

Dear Applicant,

Your interest in becoming a member of the Fresno Police Department Reserve Unit and offering service to your community is sincerely appreciated. The reserve unit plays a vital role in the ability of the Fresno Police Department to meet its goal of providing professional, effective and timely police service to the citizens of Fresno.

In order to assist you in determining your suitability for this position, the following information regarding the requirements of membership and service is being provided.

**MINIMUM REQUIREMENTS:**

1. Be at least 21 years of age at the time of appointment.
2. Possess a high school diploma or GED certificate.
3. Possess a valid California driver's license.
4. Be in good physical condition as certified by a medical examination.
5. Take a psychological examination and be found suitable for police work.
6. Possess a certificate of completion of courses required under penal code section 832. The courses presently required by the Fresno Police department are: The Basic Police reserve academy (832 P.C) Level III. part I, Basic Reserve Academy Level III part II and The Basic Reserve Academy Level II or the completion a basic police academy. These courses are offered through community colleges.
7. Be of good moral character as determined by criminal record check, background investigation and a polygraph examination.
8. Have no Felony convictions. Felony arrest(s) with no conviction(s) may be cause for rejection.
9. Have no recent or extensive misdemeanor record, including excessive traffic citations. A misdemeanor record of assaultive behavior, regardless of the time of occurrence, may be cause for rejection.
10. Be a citizen of the United States or have applied for citizenship prior to the application.
11. Pass a written qualifying examination (pass/fail) may be waived with prior law enforcement experience.
12. Pass an entry and Chief's interview

After successful completion of the appointment process and sworn in as a Reserve Police Officer, you must complete a new officer orientation before you will be permitted to work in the field.

Reserve Police Officers serve without compensation.

The Department issues all related police safety equipment and police uniforms needed to perform the duties of a Reserve Police Officer, including: handgun, protective vest, and necessary duty gear. All issued equipment is on a loan basis and must be returned when you leave the unit.

Reserve Police Officers receive Worker's Compensation protection while they are working for the City Of Fresno in their official capacity.

The Reserve Police Officers is strictly a volunteer position however they receive a stipend pay for their uniform and equipment needs every six months.

All safety equipment such as your weapon, leather items, handcuffs, helmet, a fitted ballistic vest, etc.,

Regular reserve meetings are held on the First Tuesday of each month at 6pm. Attendance at the reserve meetings is mandatory. Failure to attend 75% of the reserve meetings in any 12 month and or missing more than two consecutive meetings, will be considered as unsatisfactory attendance and may be grounds for dismissal.

As a Reserve Police Officer, you will be required to perform a variety of duties in the field. As a rule, most of your duties will be voluntary however there will be occasions when the department will find it necessary to assign you to details. As a Reserve Police Officer you are expected to maintain a satisfactory level of performance in carrying out your duties and responsibilities.

As part of your training in the reserve unit there will be a reasonable expectation from each reserve officer to meet the 24 hours of service requirement each month and ten of those hours must be in patrol with a regular full time Police Officer. The balance of the 24 hours may be completed by working in investigations, patrol or other special assignment. Up to four hours may be given for attendance at the monthly meeting.

There is more to the reserve unit function that is not described in this letter. I encourage you to contact me regarding any questions you may have about the position or our unit.

Sincerely,

**Sergeant John Jensen**

Volunteer Services Unit Supervisor (559)621-2102

John.Jensen@Fresno.Gov

Return completed application to:

Sergeant John Jensen, Reserve Unit Coordinator

Fresno Police Department

P.O. Box 1271

Fresno, CA 93715

# FRESNO POLICE DEPARTMENT POLYGRAPH WAIVER

I, \_\_\_\_\_, understand that the  
(Print your name)

Administration of this polygraph examination is to:

1. Verify information furnished in my application for employment, including my Personal History Statement, Application and Polygraph Questionnaire; and
2. Address any discrepancies which may reflect on my honesty and truthfulness; and
3. Assess my qualifications for the position I am seeking.

I have been informed and I understand that no questions will be asked about my race, nationality, sexual preference, political and religious affiliations.

I have been further informed and I understand that any question I am asked regarding sexual activity will concern whether I have engaged in "illegal" activity and shall not be construed as an invasion of my personal privacy.

I understand that any questions regarding my affiliation with any organization shall concern that organization's advocacy of the use of violence to gain its objectives, overthrow the duly elected government of any city, county, state, or the United States, or the use of violence against any group classified as protected by law.

I also understand and acknowledge that any information secured pursuant to this polygraph, which could negatively reflect on my fitness to be a peace officer, shall be forwarded to my current employer if I am currently employed as a peace officer, and/or shared with any law enforcement agency who, pursuant to law, is or may be conducting a background investigation for the purpose of employing me as a law enforcement officer.

I hereby release, discharge, and exonerate the Fresno Police Department, its agents and representatives, and the Examiner conducting this test from any and all liability of every nature and kind arising out of this polygraph examination. This release shall be binding on legal representatives, heirs, and assigns.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**READ THE DIRECTIONS COMPLETELY BEFORE YOU FILL OUT  
THE QUESTIONNAIRE – THEN FOLLOW THE DIRECTIONS**

During the Polygraph Examination, you must answer questions with a definite “Yes” or “No”. In order to ask questions which you can comfortably answer, it is necessary to know a great deal about your background. This questionnaire will help the Examiner to ask the right questions.

1. READ AND CONSIDER EACH OF THE QUESTIONS CAREFULLY.
2. ANSWER ALL QUESTIONS.
3. CIRCLE “YES” OR “NO” FOR YOUR ANSWER ON THE LEFT MARGIN. CIRCLE THE QUESTION NUMBER IF YOUR ANSWER WILL REQUIRE AN EXPLANATION, OR IF YOU DO NOT KNOW HOW TO ANSWER THE QUESTION.
4. IF THE QUESTION REQUIRES A FILL-IN ANSWER, COMPLETE THE APPROPRIATE INFORMATION.

All questions will be discussed with you prior to your Polygraph Examination, even though they may not apply to you.

During the Polygraph Examination, you will be asked if you have falsified or omitted any information on this form, or in any other statement you have made on your application, or during your background processing. We are not looking for someone who is faultless, but honest enough to admit mistakes and can tell the truth.

Once the Examiner explains to you the physiology and psychology involved in taking a polygraph examination, you will understand that you cannot “beat” the examination process. It is in your best interest to cooperate fully with the Examiner and answer each question completely and truthfully. A partial truth is a lie, DO NOT lie to the Examiner about anything.

I have read and understand these directions.

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(Signature)

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(Date)

## APPLICATION / PERSONAL HISTORY STATEMENT

1. What is your name? \_\_\_\_\_
2. What is your true date or birth? \_\_\_\_\_
3. Does the above appear on your birth certificate? Yes or No
4. What other name(s) have you used? \_\_\_\_\_  
\_\_\_\_\_
5. Have you placed any false information on any of your application forms? Yes or No
6. Have you deliberately omitted any information on any of your application forms? Yes or No
7. Have you completed a law enforcement academy?

Where: \_\_\_\_\_

When: \_\_\_\_\_

8. While in the academy, did you cheat on any tests or scenarios? Yes or No
9. While in the academy, did you lie to any instructors? Yes or No
10. Have you ever failed or dropped out of a law enforcement academy?

Where: \_\_\_\_\_

When: \_\_\_\_\_

11. List all individuals currently living in your home, including children:

\_\_\_\_\_  
\_\_\_\_\_

12. Circle one: I am... a.) Citizen of the United States  
b.) Permanent Resident Alien  
c.) List Other \_\_\_\_\_

13. Besides English, are you fluent in any other language(s)?  
Which language(s): \_\_\_\_\_

Yes or No 14. Have you ever taken a polygraph examination before?  
If yes, where and when: \_\_\_\_\_

Yes or No 15. Have you had any conflicts with your family because you want to be a law enforcement officer?

### **EMPLOYMENT HISTORY**

Yes or No 16. Did you list ALL positions you have held in the past 10 years, as requested on your Personal History Statement?

Yes or No 17. Would you have any reason to be concerned about an investigation into your past work record?

Yes or No 18. Were you ever fired from a job?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Reason \_\_\_\_\_

Yes or No 19. Were you ever asked to resign from a job?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Reason \_\_\_\_\_

Yes or No 20. Did you ever leave a job to avoid being fired?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Reason \_\_\_\_\_

Yes or No 21. Have you indicated the true and complete reasons for leaving each of your previous jobs?

Yes or No 22. Did you leave any job with hard feelings toward the management or co-workers?  
Employer \_\_\_\_\_ Explain \_\_\_\_\_

Yes or No 23. Do you think you could return to work for all of your former employers?

Yes or No 24. Did you do anything on any past job that you could have been fired for if caught?  
Employer \_\_\_\_\_ Reason \_\_\_\_\_

Yes or No 25. In the past year, how many times have you been late for work?  
Explain \_\_\_\_\_

Yes or No 26. In the past year, how many days or work have you missed for reasons other than illness? \_\_\_\_\_

- Yes or No 27. Have you ever been disciplined on any job?  
Employer \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 28. Have you ever received an oral reprimand on any job?  
Employer \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 29. Have you ever received a written reprimand on any job?  
Employer \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 30. Have you ever been suspended on any job?  
Employer \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 31. Have you ever been fined on any job?  
Employer \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 32. Have you ever stolen money from a place where you worked?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 33. Have you ever stolen any merchandise or property from an employer?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 34. Have you ever borrowed money from an employer and not paid it back?
- Yes or No 35. Have you ever taken any property from work that didn't belong to you?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 36. Have you ever given food, merchandise, or items from your work to family or friends without permission from your employer?  
Explain \_\_\_\_\_
- Yes or No 37. Have you ever given unauthorized discounts to anyone from a place where you ever worked?  
Explain \_\_\_\_\_
- Yes or No 38. Have you had any citizens complain about your work performance at a place where you worked?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 39. Have you ever gotten into an argument at work where you raised your voice, or struck someone?  
Year(s) \_\_\_\_\_ Employer \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 40. During your background investigation, is anyone likely to report negative information about you or your work performance?  
Explain \_\_\_\_\_



## **LAW ENFORCEMENT EXPERIENCE**

- Yes or No 57. Have you ever worked or volunteered for any law enforcement agency in any capacity?
- Yes or No 58. Have you ever applied at any other law enforcement agency?
- Yes or No 59. Is each agency listed in your Personal History Statement?
- Yes or No 60. Have you ever been turned down as “unacceptable” by a law enforcement agency?
- Yes or No 61. Have you been on ride-alongs with any law enforcement agency?

## **MILITARY EXPERIENCE**

- Yes or No 62. Did you serve in the military?
- Circle branch:
- a. Army                      d. Navy
- b. Marines                  e. Other: \_\_\_\_\_
- c. Air force
63. Length of service? \_\_\_\_\_
64. Rank at time of discharge? \_\_\_\_\_
- Yes or No 65. Were you ever turned down as “unacceptable” by the military?
- Yes or No 66. Are you currently registered with the U.S. Selective Service Draft?
- Yes or No 67. Were you ever placed under military arrest?
- Yes or No 68. Were you ever court-martialed?
- Yes or No 69. Did you receive any type of disciplinary action or non-judicial punishment?
- Yes or No 70. Were you ever reduced in rank?
- Yes or No 71. Did you ever go AWOL?  
Year(s) \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 72. Did you steal anything while in the military?  
What \_\_\_\_\_

- Yes or No 73. Did you receive any injuries while in the military?
- Yes or No 74. Do you still have a military obligation?
- Yes or No 75. Were you in combat while serving in the military?

### UNLAWFUL ACTIVITY

- Yes or No 76. Have you ever been held, detained, questioned, or taken into custody by law enforcement officers or military authorities for any reason other than minor traffic violations, including as a juvenile?  
Explain \_\_\_\_\_  
\_\_\_\_\_
- Yes or No 77. Have you ever been arrested as an adult or juvenile?  
Year(s) \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 78. Have you ever been charged with a crime?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 79. Other than minor traffic violations, have you ever been convicted or pled guilty to a criminal act?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 80. Other than minor traffic violations, have you ever been fined by a court?
- Yes or No 81. Other than in Traffic Court, have you ever appeared before a judge as an adult or juvenile?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 82. Have you ever been a suspect in a police investigation?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 83. Have you ever had a warrant issued for your arrest?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 84. Answer only if you are applying for a peace officer position. Have you ever been placed in a diversion program?  
Year(s) \_\_\_\_\_ Reason \_\_\_\_\_
- Yes or No 85. Have you ever been placed into protective custody?
- Yes or No 86. Have you been placed on court probation as an adult or juvenile?  
Year(s) \_\_\_\_\_ Reason \_\_\_\_\_

- Yes or No 87. Are you now wanted by any law enforcement agency for any reason?  
Explain \_\_\_\_\_
- Yes or No 88. Are you currently under investigation concerning any alleged violation of the law?  
Explain \_\_\_\_\_
- Yes or No 89. Have you ever been present when someone you knew was involved in a criminal act?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 90. Have you ever acted as a “lookout” for someone who was committing a crime?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 91. Have you ever helped anyone else steal anything?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 92. Have you ever fraudulently returned merchandise to a store?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 93. Have you ever fraudulently participated in price switching?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 94. Have you ever falsified an income tax return?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 95. Have you ever falsified an insurance claim?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 96. Have you ever collected or received unemployment or welfare benefits, including food stamps, that you were not entitled to?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 97. Have you ever shoplifted anything?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 98. Have you ever stolen a motor vehicle?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 99. Have you ever been the driver or passenger in a vehicle taken without permission?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

- Yes or No 100. Have you ever been involved in the illegal stripping of a vehicle?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 101. Have you ever illegally damaged or destroyed property?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 102. Have you ever committed any type of vandalism, including tagging,  
graffiti, or causing other property damage?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 103. Have you ever illegally removed property from an abandoned building?
- Yes or No 104. Other than minor traffic matters, have you been involved in any criminal  
activity and not been caught?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
105. Have you ever made serious plans to commit:
- Yes or No a.) Rape?  
Yes or No b.) Robbery?  
Yes or No c.) Theft?  
Yes or No d.) Burglary?  
Yes or No e.) Murder?  
Yes or No f.) Arson?  
Yes or No g.) Sex Crimes?  
Yes or No h.) Forgery?  
Yes or No i.) Stalking?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 106. Have you ever caused or threatened to harm someone?  
Explain \_\_\_\_\_
- Yes or No 107. Have you ever illegally removed the serial number from any item?  
Explain \_\_\_\_\_
- Yes or No 108. Have you ever impersonated an officer?  
Explain \_\_\_\_\_
- Yes or No 109. Have you ever used a fake I.D., or someone else's I.D.?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 110. Have you ever been involved in identity theft?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 111. Have you ever forged someone's signature for fraudulent purposes?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

- Yes or No 112. Have you ever been the subject of a temporary or permanent restraining order?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 113. Have you ever sold or purchased stolen property you suspected might have been stolen?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 114. Since age 18, have you committed any crime or been involved in any activity you could have been arrested for?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 115. Have you ever been the subject of a federal or state civil rights investigation?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 116. During your background investigation, will anyone say you have been involved in criminal activity?  
Explain \_\_\_\_\_
- Yes or No 117. Do you currently know the whereabouts of anyone who is currently wanted by a law enforcement agency for a serious felony crime?  
Explain \_\_\_\_\_
- Yes or No 118. Have you ever illegally carried a firearm?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 119. Have you ever illegally discharged a firearm?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 120. Have you ever threatened anyone with physical harm?  
Explain \_\_\_\_\_
- Yes or No 121. Have you ever falsely reported a crime?  
Explain \_\_\_\_\_
- Yes or No 122. Have you ever counterfeited any document, including money?  
Explain \_\_\_\_\_
- Yes or No 123. Have you ever deliberately and maliciously injured an animal?  
Explain \_\_\_\_\_
- Yes or No 124. Have you petitioned a court to seal or expunge a juvenile record?
- Yes or No 125. Have you petitioned a court to seal or expunge an adult record?

## UNLAWFUL SEXUAL ACTIVITY

- Yes or No    126.    Have you ever committed any form or sexual crime?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    127.    Have you ever paid anyone for any form of sex or sexual activity?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    128.    Have you ever received any form of payment for sex?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    129.    Has anyone else paid someone to have any form of sex with you?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    130.    Have you had any form of sex with anyone under the age of 18?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    131.    Have you had any form of sexual contact with an animal?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    132.    Have you ever had sex with a dead person or a person who is in a coma?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    133.    Have you ever had sex with a person who was unable to give legal consent  
due to being under the influence of drugs, alcohol, unconsciousness, or for  
any reason?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    134.    Have you ever viewed child pornography?  
Explain \_\_\_\_\_
- Yes or No    135.    Have you ever been involved in pimping?  
Explain \_\_\_\_\_
- Yes or No    136.    Have you ever sexually touched or committed a sex act with a child?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    137.    Have you ever committed a sex act in public?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    138.    Have you ever forced or coerced someone to have sex with you?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No    139.    Have you ever exposed yourself in public for sexual reasons?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

- Yes or No 140. Have you ever committed the act of “Peeping Tom”?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 141. Have you ever committed a sex act while on the job?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 142. Have you ever had sexual conversation with a minor over the internet?  
Explain \_\_\_\_\_
- Yes or No 143. Have you ever attempted to arrange a sexual encounter with a minor?  
Explain \_\_\_\_\_
- Yes or No 143. Do you view porn on the internet or own CD’s or tapes?  
Explain amount of times you view porn per week, month or year.  
\_\_\_\_\_

### **FINANCIAL**

- Yes or No 144. Have you ever had a debit turned over to a collection agency?
- Yes or No 145. Have you ever been late paying rent?
- Yes or No 146. Has your salary ever been attached for nonpayment of debts?  
Explain \_\_\_\_\_
- Yes or No 147. Have you ever had anything repossessed?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 148. Have you ever filed bankruptcy?  
Year(s) \_\_\_\_\_
- Yes or No 149. Have you ever avoided paying a lawful debt by moving away?
- Yes or No 150. Have you ever been late paying your taxes?
- Yes or No 151. Have you ever been late making child support payments?
- Yes or No 152. Have you ever been late repaying a student loan?
- Yes or No 153. Have you ever had a check bounce?
154. What is your approximate total indebtedness: \_\_\_\_\_
- Yes or No 155. Have you ever been the plaintiff, defendant, petitioner, or respondent in any civil court action, including small claims court?

- Yes or No 156. Do you presently have any civil actions pending in court?
- Yes or No 157. Have you ever settled a civil suit out of court?

### **DRIVING RECORD**

- Yes or No 158. Do you currently have a valid California driver's license?
- Yes or No 159. Have you ever driven a vehicle without a license to drive?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 160. Have you ever had a license issued by another state?  
Which state? \_\_\_\_\_
- Yes or No 161. Have you had a license issued in a different name?  
What other name(s)? \_\_\_\_\_
- Yes or No 162. How many traffic citations have you received in your life? \_\_\_\_\_  
Last citation received? \_\_\_\_\_
- Yes or No 163. Have you ever had a failure to appear or failure to pay on a traffic citation?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 164. Have you ever had a ticket turn into a warrant?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 165. Have you ever been the driver in a traffic collision?  
How many times? \_\_\_\_\_  
And the last time you were involved in a collision? \_\_\_\_\_
- Yes or No 166. Have you ever been involved in a hit and run accident?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 167. Has your license ever been suspended, restricted, revoked or placed on probation?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 168. Do you now have insurance as required by law?
- Yes or No 169. Has your insurance ever been cancelled or placed in the "assigned risk" category?

- Yes or No 170. Have you ever caused someone injury or death by your operation of a motor vehicle?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 171. Have you ever been arrested for “Driving Under the Influence” (DUI) of alcohol or drugs?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 172. In the past two years, have you driven a motor vehicle while under the influence of drugs or alcohol?
- Yes or No 173. Have you ever been cited for “Minor in Possession of Alcohol” while driving?  
Year(s) \_\_\_\_\_
- Yes or No 174. Have you ever been cited for open container?  
Year(s) \_\_\_\_\_
- Yes or No 175. Have you ever possessed or allowed others to possess an open container or alcohol in a vehicle?  
Year(s) \_\_\_\_\_
- Yes or No 176. Have you been involved in an illegal street race?  
Year(s) \_\_\_\_\_
- Yes or No 177. Have you ever been present during illegal street racing?  
Year(s) \_\_\_\_\_
- Yes or No 178. Do you associate with any group or organization that promotes illegal street racing?

### **ALCOHOL**

- Yes or No 179. Have you ever drank alcohol on the job against your employer’s policies?  
Year(s) \_\_\_\_\_
- Yes or No 180. Have you ever worked under the influence of alcohol?  
Year(s) \_\_\_\_\_
- Yes or No 181. Have you ever illegally drank in public?
182. When was the last time you were drunk in public?  
Year(s) \_\_\_\_\_
- Yes or No 183. Have you ever allowed a minor to use your I.D. to purchase alcohol?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

- Yes or No 184. Have you ever purchased, supplied, or furnished alcohol to someone who was under 21?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 185. Have you ever used a false I.D. to purchase alcohol?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 186. Have you ever been involved in a fight after you had been consuming alcohol?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

**FAMILY / FRIENDS / RELATIVES**

- Yes or No 187. Will anyone say you are not loyal to the United States of America?
- Yes or No 188. Have you ever belonged to any group that threatened to overthrow any government?
- Yes or No 189. Has the fact that you want to become a law enforcement officer caused any conflict within your family?

**PERSONAL BEHAVIOR**

- Yes or No 190. Have you been in any fight other than work-related or a sporting event?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 191. Have you been in a bar fight?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 192. Have you ever struck or injured any person other than work-related or a sporting event?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 193. Have you ever struck someone you were living with?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 194. Other than in warfare, have you been involved in a violent incident, such as a shooting, knifing, or fight where someone was injured or killed?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 195. Other than in warfare, have you ever used any weapon against someone?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

- Yes or No 196. Other than in warfare, have you caused the death of a human being?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 197. Have you ever disclosed confidential information that caused harm to any person?
- Yes or No 198. Have you ever psychologically or emotionally abused or injured any person?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 199. Do you lose your temper at times?
- Yes or No 200. Are you afraid of physically fighting someone?
- Yes or No 201. Would you be afraid to try to arrest someone because of:
- Yes or No a.) Open Resistance?  
Yes or No b.) Verbal threats and apparent ability to harm you?  
Yes or No c.) Bizarre behavior or appearance?  
Yes or No d.) Passive lack of cooperation and apparent ability to harm you?  
Yes or No e.) Threats against your family?
- Yes or No 202. Do you believe you can take orders from your supervisors without resentment?
203. Do you believe you would have a problem with a supervisor because of that supervisor's:
- Yes or No a.) Race?  
Yes or No b.) Religion?  
Yes or No c.) Sex?  
Yes or No d.) Sexual Orientation?
- Yes or No 204. Do you have any prejudices against any person or group?
- Yes or No 205. Are you now, or have you been a member of a gang or a club which could be considered a gang?
- Yes or No 206. Do you associate with, or have you ever associated with members of a gang?
- Yes or No 207. Is there any undisclosed reason why you want this position?
- Yes or No 208. Is there anything at all in your background about which you have not been asked that might eliminate you from consideration for employment
- Yes or No 209. Do you have an anger problem?  
Explain \_\_\_\_\_

- Yes or No 210. Have you ever destroyed property out of anger?  
Explain\_\_\_\_\_
- Yes or No 211. Other than your parents, have you ever lied to someone in authority to stay out of trouble?  
Explain\_\_\_\_\_
- Yes or No 212. Have you ever filed a false police report?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_

## DRUGS

- Yes or No 213. Have you ever used any form of illegal drugs?
- Yes or No 214. Have you ever illegally held drugs?
- Yes or No 215. Have you ever illegally sold drugs?
- Yes or No 216. Have you ever told someone where they could get or buy drugs illegally?
- Yes or No 217. Have you ever been present when anyone illegally used drugs?
- Yes or No 218. Have you ever been present when drugs were being illegally cooked or manufactured?
- Yes or No 219. Have you ever been present when drugs were being illegally packaged?
- Yes or No 220. Have you been present when drugs were being illegally transported for sale?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 221. Have you illegally held or stored any unlawful street drug, narcotic or controlled substance for anyone?
- Yes or No 222. Are there any drugs or narcotics illegally in your home or car today?
- Yes or No 223. Do you have friends or acquaintances who use drugs illegally, including prescribed drugs for which they do not have a prescription?
- Yes or No 224. Have you ever paid money or given anything of value for illegal drugs?
- Yes or No 225. Have you ever cultivated or assisted in the cultivation of any marijuana or other drugs illegally?
- Yes or No 226. Do you know the location of where marijuana is being cultivated?

- Yes or No 227. Have you ever been the “middle man” in an illegal drug deal?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 228. Have you ever used any drug illegally at work or just before going to work?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 229. Has anyone, other than a medical person, ever injected anything into your body?  
Year(s) \_\_\_\_\_ Explain \_\_\_\_\_
- Yes or No 230. Do you object to others using drugs?
231. If you were a peace officer and you saw a person using an illegal drug, or unlawfully using a prescription drug, would you make an arrest if that person was:
- Yes or No a.) A family member?  
Yes or No b.) A friend?  
Yes or No c.) An acquaintance  
Yes or No d.) A stranger?
- Yes or No 232. Have you ever misused or abused any prescription drug?
- Yes or No 233. Have you ever forged or altered a prescription, whether for yourself or for someone else?
- Yes or No 234. Have you ever used marijuana? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 235. Have you ever used cocaine? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 236. Have you ever used LSD? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 237. Have you ever used heroin? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 238. Have you ever used opium? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 239. Have you ever used ecstasy? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_

- Yes or No 240. Have you ever used amphetamines/crank? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 241. Have you ever used oxycontin? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 242. Have you ever used steroids? Approximately the last time used was:  
Year(s) \_\_\_\_\_ Times Used \_\_\_\_\_
- Yes or No 243. Have you ever used prescribed drugs not prescribed to you?  
If so, what drug(s)?: \_\_\_\_\_  
Approximately the last time used was: \_\_\_\_\_
- Yes or No 244. Have you ever used any type of illegal drug not previously mentioned?  
If so, what drug(s)?: \_\_\_\_\_  
Approximately the last time used was: \_\_\_\_\_
- Yes or No 245. Have you ever purchased chemicals or other materials for the manufacture or illegal drugs?
- Yes or No 246. Does anyone you live with use illegal drugs?
- Yes or No 247. Do you currently associate with anyone who uses illegal drugs?  
Explain \_\_\_\_\_
- Yes or No 248. Have you ever sniffed paint, glue, or any other illegal inhalant?
- Yes or No 249. Have you ever used hashish?

## GAMBLING

- Yes or No    250.    Have you ever borrowed money to gamble?
- Yes or No    251.    Have you ever borrowed money to pay a gambling debt?
- Yes or No    252.    Have you ever used a “bookie” to gamble?
- Yes or No    253.    Have you ever placed an illegal bet?
254.    What is the most you have ever won gambling at one time? \_\_\_\_\_
255.    What is the most you have ever lost gambling at one time? \_\_\_\_\_
- Yes or No    256.    Have you ever stolen money to gamble?
- Yes or No    257.    Have you ever stolen anything to gamble?
- Yes or No    258.    Do you now have a gambling debt?

## APPLICANT’S STATEMENT

I have reviewed my answers to ALL QUESTIONS and I am sure beyond any doubt, that I am not lying, omitting, or withholding any information from this polygraph questionnaire, on my Personal History Statement, or my application.

I understand that I will have the opportunity to discuss with the polygraph examiner all questions and concerns I may have before being administered a polygraph examination. I also understand that if the polygraph examination shows that I have been deceptive, I will have the opportunity to discuss any negative reactions on this examination and will be provided an opportunity to rectify or clear up any signs of deception.

At the time of this examination, I was in good health, rested and agreeable to participate in the examination process.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

## 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 9053.

- It is your responsibility to complete this form and provide all required information.
- 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 27) 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:** \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**

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<b>SECTION 1: PERSONAL</b>					
1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> 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 (    )
				<input type="checkbox"/> CELL	<input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
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:

<b>SECTION 2: RELATIVES AND REFERENCES</b>						
14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "Deceased," if appropriate.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>If more space is needed, continue on page 27 – reference corresponding numbers.</li> </ul>						
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> 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 /      (MM/YYYY)			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? .....			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> 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 /      (MM/YYYY)		DATE OF DISSOLUTION /      (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? .....		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2012)

**SECTION 2: RELATIVES AND REFERENCES *continued***

**14.C Parents / Guardians**

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.

**14.C.1 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

**14.C.2 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

**14.C.3 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

**14.C.4 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL		

**14.D Brothers / Sisters**  N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

**14.D.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**14.D.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

**14.D.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**14.D.4 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

**14.E Children**  N/A

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.

**14.E.1 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	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)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**14.E.3 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**14.E.4 Child:**  Son  Daughter  Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

**15. LIST OF REFERENCES**

- List 7 –10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE (    )	CELL PHONE (    )	EMAIL			
	How do you know this person?			How long have you known this person?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE (    )	CELL PHONE (    )	EMAIL			
	How do you know this person?			How long have you known this person?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE (    )	CELL PHONE (    )	EMAIL			
	How do you know this person?			How long have you known this person?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE (    )	CELL PHONE (    )	EMAIL			
	How do you know this person?			How long have you known this person?		
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE (    )	CELL PHONE (    )	EMAIL			
	How do you know this person?			How long have you known this person?		
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE (    )	CELL PHONE (    )	EMAIL			
	How do you know this person?			How long have you known this person?		

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	How do you know this person?			How long have you known this person?	
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	How do you know this person?			How long have you known this person?	
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	How do you know this person?			How long have you known this person?	
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	How do you know this person?			How long have you known this person?	

**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 27.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/
<input type="checkbox"/> California High School Proficiency Certificate:	/		

**17. LIST HIGH SCHOOL(S) ATTENDED**

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 3: EDUCATION *continued***

**18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED**

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

**19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED**

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? .....  Yes  No  
 IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	/

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 3: EDUCATION** *continued*

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? .....  Yes  No  
 IF YES, provide the following information:

21.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
				( )	
21.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
				( )	

22. Have you ever been subject to any disciplinary action, including academic probation, suspension, or expulsion from any high school, college/university, business, or trade school?.....  Yes  No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: RESIDENCE HISTORY**

23. LIST 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 number). 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 27.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>Present</b>
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, 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:

23.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, 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 lived:

Reason for moving:

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 4: RESIDENCE HISTORY *continued***

23.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, 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 lived:					
Reason for moving:					

23.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, 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 lived:					
Reason for moving:					

23.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, 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 lived:					
Reason for moving:					

**24. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 27.*

24.1	NAME OF HOUSEMATE				CONTACT NUMBER
					( )
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL	

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 4: RESIDENCES *continued***

24.2	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		
24.3	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		
24.4	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		
24.5	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		
24.6	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		
24.7	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		

25. Have you ever been evicted or asked to leave a residence?.....  Yes  No
26. Have you ever left a residence owing rent, utilities, or other household expenses?.....  Yes  No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**PERSONAL HISTORY STATEMENT – Peace Officer**

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SECTION 5: EXPERIENCE AND EMPLOYMENT <i>continued</i>						
42.2	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
						/
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.3	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
						/
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.4	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
						/
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.5	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
						/
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

42.6	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  
 STEP:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief's Oral  Conditional Offer  
 STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired

42.7	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  
 STEP:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief's Oral  Conditional Offer  
 STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired

**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)
	/	/

TYPE OF DISCHARGE  
 Entry Level  Honorable  General  OTH (Other than Honorable)  Bad Conduct  Dishonorable  
 Re-entry Code (1-4) if applicable – refer to your DD-214: \_\_\_\_\_

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 martial, captain's mast, office hours, company punishment)? .....  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

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 6: MILITARY EXPERIENCE *continued***

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

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**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.

A) From your employer(s), what is your take-home monthly income? .....	\$ _____ per month
B) Do you have other sources of income? (IF YES, fill in amount and explain.) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per month
Explain: _____	
C) How much do you spend each month? .....	\$ _____ per month

- |   |  |
|---|--|
| 51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 52. Have any of your bills ever been turned over to a collection agency? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 53. Have you ever had purchased goods repossessed? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 54. Have your wages ever been garnished? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 55. Have you ever been delinquent on income or other tax payments? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 56. Have you ever failed to file income tax or cheated/lied on an income tax form? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. Have you ever had an employment bond refused? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 58. Have you ever avoided paying any lawful debt by moving away? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 59. Have you ever defaulted on (failed to pay) a loan? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60. Have you ever borrowed money to pay for a gambling debt? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, do you currently have any outstanding debts as a result of gambling? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 63. Have you written three or more bad checks in a one-year period? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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**PERSONAL HISTORY STATEMENT – Peace Officer**

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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 27.*

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? .....  Yes  No

IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			

65. Have you ever been placed on court probation? .....  Yes  No

66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....  Yes  No

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No

68. Have the police ever been called to your home for any reason? .....  Yes  No

69. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....  Yes  No

**PERSONAL HISTORY STATEMENT – Peace Officer**

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SECTION 8: LEGAL <i>continued</i>	
71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
74.	Have you ever filed a false insurance or workers' compensation claim? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**► Involvement in Criminal Acts – Part 1**

75. Have you committed any of the following acts <b><i>within the past 10 years?</i></b> (You do NOT have to report any acts committed <b><i>prior to age 15.</i></b> )	
<ul style="list-style-type: none"> <li>• You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.</li> <li>• <b>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.</b></li> </ul>	
75.1	Animal abuse and/or neglect ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.3	Battery (use of force or violence upon another) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.4	Brandishing a weapon (any type of weapon) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.5	Carrying a concealed weapon without a permit ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.6	Contributing to the delinquency of a minor ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.8	Driving under the influence of alcohol and/or drugs ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.10	Filing a false police report ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.11	Hit & run collision (no injuries) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.12	Illegal gambling ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Peace Officer**

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SECTION 8: LEGAL <i>continued</i>		
75.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.17	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.20	Possession of alcohol as a minor .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.24	Reckless driving .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.26	Trespassing .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.28	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

• If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*

• *If more space is needed, continue your response on page 27.*

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**► 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 detention, arrest, or conviction that arose from it.**

76.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.3	Blackmail or extortion .....	<input type="checkbox"/> Yes <input type="checkbox"/> No



**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 8: LEGAL *continued***

**▶ Illegal 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 ( <i>Uppers, Speed, Crank, etc</i> ) | ▶ Marijuana ( <i>with or without a prescription</i> ) |
| ▶ Barbiturates ( <i>Downers</i> )                                      | ▶ Mescaline   |
| ▶ Cocaine / Crack Cocaine  | ▶ Morphine  |
| ▶ Designer Drugs ( <i>Ecstasy, Synthetic Heroin, etc.</i> )            | ▶ PCP / Angel Dust                                    |
| ▶ GHB ( <i>Date Rape Drug</i> )  | ▶ Quaaludes   |
| ▶ Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )                      | ▶ Steroids  |
| ▶ Hashish / Hashish Oil  | ▶ Tetrahydrocannabinol (THC)                          |
| ▶ Heroin / Opium   | ▶ Glue, paint, or any substance containing toluene    |

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

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

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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, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

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79. 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:

- Sold     Manufactured     Purchased     Furnished     Cultivated     Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

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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? .....  Yes  No

IF YES, explain:

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**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2012)

**SECTION 9: MOTOR VEHICLE INFORMATION**

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

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

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? .....  Yes  No  
 IF YES, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

84. Has your driver's license ever been suspended or revoked? .....  Yes  No  
 IF YES, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

85. List your current liability insurance on your vehicle(s).

<b>85.1</b>	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP ( )
<b>85.2</b>	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP ( )
<b>85.3</b>	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /
	ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP ( )

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2012)

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

86. List all traffic citations, excluding parking citations, you have received **within the past seven years**.

86.1	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
86.2	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
86.3	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

- Failed to Appear     Failed to Complete Traffic School     Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

\_\_\_\_\_

\_\_\_\_\_

88. Have you been involved as the driver in a motor vehicle accident **within the past seven years**? .....  Yes     No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

89. Have you ever driven a vehicle without auto insurance, as required by law? .....  Yes     No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

90. Have 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



