocaine / Crack Cocaine Crack Cocaine Crack Cocaine Crack Cocaine Mescaline Nescaline Steroids Steroids Steroids Steroids Tetrahydrocannabinal (THC) Hallucinogent (<i>Peyofe, LSD, Mushrooms</i>) Hashish / Hashish Oli Heroin / Optim Tetrahydrocannabinal (THC) Halve pover used any drug recreationally. I have rover used any drug recreationally. I have rover used any drug recreationally. I have tried or used one or more drugs, but only under <i>limited</i> circumstances (<i>for example, experimentation, at parties, concerts, spec</i> events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug (s) used, most recent date used</i> , and <i>circumstances</i> : Tetrahydrocan other and the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presc drugs without a prescription: Sold Menufactured Purchased Purchased I cultivated Cultivated Calined relifed for Anothe IF ANY ITEM IS CHECKED, give details in		
 Barbiturates (Downers) Cocaine / Crack Cocaine Morphine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) PCP / Angel Dust PCP / Angel Dust PCP / Angel Dust Otusaluctes Steroids Steroids Steroids Tetrahydrocannabinal (THC) Heroin / Optim Glue, paint, or any substance containing toluene 77. Within the past six months: I have never used any drug recreationally. I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, spec events, etc.) 17. VEER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or press drugs without a prescription: 28. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or press drugs without a prescription: 29. Sold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 20. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? 20. Ves	or over-the-counter drugs; it also includes the illegal use of any	y other substan ce for the purpose of getting "high."
 Barbiturates (Downers) Cocaine (Crack Cocaine Morphine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) PCP / Angel Dust PCP / Angel Dust Of Hall (Cafe Rape Drug) Halalucinogens (Peyte, LSD, Mushrooms) Hashish / Hashish Oil Heroin / Oplum Steroids Steroids Tetrahydrocannabinal (THC) Heroin / Oplum Glue, paint, or any substance containing toluene 17. Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: 18. 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 circumstances (for example, experimentation, at parties, concerts, spece events, etc.) 17. VOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 18. YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 19. YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 19. YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 19. YOU CHECKED BOX 2, give details including drug (s) involved, over what time period (s), and circumstances. 19. Sold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe 19. FANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 20. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? 20. Ves	Amphetamines / Methamphetamines (Uppers, Speed, Cranil	k, etc) Marijuana (with or without a prescription)
PCP / Angel Dust CHB (<i>Date Rape Drug</i>) PCP / Angel Dust Qualudes Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) Hashish / Hashish Oll Esteroids Steroids Steroids Fider on y substance containing toluene 77. Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YES, give details including drug(s) used, most recent date used, and cir cumstances: 78. Have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, specievents, etc.) IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 79. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or pressiding without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Heid for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?		
 A GHB (Date Rape Drug) A Qualudes Halilucinogens (Peyote, LSD, Mushrooms) Hashish (Hashish Oli Heroin / Oplum 7. Within the past six months, have you used any drug(s) as indicated above? Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YES, give details including drug(s) used, most recent date used, and cir cumstances: 7. 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 circumstances (for example, experimentation, at parties, concerts, spec. events, etc.) IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 7. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presedrug solut a prescription: Sold Manufactured Purchased Furnished Cuttivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? 		► Morphine
 > GHB (Date Rape Drug) > Aualudes > Hashish (Hashish Oli) > Heroin / Opium > Glue, paint, or any substance containing toluene 77. Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YES, give details including drug (s) used, most recent date used, and cir cumstances: IF YES, give details including drug (s) used, most recent date used, and cir cumstances: IF YES, give details including drug (s) used, most recent date used, and cir cumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF NOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: IF NOU CHECKED give details including drug (s) involved, over what time period (s), and circumstances. Bold Manufactured Purchased Purshased Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. Bold CheckED, give details including drug (s) involved, over what time period (s), and circumstances. Bold Plane past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?	Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	► PCP / Angel Dust
Hashish / Hashish Oll Heroin / Opium Fetrahydrocannabinal (THC) Glue, paint, or any substance containing toluene 77. Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YES, give details including drug(s) used, most recent date used, and cir cumstances: 78. Prior to the past six months: I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, specievents, etc.) IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 79. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or pressidrug without a prescription: Sold Manufactured Purchased Furnished Cuttivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?		
Heroin / Opium Glue, paint, or any substance containing toluene Within the past six months, have you used any drug(s) as indicated above? IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF YES, give details including drug(s) used, most recent date used, and cir cumstances: IF Yor 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 circumstances (for example, experimentation, at parties, concerts, spec. events, etc.) IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: Te. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or press drugs without a prescription: Bold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. So. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?		► Steroids
	► Hashish / Hashish Oil	Tetrahydrocannabinal (THC)
IF YES, give details including <i>drug(s)</i> used, most recent date used, and cir cumstances: 78. 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 <i>limited</i> circumstances (for example, experimentation, at parties, concerts, spec. events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug (s)</i> used, most recent date used, and circumstances: 79. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prese drugs without a prescription: Sold Manufactured Purchased IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , over what time period (s), and circumstances. aso. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?	► Heroin / Opium	
IF YES, give details including drug(s) used, most recent date used, and cir cumstances: 78. 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 circumstances (for example, experimentation, at parties, concerts, spec. events, etc.) IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: 79. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prese drugs without a prescription: Sold Manufactured Purchased IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 1F ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s). <		
78. 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 circumstances (for example, experimentation, at parties, concerts, specievents, etc.) IF YOU CHECKED BOX 2, give details including drug (s) used, most recent date used, and circumstances: T9. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presendrugs without a prescription: T9. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presendrugs without a prescription: Solid Have IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. B0. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?		
I have tried or used any drug recreationally. I have tried or used one or more drugs, but only under <i>limited</i> circumstances (for example, experimentation, at parties, concerts, specter events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug (s) used, most recent date used</i> , and <i>circumstances</i> : 79. Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presedrugs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , over what time period (s), and <i>circumstances</i> . 80. 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?	IF YES, give details including <i>drug(s) used</i> , <i>most recent date</i>	used, and cir cumstances:
I have never used any drug recreationally. I have tried or used one or more drugs, but only under <i>limited</i> circumstances (for example, experimentation, at parties, concerts, specter events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug (s) used, most recent date used</i> , and <i>circumstances</i> : 79. Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presedurgs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , over what time period (s), and <i>circumstances</i> . 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?		
I have never used any drug recreationally. I have tried or used one or more drugs, but only under <i>limited</i> circumstances (for example, experimentation, at parties, concerts, specter events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug (s) used, most recent date used</i> , and <i>circumstances</i> : 79. Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presedurgs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , over what time period (s), and <i>circumstances</i> . 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?		
events, etc.) IF YOU CHECKED BOX 2, give details including <i>drug (s) used, most recent date used</i> , and <i>circumstances</i> : 79. Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or presedurgs without a prescription: □ Sold □ Manufactured □ Purchased □ Furnished □ Cultivated □ Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved, over what time period (s)</i> , and <i>circumstances</i> . 80. 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? □ Yes		
79. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prese drugs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including drug (s) involved, over what time period (s), and circumstances. 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? If any intervention of the past five years is a constrained with friends in the period is a constrained with the period is a constrained with friends.		ted circumstan ces (for example, experimentation, at parties, concerts, spec ial
drugs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , <i>over what time period (s)</i> , and <i>circumstances</i> .	IF YOU CHECKED BOX 2, give details including drug (s) used	, most recent date used, and circumstances:
drugs without a prescription: Sold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , <i>over what time period (s)</i> , and <i>circumstances</i> . 80. 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?		
Sold Manufactured Purchased Furnished Cultivated Carried or Held for Anothe IF ANY ITEM IS CHECKED, give details including <i>drug (s) involved</i> , over what time period (s), and circumstances. If any involved, over what time period (s), and circumstances. 80. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? If any involved	, , , , , , , , , , , , , , , , , , , ,	lving drugs, narcotics or illegal substances, including marijuana and/or prescriptior
 But in the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?	Sold Manufactured Purchased	Furnished Cultivated Carried or Held for Another
 80. 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?	IF ANY ITEM IS CHECKED, give details including drug (s) invo	olved, over what time period (s), and circumstances.
have illegally used drugs or narcotics, and/or illegally used prescription medications?	, , , , , , , , , , , , , , , , , , ,	······································
have illegally used drugs or narcotics, and/or illegally used prescription medications?		
have illegally used drugs or narcotics, and/or illegally used prescription medications?		
	· ·	

SEC	TION 9: MOTO	R VEHICLE INFORMATION						
81. C	Current Driver's L	icense:						
	STATE OF ISSUE	LICENSE NUMBER	EXPIRATION	DATE (MM/DD/YYYY) NAME UNDER WH	ICH LICENSE W	AS GRANTED	
82. L	ist other states v	where you have been licensed to o	perate a moto	or vehicle:				
	STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LIC	ENSE	NAME UNDER WH	ICH LICENSE W	AS GRANTED	
			_					
	-	en refused a driver's license by an (include when, where, and circums	-					Yes No
84. H	las your driver's	license ever been suspended or re	evoked?					Yes No
	•	(include when, where, and circum						
85. L	ist all traffic citat	ions, excluding parking citations, y	ou have recei	ved within the p	ast seven years.			
85.1	NATURE OF VIOLA	TION		LOCATION (STRE	ET)	CITY		STATE
00.1	DATE VIOLATION	OCCURRED	ACTION TAKE	N				
	Month:	Year:		Not Guilty	Fined	Traffic	c School	Dismissed
	NATURE OF VIOLA	TION		LOCATION (STREE	T)	CITY		STATE
85.2			ACTION TAKEN					
	Month:	Year:		Not Guilty	Fined	Traffic	c School	Dismissed
	L		1		•			
86. ⊦	las a traffic citati	on ever resulted in a warrant or ca				-		y):
		Failed to Appear Fai <u>led</u> to		raffic School	ailed to <u>Pa</u> y the R	equired Fine		
		IF CHECKED, explain circumst	ances:					
87.H		ven a vehicle without auto insurand	ce, as require	d by law?				Yes No
	IF YES, GIVE REA	SON					FROM (MM/YYYY)	TO (MM/YYYY)
							/	/

SECT	ION 9: MOTOR VEHICLE OPERATION continued	
88. Ha	ave you ever been refused automobile liability insurance or a bond, or had them cancelled?	Yes No
-	IF YES, GIVE REASON	DATE (MM/YYYY)
		/
	INSURANCE COMPANY	

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

SECTION 10: OTHER TOPICS		
89. Have you ever been refused a permit to carry a concealed weapon?	Yes	🗌 No
90. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality,		
gender, sexual preference, or disability?	Yes	No No
91. Have you ever hit or physically overpowered a spouse or romantic partner?	☐ Yes	🗌 No
92. Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	Yes	🗌 No
93. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic		
origin, nationality, gender, sexual preference, or disability?	Yes	🗌 No

If you answered "YES" to any of **Questions 89–93**, give details including dates and circumstances – reference corresponding numbers).

SECTION 11: CERTIFICATION

94. 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 any of your responses. Be sure to reference corresponding numbers.

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