

EXPERIENCE: It is your responsibility to show that you meet the minimum qualifications of the position applied for. Provide enough information to allow for evaluation of your work experience and abilities. List the positions held within the last five(5) years, starting with your most recent job. If you held more than one position with the same employer, list each position separately. Include relevant volunteer experience. If more space is needed, request additional Experience sheets.

This section must be completed. A resume may accompany your completed application, but will not be accepted in lieu of completing any part of the application. Applications that reference "see resume" in the "Experience" section will be rejected as incomplete.

From: _____ To: _____ Salary: _____ Hours per week: _____ Title of Position: _____
Employer name: _____ Supervisor: _____
Employer Address: _____ City: _____ State: _____ Zip Code: _____
Reason for leaving: _____

From: _____ To: _____ Salary: _____ Hours per week: _____ Title of Position: _____
Employer name: _____ Supervisor: _____
Employer Address: _____ City: _____ State: _____ Zip Code: _____
Reason for leaving: _____

From: _____ To: _____ Salary: _____ Hours per week: _____ Title of Position: _____
Employer name: _____ Supervisor: _____
Employer Address: _____ City: _____ State: _____ Zip Code: _____
Reason for leaving: _____

From: _____ To: _____ Salary: _____ Hours per week: _____ Title of Position: _____
Employer name: _____ Supervisor: _____
Employer Address: _____ City: _____ State: _____ Zip Code: _____
Reason for leaving: _____

Please list 3 references other than relatives and previous employers

Name: _____ Years Known: _____ Telephone: _____ email: _____
Name: _____ Years Known: _____ Telephone: _____ email: _____
Name: _____ Years Known: _____ Telephone: _____ email: _____

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Applicant Certification: Please read before signing. I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I authorize the City of Taft to investigate all statements contained in this application and its attachments. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny City employment or to initiate disciplinary action, including dismissal for cause, after employment. The submission of this application and its acceptance by the City of Taft does not constitute an expressed or implied contract or offer of employment.

Signature _____ Date _____

IF YOU REQUIRE SPECIAL TESTING ARRANGMENT TO ACCOMMODATE A DISABILITY YOU MUST CONTACT HUMAN RESOURCES AT LEAST 72 HOURS PRIOR TO THE TEST DATE TO ALLOW HUMAN RESOURCES TO PROPERLY REVIEW AND EVALUATE YOUR REQUEST.

If you would like to attach your Resume, Cover Letter, Letters of Recommendation or any supporting documentation concerning your qualifications, experience, education, etc. this can be accomplished after pressing the "Submit by E-mail" button. Please use your standard procedure to attach a document to the e-mail. If you have any problems concerning the this application please contact City of Taft Human Resource Department (661) 763-1222

Submit by E-mail

Reset Form

Print Form



*Celebrating 100 Years
1916 to 2016*

The Taft Police Department

320 Commerce Way Taft CA. 93268
661-763-3101 – Main 661-763-4726 – Fax
Craig Jones – City Manager
Ed Whiting – Chief of Police

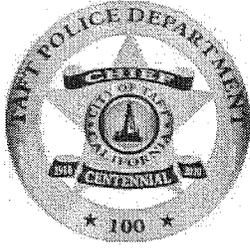
Applicant:

Please fill out the enclosed background packet in its entirety. Here are some things that will help us expedite your background.

1. Include **cell phone numbers**, if any, when listing references such as friends, family members and co-workers. Addresses are good, but a cell phone number we can reach people with will make our job easier and much faster. We will most likely not mail out anything. **We will call everyone or make personal contact**
2. Make sure you print neatly and double check your work. Mistakes take time to correct and may lead to more questions. Please take the time to fill out the documents carefully and correctly.

If you have any questions please call anytime at 661-763-3101 and ask for a background investigator. If no one is available, please leave a message and we will get back with you as quickly as we can.

Ed Whiting
Chief of Police
Taft Police Department



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The Taft Police Department

320 Commerce Way Taft CA. 93268

661-763-3101 – Main 661-763-4726 – Fax

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INSTRUCTIONS TO APPLICANT

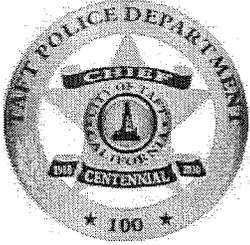
Applicant:

I need copies of the following documents to proceed further with your background.

PLEASE BRING COPIES ONLY

- California Driver's License (Photo copy only)
- Social Security Card (Photo copy only)
- Auto Insurance Card (Photo copy only)
- Birth Certificate
- College Transcripts
- High School Transcripts
- Divorce decree(s) (Petitions)
- Marriage Certificate(s)
- Military Discharge (DD Form 214)
- Selective Service Registration (If applicable)

Ed Whiting
Chief of Police
Taft Police Department



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CREDIT REPORT WAIVER

As an applicant with the City of Taft, you are required to submit to a background investigation. This investigation will cover several areas including your Credit History. A Specified investigator acting on behalf of the City of Taft will obtain a copy of your credit report from the Merchants Association of Bakersfield.

The City of Taft will comply with all provisions of public law 91-508 (Fair Credit Reporting Act) and all other applicable statues, both State and Federal.

In signing this waiver, you are authorizing the City of Taft to obtain your credit report.

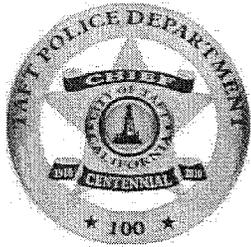
The information contained in the credit report will not be used in violation of any applicable Federal or State equal opportunity law or regulation.

Before taking any adverse action, in whole or in part on the report, The City of Taft will provide you a copy of the report and description of the consumer's rights under the Fair Credit Reporting Act.

I _____, do hereby authorize The City of Taft to obtain a copy of my Credit Report as part of the employment background with the City of Taft.

DATE: _____

SIGNATURE: _____



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1916 to 2016*

The Taft Police Department

320 Commerce Way Taft CA. 93268
661-763-3101 – Main 661-763-4726 – Fax
Craig Jones – City Manager
Ed Whiting – Chief of Police

Applicant:

To help us expedite your background, please fill in the following preliminary data. The preliminary data will allow us to begin a small portion of your background while you are filling out the enclosed background package.

FULL NAME: _____

DATE OF BIRTH: _____

PHYSICAL ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

Ed Whiting
Chief of Police
Taft Police Department

CANDIDATE'S LETTER TO AUTHORIZE/REQUEST RELEASE OF MILITARY RECORDS

DATE: _____

I authorize and direct the release of copies of my military personnel records, including but not limited to copies of my DD-214 (Report of Separation), my eligibility for re-enlistment in the Armed Forces of the United States, records of any and all judicial and non-judicial punishment, records of decoration, performance ratings, and any other records which you may possess.

This request is being made as part of a background investigation conducted on behalf of the City of Taft, Ca. Police Department _____ to determine my suitability for employment as a Correctional Officer _____, pursuant to California State law, and constitutes an express waiver of the Federal Privacy Act (PL 93-579) 5 US Code 552 and 32 CFR, Part 45.

Signature of Veteran/Service Member: _____

Print Name: _____

- Birth Date: _____
- Place of Birth: _____
- Social Security Number: _____ - _____ - _____
- Officer Enlisted Service No. (if different from above): _____
- Date of Entry into Service: _____ Date of Discharge: _____
- Branch of Service:
 Army Navy Marines Air Force Coast Guard
 National Guard - State: _____
- Last Unit Assigned to: _____

Sincerely,

Signature

Address: _____
Street Address

City, State Zip Code

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- 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.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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 "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • 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			

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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		

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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	/

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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:

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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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PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL *continued*

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*).

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► Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts ***within the past 10 years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.
- **NOTE:** You may **NOT** withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

75.1	Animal abuse and/or neglect	<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

POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL *continued*

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

POST 2-251 (Rev 02/2013)

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

POST 2-251 (Rev 02/2013)

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:**

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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 02/2013)

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):

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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

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*).

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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.**

