



SOLANO COUNTY SHERIFF'S OFFICE

Thomas A. Ferrara, Sheriff-Coroner

530 Union Avenue, Ste. 100, Fairfield, CA 94533

(707) 784-7000

Instructions

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability to provide pre-employment psych evaluation services to the Solano County Sheriff's Office.

- It is your responsibility to complete this form and provide all required information.
- You must 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.
- Submit the completed Personal History Statement along with the Qualifications Statement by 5:00 p.m. (Pacific Standard Time), Tuesday, September 23, 2014.

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 result in your Qualifications Statement 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 information.

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, Qualifiers 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

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SECTION 1: PERSONAL

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:		

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 27 – reference corresponding numbers. 						
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		

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians

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

14.C.1 Parent / Guardian: Mother Father Step-mother Step-father In-law 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 In-law 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 In-law 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 In-law 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		

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> 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: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> 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: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____						
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CONTACT NUMBER ()	EMAIL		

14.E.2 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____						
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CONTACT NUMBER ()	EMAIL		

14.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____						
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CONTACT NUMBER ()	EMAIL		

14.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____						
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CONTACT NUMBER ()	EMAIL		

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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?			

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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	

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

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		/

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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, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course. 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)
		/	Present
	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:

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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	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL		

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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):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

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

27.1	NAME OF CURRENT 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 WANTING TO LEAVE		
1) 2)					
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES, explain:					

27.2	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: _____			/	/

27.3	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)					

27.4	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: _____			/	/

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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 |

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
37. Have you ever sold, released, or given away legally confidential information?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
38. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

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

39. In the past three years , have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IF YES, how often? _____				
40. Has your work performance ever been affected by your use of alcohol or drugs?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IF YES, when? _____ Name of employer: _____				
41. In the past three years , have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IF YES, when? _____ Name of employer: _____				

42. Have you ever applied for any position at another law enforcement agency (city, county, state, or federal)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--------------------------	-----	--------------------------	----

- If you answered "YES" to **Question 42**, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 27.

42.1	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*

42.2	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: <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					

42.7	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: <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					

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		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> 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).

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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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

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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 <i>within the past 10 years?</i> (You do NOT have to report any acts committed <i>prior to age 15.</i>)	
<ul style="list-style-type: none"> You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it. 	
75.1	Animal abuse and/or neglect <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.*

► 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

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SECTION 8: LEGAL *continued*

76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*

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 (*Uppers, Speed, Crank, etc*)
- ▶ Barbiturates (*Downers*)
- ▶ Cocaine / Crack Cocaine
- ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
- ▶ GHB (*Date Rape Drug*)
- ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
- ▶ Hashish / Hashish Oil
- ▶ Heroin / Opium
- ▶ Marijuana (*with or without a prescription*)
- ▶ Mescaline
- ▶ Morphine
- ▶ PCP / Angel Dust
- ▶ Quaaludes
- ▶ Steroids
- ▶ Tetrahydrocannabinol (THC)
- ▶ 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:**

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:**

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.**

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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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).

85.1	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
					CONTACT NUMBER ()
85.2	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
					CONTACT NUMBER ()
85.3	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
					CONTACT NUMBER ()

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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	

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SECTION 10: OTHER TOPICS

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

If you answered “YES” to any of **Questions 91–95**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION

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

Signature in Full: ►

Date:

**Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.**

