

## 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 **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in 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 supplemental information page on the last page of this form (page 23) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide 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 – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 1: PERSONAL

<b>1. YOUR FULL NAME</b>					
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. LEGAL AUTHORIZATION FOR EMPLOYMENT					
Are you legally authorized for permanent employment in the United States? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF NO, explain fully: _____					
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

<b>14. IMMEDIATE FAMILY</b>					
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "Deceased," if appropriate.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>If more space is needed, continue on page 23 – reference corresponding numbers.</li> </ul>					
<b>14.A Spouse / Registered Domestic Partner</b>					<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			
<b>14.B Former Spouse / Former Registered Domestic Partner</b>					<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 – Public Safety Dispatcher**

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

**14.C Parents / Guardians / In-laws**

- List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.
- If more space is needed, continue on page 23 – reference corresponding numbers.

**14.C.1 Parent / Guardian / In-law:**  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 / In-law:**  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 / In-law:**  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 / In-law:**  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.5 Parent / Guardian / In-law:**  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.6 Parent / Guardian / In-law:**  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		

Supplemental relatives information included on Page 23

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

**14.D Brothers / Sisters**

N/A

- List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

**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		

**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		

**Supplemental relatives information included on Page 23**

**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.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

**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		

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

<b>14.E.2 Child:</b> <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	
<b>14.E.3 Child:</b> <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	
<b>14.E.4 Child:</b> <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	

Supplemental relatives information included on Page 23

**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.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

<b>15.1</b>	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?		
<b>15.2</b>	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?		
<b>15.3</b>	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 <i>continued</i>						
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?		
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?		

Supplemental references information included on Page 23

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 3: EDUCATION**

- **NOTE: You may 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 23.*

16. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate? .....  Yes  No

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

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
		CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
		CITY	STATE	

**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)		CITY		DEGREE EARNED
		STATE	ZIP	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
				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)		CITY		DEGREE EARNED
		STATE	ZIP	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
				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)		CITY		DEGREE EARNED
		STATE	ZIP	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
				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	

Supplemental education information included on Page 23

**LIST ALL POST BASIC COURSES ATTENDED**

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 – Public Safety Dispatcher**

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**SECTION 3: EDUCATION *continued***

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

21.1	NAME OF COURSE PRESENTER/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 COURSE PRESENTER/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
					( )

Supplemental **POST** basic courses information included on Page 23

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, 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)/academy, and explanation of circumstances.

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23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? .....  Yes  No

IF YES, explain circumstances.

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**SECTION 4: RESIDENCE HISTORY**

24. 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/dormitory). 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 23.*

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>Present</b>
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	

Name(s) of those with whom you live:



**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

24.2	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:

24.3	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:

24.4	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:

24.5	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:

Supplemental residence information included on Page 23

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

**25. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 24** 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 23.*

25.1	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		
25.2	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		
25.3	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		
25.4	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		
25.5	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		
25.6	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		

Supplemental housemate information included on Page 23

26.	Have you ever been evicted or asked to leave a residence? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Have you ever left a residence owing rent, utilities, or other household expenses? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to **Questions 26 and/or 27**, explain (include when, where, and circumstances):

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**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

- 28. JOB EXPERIENCE**
- List **ALL** jobs you have had *within the past ten years*, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
  - 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 23.

<b>28.1</b>	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				(    )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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	
	DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		(    )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		(    )			
2)		(    )			
Would there be a problem if we contact your current employer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  IF YES, explain:  _____ _____ _____ _____					

<b>28.2</b>	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: _____			/	/

<b>28.3</b>	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				(    )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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	
	DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		(    )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		(    )			
2)		(    )			

<b>28.4</b>	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 – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

28.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		( )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		( )			
2)		( )			

28.6	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: _____	/	/

28.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		( )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		( )			
2)		( )			

28.8	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: _____	/	/

28.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		( )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		( )			
2)		( )			

28.10	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 – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

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

28.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		( )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		( )			
2)		( )			

28.12	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: _____	/	/

28.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			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		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		( )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		( )			
2)		( )			

28.14	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: _____	/	/

**Supplemental employment information included on Page 23**

29.	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
30.	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
31.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	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
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

38. Have you ever sold, released, or given away legally confidential information?.....  Yes  No
39. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes  No  
 IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days
40. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? **Note: Do not include lawful exchange of investigative content and/or evidence pursuant to official law enforcement investigations.** .....  Yes  No

If you answered "YES" to any of **Questions 29–40**, explain (include when, where, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental employment information included on Page 23

41. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption?.....  Yes  No  
 IF YES, how often? \_\_\_\_\_
42. Has your work performance ever been affected by your use of alcohol or drugs? .....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_
43. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

44. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? .....  Yes  No

- If you answered "YES" to Question 44, 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 23.

<b>44.1</b>	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER	
					( )	
	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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

<b>44.2</b>	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER	
					( )	
	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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

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

44.3	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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

44.4	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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

Supplemental employment information is included on Page 23

**SECTION 6: MILITARY EXPERIENCE**

45. Are you required to register for the Selective Service?.....  Yes  No  
 IF YES, have you registered?.....  Yes  No  
 IF NO, explain: \_\_\_\_\_

46. Have you ever served in the military? .....  Yes  No

47. If you answered "YES" to Question 46, 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: _____		

48. Are you currently participating in one of the following?  
 Military Reserve  National Guard IF CHECKED, date obligation ends (MM/DD/YY): \_\_\_\_\_

49. 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

50. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....  Yes  No

51. Have you ever taken military property without permission for personal use, to sell, or to give away? .....  Yes  No

If you answered "YES" to any of Questions 49–51 explain (include dates and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental military information included on Page 23





**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 8: LEGAL**

**► Disclosure of Arrests and Convictions**

- If you are applying for a dispatcher position at a criminal justice agency (as defined in Penal Code 13101), you are required to report detentions, arrests, and convictions (per Labor Code 432.7), except where sealed or expunged by law. If you are applying for a dispatcher position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.**
- *If more space is needed, continue your response on page 23.*

66. Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) 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:

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

DISPOSITION OR PENALTY

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

DISPOSITION OR PENALTY

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Supplemental disclosure information included on Page 23

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

68. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by juvenile court.) .....  Yes  No

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

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

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

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

73. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....  Yes  No

74. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No

75. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....  Yes  No

76. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered "YES" to any of **Questions 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 23.*

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**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 8: LEGAL *continued***

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

77. Have you committed any of the following acts ***within the past seven (7) 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.**

77.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.3	Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.5	Carrying a concealed weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.9	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
77.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.12	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.17	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.18	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
77.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.20	Possession of alcohol as a minor (under the age of 21) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.24	Reckless driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.25	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
77.26	Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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SECTION 8: LEGAL <i>continued</i>	
77.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
77.28	Any other act amounting to a misdemeanor ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 77</b>, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 77.5) for each explanation.</i></li> <li>• <i>If more space is needed, continue your response on page 23.</i></li> </ul>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Supplemental legal information included on Page 23

▶ Involvement in Criminal Acts – Part 2

78. <b>At any time in your life</b> , have you <b>EVER</b> committed any of the following acts?	
<p><b>NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.</b></p>	
78.1	Arson (intentionally destroying property by setting a fire) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.2	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
78.3	Blackmail or extortion ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.4	Burglary (entering a structure or vehicle to commit theft or other crime) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.6	Elder abuse and/or neglect (physical and/or financial) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.7	Embezzlement (theft of money or other valuables entrusted to you) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.8	Felony drunk driving (involving injuries) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.9	Felony illegal sex acts ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.10	Forcible rape ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.12	Fraudulent use of a credit, ATM, debit, and/or check card ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.13	Grand theft (value of over \$950, automobile, any firearm) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.14	Hit & run (with injuries) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.15	Hate crime ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.16	Insurance fraud ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.17	Murder, homicide, attempted murder, or assault with intent to commit murder ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.18	Perjury (lying under oath) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.19	Possession of an explosive/destructive device ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.20	Robbery (theft from another person using a weapon, force, or fear) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 8: LEGAL** *continued*

78.21	Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.24	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 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.3) for each explanation*
- *If more space is needed, continue your response on page 23.*

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Supplemental legal information included on Page 23

**▶ 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

79. **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:**

80. **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:**

81. 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?  Yes  No **If YES, indicate which activities (mark all that apply):**

- 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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**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 9: MOTOR VEHICLE INFORMATION**

88. 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:

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Supplemental motor vehicle information included on Page 23

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

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

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Supplemental motor vehicle information included on Page 23

**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. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? .....  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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Supplemental other topics information included on Page 23

**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 your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.**





SHANNON D. DICUS, SHERIFF-CORONER

## SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT PRE-BACKGROUND INTERVIEW QUESTIONNAIRE

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Cell Work

E-Mail Address(s): \_\_\_\_\_

How did you hear about the San Bernardino County Sheriff's Department? (Check One)  
County Human Resources  Department Member  Advertisement  Sheriff's Website   
Job Fair  Other: \_\_\_\_\_

As an applicant for a position with the San Bernardino County Sheriff's Department, you are required to complete this background questionnaire. This questionnaire supplements your Personal History Statement (PHS) or application, which will be treated in the same manner.

Pursuant to the Americans with Disabilities Act (ADA), you are not required nor are you expected to furnish any information in this questionnaire that is of a medical nature. For example, do not report any work absences for illness or workers compensation claims. Do not discuss or report any disabilities you might have. This information is strictly medical in nature, and as this questionnaire is part of the pre-job offer background investigation, is not subject to disclosure during this portion of the background investigation.

For the purpose of this questionnaire, drug possession shall be defined as each time the drug was in your personal possession either on or within the body or in the hands, clothing, vehicle, home, residence or any other area that you controlled.

Please read and answer all of the questions. You are admonished to answer all questions completely and truthfully. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration for this position. Remember that your response may be subject to verification by a polygraph examination.



## **BACKGROUND INTERVIEW QUESTIONNAIRE INSTRUCTION SHEET**

- ★ Carefully read and answer each question.
- ★ If you answer “**YES**” to **any** question, you **must** write a complete explanation in handwriting on the blank sheets attached (use additional paper if needed).
- ★ Print only using **black ink**.
- ★ All written responses must be answered **completely, accurately and truthfully**.
- ★ Write the corresponding question number adjacent to the written explanation.
- ★ After completing each page, you **must** initial the bottom right corner of each page.
- ★ In accordance with the Americans with Disabilities Act (ADA), **do not** list any medical related information or history about yourself on this questionnaire or any attached pages.
- ★ Vague, ambiguous, misleading, illegible or unanswered responses may be cause for disqualification from further consideration.
- ★ If you see the word “ever” in any question that means your entire lifetime.

San Bernardino County Sheriff’s Department employees must be able to read, interpret, comprehend, and complete police reports, forms and other documents accurately and in a timely manner. For this reason, in addition to evaluating your moral character and suitability, we will evaluate your ability to complete this questionnaire accurately. Your ability to write clear statements, which accurately describe an occurrence, will be evaluated.

## PERSONAL DATA

1.	Do you use, or are you known by any other names, or monikers, or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever impersonated another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever impersonated a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## FINANCIAL STATUS

4.	Have you ever provided false information on a credit or loan application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever had a poor credit rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been refused credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been evicted or threatened with an eviction process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been sued over a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever filed for debt reorganization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever written a check knowing funds were not available to cover payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever bounced a check? If so, what did you do about it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever had a debt turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been late paying rent or a mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has your salary ever been attached for non-payment of debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been late paying your taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever failed to support any child of yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have you ever been late in repaying a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever filed a false insurance claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Have you ever-obtained financial gain through dishonest means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	During your background investigation, is anyone likely to report that you have or had financial problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Have you ever filed Bankruptcy or Chapter 13 relief?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have you ever falsified any information on a Bankruptcy Petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Have you ever had any property, including a vehicle, repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## MILITARY (IF APPLICABLE)

26.	Did you ever fail to register for the military draft when required to do so by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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27.	Are you concerned about an investigation into your military record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Have you ever been denied enlistment or re-enlistment in the military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Were you discharged from the military in any way other than honorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Have you ever been considered absent without leave (A.W.O.L.) or taken an unauthorized absence from the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Were you ever restricted to the base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Were you ever in military confinement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Were you ever court-martialed or subject to an administrative discharge board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Did you ever receive non-judicial punishment, non-judicial office hours, Captain's Mast, or similar punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	While in military, did you receive any type of disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	While in the military, were you ever reduced in grade or rank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	During your background investigation, is anyone likely to report that you had any other problems while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Did you ever use deadly force while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **TRAFFIC/VEHICLE OPERATION**

39.	Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Have you ever received a traffic citation, other than for parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Have you ever had a traffic citation that did not show on your DMV record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Have you ever had a traffic citation go to warrant? If yes, include dates and county where original violation took place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	Are you currently driving without automobile insurance? If yes, for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Have you ever driven an uninsured vehicle? If yes, please give specific time frames.	<input type="checkbox"/> Yes <input type="checkbox"/> No
45.	Have you ever been denied vehicle insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Have you ever been placed on probation for a traffic-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	Have you ever been involved in a police pursuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	Have you ever fled the scene of a traffic accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Have you ever caused anyone serious injury or death by your operation of a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	Have you ever driven a vehicle without a valid drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	As a driver, have you ever been involved in a traffic collision? If yes, explain (give dates, locations, whether you were at fault)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **PERSONAL CONDUCT**

52.	Have you ever been arrested for an illegal sex act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.	Have you received payment for or have you paid for sexual acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

54.	Have you ever illegally exposed your genitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55.	Have you ever had to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56.	Have you any reason to be concerned about an investigation into your personality traits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Do you have any prejudices against any minority, religious, or militant groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	During your background investigation, is anyone likely to report that you have any prejudices against any minority, religious, or militant groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Do you feel your prejudices might affect your ability to perform this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **USE OF INTOXICANTS**

60.	Have you ever been detained or arrested for driving under the influence of an intoxicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61.	Have you ever driven a vehicle under the influence of alcohol and/or drugs? If so, give the date of the last occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **GAMBLING**

62.	Have you had any family problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63.	Have you had any employment problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64.	Have you ever placed an illegal bet on a sporting event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65.	Have you ever gambled while delinquent or behind in your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Have you gambled in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67.	Have you ever borrowed money to gamble with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.	What is the most you have ever lost by gambling and won by gambling? Total Losses: <span style="float: right;">Total Winnings:</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **EMPLOYMENT HISTORY**

69.	Have you ever called in sick when you were really well? If yes, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.	Have you ever had any difficulty with a co-worker, subordinate, or supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.	During the course of your employment, have you ever had a complaint made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72.	Has any teacher or supervisor (including military) ever spoken to you about being tardy or absent too often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73.	Have you ever been in a fight (verbal or physical) with a co-worker, supervisor, teacher, or customer of an organization you were working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74.	Have you ever been accused of misconduct at a place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.	Are you concerned about an investigation into your past work history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.	Were you ever fired from a job? If yes, please include employers and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
77.	Were you ever asked to resign from a job? If yes, include employers and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No

78.	Did you ever resign from a job to avoid being fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.	Have you ever left a job without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80.	Have you been disciplined by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81.	Are there any reasons for you not showing true and complete explanation(s) for leaving each of your previous jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82.	Have you ever left a job with hard feelings toward the management or co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83.	Are there any reasons you could not return to work for all of your former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84.	Have you ever stolen any money from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.	During your background investigation, is anyone likely to report derogatory information about your work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86.	Have you ever borrowed money from an employer with or without their permission and not paid it back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
87.	Have you ever been over paid by an employer and not reported it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
88.	Have you ever embezzled any money from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
89.	Have you ever stolen, given away or discounted any merchandise or property from any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
90.	Have you ever stolen any merchandise or property from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91.	Have you ever taken any property that didn't belong to you from a place where you worked? If yes, include name of employer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
92.	During your background investigation, is anyone likely to report that you have stolen something from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
93.	Have you ever been accused of sexual harassment? If yes, was there an investigation conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.	Has a bonding company ever turned you down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
95.	Have you ever filed a false worker's compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **GOVERNMENT APPLICATIONS**

96.	Have you ever previously applied to the San Bernardino County Sheriff's Department for a sworn and/or civilian position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
97.	Have you ever applied to another law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
98.	Have you ever been rejected by this or any other law enforcement agency for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
99.	Have you ever worked at this or any other law enforcement agency in any capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **CRIMINAL BEHAVIOR/LAW ENFORCEMENT CONTACTS**

100.	Have you ever committed any of the following?	
A.	ARSON (unlawfully set fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	BURGLARY (entry of a structure or vehicle to commit theft or any felony)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	ROBBERY (theft from another person using a weapon or force)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	HOMICIDE / MANSLAUGHTER	<input type="checkbox"/> Yes <input type="checkbox"/> No

E.	THEFT (including switching price tags, shoplifting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	FORGERY	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.	KIDNAPPING	<input type="checkbox"/> Yes <input type="checkbox"/> No
H.	EXTORTION (blackmail)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I.	EMBEZZLEMENT (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.	RAPE (sexual intercourse by force, threat, alcohol or drug, including your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K.	ANY SEX ACT WITH A PERSON UNDER AGE 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
L.	INCEST (sexual intercourse with a member of your immediate family, other than your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
M.	SEX IN A PLACE EXPOSED TO PUBLIC VIEW	<input type="checkbox"/> Yes <input type="checkbox"/> No
N.	VIOLENT ASSAULT UPON ANOTHER PERSON (including spouse, significant others)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O.	DOMESTIC VIOLENCE (including spouse, common-law, significant others): 1. Have you ever assaulted another person in a dating relationship or during the relationship's termination? 2. Have you ever committed any act of physical violence (i.e. slapping, hitting, beating, arm-twisting, spitting, etc.) within an intimate relationship (including casual and long-term relationships)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
P.	CHILD/ELDER ABUSE: 1. Have you ever neglected the care of a child or elderly person who was your responsibility (i.e. did not feed, clean, clothe, or take care of medical needs as deemed appropriate, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q.	CHILD MOLESTATION (any sex act with a child) 1. Have you ever had sexual contact with a child (i.e. fondling, taking pornographic pictures, masturbating in a child's presence, sexual acts, sexual intercourse)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
R.	BEASTIALITY (any sex act with an animal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S.	PROSTITUTION OR OTHER ILLEGAL SEXUAL ACTS (intercourse or other sexual acts for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T.	SOLICITING PROSTITUTION (asking for sex in exchange for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.	VANDALISM (illegally damaged or destroyed property or committed any act of malicious mischief)	<input type="checkbox"/> Yes <input type="checkbox"/> No
V.	PUBLIC INTOXICATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
W.	COMPUTER CRIMES (fraud, identity theft, or false impersonations, cyber sex, child pornography, solicited sexual acts from a person under 18 years old).	<input type="checkbox"/> Yes <input type="checkbox"/> No
101.	Have you ever carried a concealed weapon without a permit to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
102.	Are you prohibited by law from owning, possessing, or carrying a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
103.	Have you ever applied for a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
104.	Have you ever illegally carried a weapon? (Includes any dagger, billy club, metal knuckles, nunchaku, throwing star, sap, short-barreled shotgun/rifle, butterfly knife, or any explosive substance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
105.	During your background investigation, is anyone likely to report that you have illegally used or carried a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
106.	Either as an adult or juvenile, have you ever been questioned or detained by any law enforcement agency during an investigation? (Detention in and of itself is not disqualifying.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

107.	Have you ever been placed on court probation as a juvenile or an adult? If yes, give details (including dates, where and why.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
108.	Have you ever had a warrant issued for your arrest (including traffic warrants)? If yes, give details (including dates, where and why.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
109.	Are you currently, or have you ever been on parole or probation? If yes, give details (including dates, where and why.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
110.	Have you ever been arrested or convicted of any crime, as an adult or juvenile (excluding traffic citations)? If so, please provide the following information: Date of incident, police agency, circumstances, sentences, court case number, police case number, police reports, and court).	<input type="checkbox"/> Yes <input type="checkbox"/> No
111.	Are you now wanted for any reason by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
112.	Have you ever had a criminal record (adult or juvenile) sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
113.	Have you ever had to testify in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
114.	Have you ever had your vehicle searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.	Have you ever been reported to any law enforcement agency as a runaway or missing person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
116.	Have you ever been named on or been party to a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117.	Have you ever refused to obey a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
118.	Has your spouse ever called the police on you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
119.	Have you ever been a victim of gang violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
120.	Have you ever “tagged” or participated in “tagging” someone else’s property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
121.	Have you ever had a drunk driving arrest reduced to a reckless driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
122.	Have you ever engaged in any criminal activity using a computer or any other communication device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
123.	Have you ever been a victim of a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
124.	Have you ever committed any dishonest act in order to obtain a Police Officer position? (i.e., cheating on written exam, or having another person take your medical exam, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
125.	Have you ever used falsified identification or identification belonging to another?	<input type="checkbox"/> Yes <input type="checkbox"/> No
126.	Have you cheated on a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
127.	Did you omit from your application any employment issues (i.e., terminations, or layoffs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HONESTY**

128.	Have you intentionally omitted any fact or facts from your application or withheld any adverse information from the background investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
129.	Have you ever given any confidential information to any organization or individual that would jeopardize our national security?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FRIENDS, ASSOCIATES & FAMILY MEMBERS**

130.	Have you ever had any difficulties or disputes with a neighbor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
131.	Has any of your high school, college friends or current associates ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No

132.	Have you ever committed a crime not previously mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
133.	Have you or your family or associates ever violated any law while associating with members of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
134.	Have you, your family or associates ever participated in a drive by shooting of a person, hone or vehicle? If yes, what role did you play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
135.	Do you know, or have you or your family members ever knowingly associated with any member of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
136.	Have you ever been a member or participated in any gang activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
137.	Have you ever attended a gathering of any street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
138.	To your knowledge, have any of your immediate family members, friends, or associates ever been arrested or are they now involved in any illegal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
139.	Have any of your family members or associates ever been placed on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
140.	During your background investigation, is anyone likely to report that you have any personality characteristics that would make you unsuitable for the position you have applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
141.	Do you now or have you ever had any character defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **DRUGS AND NARCOTICS**

142.	Do any of your friends, immediate family, or associates use any drugs, narcotics, or other illegal substances? If yes, are you in contact with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
143.	Have you ever remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, manufactured, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
144.	Have you ever purchased narcotics or drugs, including marijuana, without a doctor's prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
145.	Have you ever furnished, manufactured, cultivated or possessed any drug, narcotic, or other illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
146.	Have you ever knowingly allowed anyone to use illegal drugs in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
147.	Have you ever sold narcotics or drugs, including marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
148.	Have you ever worked under the influence of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
149.	Have you ever ingested a substance you thought was an illegal drug and then found out it wasn't?	<input type="checkbox"/> Yes <input type="checkbox"/> No
150.	Have you ever been involved in the manufacturing of any drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
151.	Have you ever been the "middle man" for a drug deal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
152.	Have you ever purchased steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
153.	Have you ever helped another person purchase steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
154.	Have you or anyone else (other than medical personnel) injected anything into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
155.	If applying for Deputy Sheriff: Would you arrest a friend if you came upon that friend using narcotics or illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
156.	Do you object to other people using illegal drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
157.	During your background investigation, is anyone likely to report that you have been involved in the use or sales of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
158.	Have you ever-tested positive on an employment related drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No



159. Have you <i>ever</i> , during the course of your lifetime, used, tried, experimented, or in <i>any way</i> ingested into your body:		Month/Year First Used	Month/Year Last Used
Marijuana (THC/STP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hashish / Hash Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Barbiturates (Downers)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amphetamines (Uppers, Speed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LSD (Acid), Mushrooms, or other Hallucinogens	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Peyote or Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Opium / Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PCP (Angel Dust)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Steroids – Oral or Injectable (Other than prescribed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Toluene (Inhalants)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Combination of Substances or any “Designer Drug”	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ecstasy, GHB	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other drug (Other than prescribed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have used any of the listed drugs above or any other illegal drug, you must write a complete explanation in handwriting on the blank sheets attached. Be specific as possible.			

## TEMPERAMENT

160. Do you frequently lose your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
161. Have you ever lost your temper with your family, friends, co-workers, supervisors, or a stranger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
162. Have you ever been involved in a fight? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
163. In the past year, have you ever been in or started any fights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
164. Since you were 18, have you struck or injured any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
165. Have you ever struck someone living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
166. Have you had to physically defend yourself? If yes, how many times (other than training, e.g., military, police academy, or self-defense courses, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
167. Other than in warfare, have you ever caused serious injury to a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
168. Other than in warfare, have you ever used any weapon against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
169. Other than in warfare, have you been involved in a violent incident such as a shooting, knifing, or fight where someone was, or could have been, seriously injured or killed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
170. Other than in warfare, have you ever caused the death of a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No

171.	If applying for Deputy Sheriff: If it becomes necessary in the course of your duties to take a human life, would you have any reluctance to do so because of religious or other personal beliefs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
172.	During your background investigation, is anyone likely to report that you have violent tendencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
173.	During your background investigation, is anyone likely to report that you have a problem with your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
174.	Have you ever mentally or emotionally abused someone in an intimate relationship (i.e. frequently called them harmful names, threatened them, terrorized them, humiliated them, insulted them, intentionally tried to hurt their feelings, or make them feel bad?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
175.	Have you ever been in a physical confrontation with someone in an intimate relationship (i.e. push, shove, hit, slap, hold, grab, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
176.	Have you ever been controlling in an intimate relationship (i.e. told partners what to wear, whom they could and could not see, when they should be home, how they should act, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### MISCELLANEOUS

177.	Have you ever taken a polygraph? If yes, when and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
178.	Have you ever been refused a security clearance? If yes, where, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
179.	Have you ever belonged to a subversive or militant group that has advocated the use of violence or unlawful means to obtain its goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
180.	Do you have any tattoos? If yes, give description and location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
181.	Have you ever been involved in a hazing incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
182.	Are there any actions pending in civil court in which you are a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
183.	Is there anything in your background that you have not been asked about that might eliminate you from consideration for this job if it were found out?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **LAW ENFORCEMENT / MILITARY POLICE EXPERIENCE**

<b>THOSE APPLICANTS WHO ARE NOW OR HAVE PREVIOUSLY BEEN PEACE OFFICERS, RESERVE PEACE OFFICERS OR MILITARY POLICE OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS.</b>		
184.	As a peace officer, have you ever accepted a gratuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
185.	As a peace officer, have you ever accepted anything for overlooking a violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
186.	As a peace officer, have you ever made a false official report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
187.	As a peace officer, have you ever used your official position for personal gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
188.	As a peace officer, have you ever withheld evidence seized in the course of your official duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No
189.	As a peace officer, have you ever had sex on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FOR THE FOLLOWING QUESTIONS, INCLUDE: DATES, AGENCY'S NAME, NAMES OF OTHER OFFICERS, LOCATION, CASE NUMBERS, AND A CONTACT PERSON IN CHARGE OF THE INVESTIGATION/COMPLAINT.</b>		
190.	Have you ever been the subject of an Internal Affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

191.	Have you ever had a citizen's complaint alleged against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
192.	Have you ever had any disciplinary actions taken against you, including suspensions, demotions, or written and oral reprimands	<input type="checkbox"/> Yes <input type="checkbox"/> No
193.	Have you ever been involved in an incident where it was necessary to use deadly force, regardless if the person died or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*I am aware that any false statements or omissions made on this questionnaire will cause my name to be removed from the eligibility list, or be cause for non-selection by the San Bernardino County Sheriff's Department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify the Sheriff's Background Unit of these changes could also be grounds for disqualification and/or non-selection.*

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Background Investigator:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_







