

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 **POLICE VOLUNTEER**.

Type or neatly print, in ink, responses 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 cannot obtain or remember certain information, indicate so in your response.

If you need more space for any response, use the last page of this form 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 attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

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

1. your full name LAST			FIRST			MIDDLE		
2. other names, including nicknames, you have used or been known by								
3. address where you reside								
NUMBER		STREET					APT / UNIT	
CITY			STATE			ZIP		
4. mailing address, if different from above								
5. contact numbers								
HOME ()		WORK ()		EXT		OTHER ()		CELL FAX PAGER
6. email address								
home				business				
7. ARE YOU LEGALLY AUTHORIZED FOR PERMANENT EMPLOYMENT IN THE UNITED STATES?							YES	NO
IF NO, EXPLAIN FULLY:								
8. birth place (city / county / state / country)					birthdate		social security number	
9. Driver's license				physical description				
No.	state	exp date	HEIGHT		WEIGHT	HAIR COLOR		EYE COLOR
10. IMMEDIATE FAMILY <i>Provide all applicable information in the spaces below.</i>								
N/A	A. Father							
NAME		HOME ADDRESS (number / street / apt)			CITY	STATE	ZIP	
HOME PHONE ()		WORK ADDRESS (number / street / apt)			CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()		EMAIL				

N/A	B. Step-father					
	NAME	HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	work PHONE ()	CELL PHONE ()	EMAIL			

N/A	C. Mother					
	NAME	HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	

N/A	D. Step-mother					
	NAME	HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	work PHONE ()	CELL PHONE ()	EMAIL			

N/A	E. Spouse / Registered Domestic Partner					
	NAME	HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	work PHONE ()	CELL PHONE ()	EMAIL			
	years of marriage	Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No				

N/A	F. Father-in-law					
	NAME	HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (number / street)	CITY	STATE	ZIP	
	work PHONE ()	CELL PHONE ()	EMAIL			

N/A	G. Mother-in-law					
	NAME	HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
	work PHONE ()	CELL PHONE ()	EMAIL			

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME	custodial parent or guardian (if other than you)				
M F	child's age	ADDRESS (number / street / apt)	CITY	STATE	ZIP

contact number ()	EMAIL
2) NAME	
custodial parent or guardian (if other than you)	
M F	child's age
ADDRESS (number / street / apt)	CITY STATE ZIP
contact number ()	EMAIL

11. references
List 3—people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
how do you know this person? (for example: friend, teacher, family friend, co- worker)				How long have you known this person?	

b) NAME		HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
how do you know this person? (for example: friend, teacher, family friend, co- worker)				How long have you known this person?	

c) NAME		HOME ADDRESS (number / street / apt)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (number / street / apt)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
How do you know this person? (for example: friend, teacher, family friend, co- worker)				How long have you known this person?	

14. LIST HIGH SCHOOL AND COLLEGES ATTENDED:

B) NAME OF HIGH SCHOOL		FROM	TO	Did you graduate?	Year graduated
		CITY		STATE	
C) NAME OF COLLEGE		FROM	TO	Total units earned	type of degree earned
		CITY		STATE	

15. LIST ANY TRADE, VOCATIONAL, OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:

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A) NAME	FROM	TO	did you complete the course?
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Type of school or training	CITY	STATE
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B) NAME	FROM	TO	did you complete the course?
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Type of school or training	CITY	STATE
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16. JOB EXPERIENCE

List **ALL** jobs you have had, 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.

A) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR
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CITY	STATE	ZIP	contact number ()	EXT
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job title	EMAIL
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DUTIES / ASSIGNMENTS	F-T Self-employed
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NAMES OF CO-WORKERS 1)	2)	REASON FOR WANTING TO LEAVE
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Would there be a problem if we contact your current employer? Yes No	If yes, explain:
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B) period of unemployment Check applicable: Student Between jobs Leave of absence Travel Other	FROM	TO
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C) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO
--------------------------------------	------	----

ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR
-----------------------------------	------------

CITY	STATE	ZIP	contact number ()	EXT
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job title	EMAIL
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DUTIES / ASSIGNMENTS	F-T Self-employed
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NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
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D) period of unemployment Check applicable: Student Between jobs Leave of absence Travel Other	FROM	TO
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E) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR	
CITY	STATE	ZIP
job title	contact number ()	EXT
DUTIES / ASSIGNMENTS	F-T Self-employed	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING

17. HAVE EVER YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? YES NO

18. WERE YOU EVER INVOLVED IN A PHYSICAL/VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER, OR CUSTOMER? YES NO

19. HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE? YES NO

20. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION? YES NO

21. 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

22. WERE YOU EVER THE SUBJECT OF A WRITTEN COMPLAINT AT WORK? YES NO

23. HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO LATENESS OR ABSENCES? YES NO

24. DID YOU EVER RECEIVE AN UNSATISFACTORY PERFORMANCE REVIEW? YES NO

25. HAVE YOU EVER SOLD, RELEASED, OR GIVEN AWAY LEGALLY CONFIDENTIAL INFORMATION? YES NO

26. HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK FAMILY MEMBER? YES NO
IF YES, HOW MANY SICK DAYS HAVE YOU USED IN THE PAST FIVE YEARS WHICH WERE NOT DUE TO ILLNESS?

If you answered yes to any of **Questions 17 –26**, explain (include when, where and circumstances; indicate corresponding number):

27. IN THE PAST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION? YES NO
IF YES, HOW OFTEN?

28. HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS? YES NO

WHEN?	NAME OF EMPLOYER
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IN THE PAST THREE YEARS, HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRINKING OR DRUG HABITS AND THEIR IMPACT ON YOUR PERFORMANCE? YES NO

WHEN?	NAME OF EMPLOYER
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29. Have you ever applied to any other law enforcement agency (City, County, State or Federal)? Yes No

If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).

All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

a) NAME OF AGENCY	date applied
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ADDRESS (number / street)	background investigator's name (IF KNOWN)
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CITY	STATE	ZIP	contact number ()	EXT
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position applied for	EMAIL
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CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

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

STATUS: Application Written Hired On List Withdrawn Disqualified

30. ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE? YES NO

IF YES, HAVE YOU REGISTERED? YES NO

IF NO, EXPLAIN:

31. branch of service	43. dates of service From TO
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32. type of discharge: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable

Re-entry Code (1-) if applicable -refer to your DD-214:

33. ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING? MILITARY IF CHECKED, DATE OBLIGATION ENDS:
RESERVE NATIONAL GUARD

34. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION (SUCH AS, COURT MARTIAL, CAPTAIN'S MAST?) YES NO

35. WERE YOU EVER DENIED A SECURITY CLEARANCE, OR HAD A CLEARANCE REVOKED, SUSPENDED OR DOWNGRADED? YES NO

32. **Have you ever been convicted of any misdemeanor or felony in this or any other state or country?**

Yes No

IF YES, LIST ALL OFFENSES, INCLUDING THOSE PUNISHABLE UNDER THE UNIFORM CODE OF MILITARY JUSTICE:

IF YES, EXPLAIN EACH INCIDENT.

A) APPROXIMATE DATE	arresting or detaining AGENCY
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charge

disposition or penalty

b) APPROXIMATE DATE	arresting or detaining AGENCY
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charge

disposition or penalty

36. Have you ever been placed on court probation as an adult? YES NO

37. WERE YOU EVER REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED AS AN ADULT? (YOU MAY ANSWER "NO" IF YOUR JUVENILE RECORD HAS BEEN SEALED OR EXPUNGED BY THE JUVENILE COURT.) YES NO

38. HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT (E.G., SMALL CLAIMS ACTIONS, DISSOLUTIONS, CHILD CUSTODY, PATERNITY, SUPPORT, ETC.)? YES NO

39. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON? YES NO

40. Have you or your spouse/partner EVER been referred to Child Protective Services? YES NO

41. HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/RESTRAINING ORDER/STAY-AWAY ORDER? YES NO

42. 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? YES NO

43. HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE? YES NO

44. HAVE YOU EVER FILED A FALSE INSURANCE OR WORKERS' COMPENSATION CLAIM? YES NO

If you answered yes to any of **Questions 36 –44**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

45. undetected ACTS –part 1

A) ANNOYING / obscene phone calls YES NO

b) Battery (use of force or violence upon another) YES NO

C) Brandishing a weapon (any type of weapon) YES NO

D) Carrying a CONCEALED weapon without a permit YES NO

E) Contributing to the delinquency of a minor YES NO

F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) YES NO

G) Driving UNDER the influence of alcohol and/or drugs YES NO

H) Drunk in PUBLIC (being so intoxicated in a public place that you're not able to care for yourself) YES NO

I) Hit & run COLLISION (no injuries) YES NO

J)	Hunting/FISHING without a license	YES	NO
K)	Illegal GAMBLING	YES	NO
L)	IMPERSONATING a peace officer (pretending to be a police officer)	YES	NO
M)	Indecent exposure (including flashing or mooning)	YES	NO
N)	Joyriding (using a car or other vehicle without owner's permission)	YES	NO
O)	Petty theft (value up to \$400, including shoplifting/switching price tags)	YES	NO
P)	Possession of alcohol as a minor	YES	NO

46. undetected acts –part 1 *CONTINUED*

Q)	Possession of falsified or altered identification, including use of another person's ID (for any reason)	YES	NO
R)	Possession of stolen property (including vehicles)	YES	NO
S)	Prostitution or soliciting a prostitute	YES	NO
T)	Resisting arrest (including running from the police)	YES	NO
U)	Trespassing	YES	NO
V)	Vandalism (including "tagging," malicious mischief and/or property damage)	YES	NO
W)	Intentionally writing a bad check	YES	NO
X)	Filing a false police report	YES	NO
Y)	Any other act amounting to a misdemeanor within the past seven years	YES	NO

If you answered yes to any item(s) fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter for each explanation.

47. undetected acts –part 2

At any time in your life have you ever committed any of the following?

A)	Arson (intentionally destroying property by setting a fire)	YES	NO
b)	Assault with a deadly weapon	YES	NO
c)	Theft of a vehicle and/or vehicle parts	YES	NO
d)	Burglary (entering a structure or vehicle to commit theft or other crime)	YES	NO
e)	Child molestation (performing unlawful acts with a child)	YES	NO
f)	Accessing and/or possessing child pornography	YES	NO
g)	Elder abuse/neglect	YES	NO
h)	Embezzlement (theft of money or other valuables entrusted to you)	YES	NO
i)	Felony drunk driving (involving injuries)	YES	NO
j)	Forcible rape or other act of unlawful intercourse	YES	NO
k)	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	YES	NO
l)	Hit & run (with injuries)	YES	NO
m)	Hate crime	YES	NO
n)	Insurance fraud	YES	NO
o)	Grand theft (value of over \$400, or any firearm)	YES	NO
p)	Murder, homicide, or attempted murder	YES	NO
q)	Perjury (lying under oath)	YES	NO
r)	Possession of an explosive/destructive device	YES	NO
s)	Robbery (theft from another person using a weapon, force, or fear)	YES	NO
t)	Stalking	YES	NO
u)	Blackmail or extortion	YES	NO
v)	Any other act amounting to a felony	YES	NO

If you answered yes to **any** item(s) fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter

check all that apply):

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 EXPERIMENTATION, AT PARTIES, CONCERTS, SPECIAL EVENTS, ETC.*).

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

HAVE YOU ***EVER*** ENGAGED IN ANY OF THE ACTIVITIES LISTED BELOW FOR DRUGS, NARCOTICS OR ILLEGAL SUBSTANCES, INCLUDING MARIJUANA?

SOLD
MANUFACTURED

PURCHASED
FURNISHED

CULTIVATED
CARRIED OR HELD FOR ANOTHER

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

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48. List other states where you have been licensed to operate a motor vehicle:

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? Yes No

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

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? Yes No

Explain:

49. LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED WITHIN THE PAST SEVEN YEARS:

a)	NATURE OF VIOLATION	location (street)	CITY	STATE
	DATE violation occurred MONTH YEAR	ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
b)	NATURE OF VIOLATION	location (street)	CITY	STATE
	DATE violation occurred MONTH YEAR	ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		
c)	NATURE OF VIOLATION	location (street)	CITY	STATE
	DATE violation occurred MONTH YEAR	ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED		

HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, as REQUIRED BY law? Yes No

IF YES, GIVE REASON:

DATE MONTH YEAR	location (number / street / apt)	CITY	STATE	ZIP

HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY insurance OR A BOND, OR HAD THEM CANCELLED? Yes No

IF YES, GIVE REASON:

DATE MONTH YEAR	address (number / street / apt)	CITY	STATE	ZIP

Use this space for any explanation on above questions.

50.

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

SIGNATURE IN FULL

DATE

Use this page and the next page for any additional information you wish to add.



