

**San Bernardino County  
Sheriff's Department**

**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 a **NON-SWORN LAW ENFORCEMENT PERSONNEL position**.
- This form must be completed fully. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

**Disqualification**

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

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

**Disclosure of Medically-Related Information**

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

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

<b>SECTION 1: PERSONAL</b>			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ( )	WORK ( )	EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT      WEIGHT      HAIR COLOR      EYE COLOR

<b>SECTION 2: RELATIVES AND REFERENCES</b>
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> <li>• Provide all applicable information in the spaces below.</li> <li>• Mark "N/A" if a category is not applicable or if the individual is deceased.</li> <li>• If more space is needed, continue your response on page 25.</li> </ul>

<input type="checkbox"/> N/A	<b>A. Father</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>B. Step-father</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>C. Mother</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 2: RELATIVES AND REFERENCES** *continued*  
13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A	<b>D. Step-Mother</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>E. Spouse / Registered Domestic Partner / Significant Other</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	<b>F. Father-in-Law</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>G. Mother-in-Law</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A	<b>H. Former Spouse(s) / Former Registered Domestic Partner(s) / Significant Other</b>				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 2: RELATIVES AND REFERENCES** *continued*  
 13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		

N/A **J. Children**

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

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

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

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL		
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL		
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL		
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL		

14. REFERENCES

List 5 – 7 people who know you well, such as social and family friends, co-workers, and military acquaintances. Do not include relatives, employers, housemates, or other individuals listed elsewhere. The age of persons listed should be within 10 years of your own age.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) <i>continued</i>					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 3: EDUCATION**

**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**

15. Check applicable:  High School Diploma from an accredited U.S. institution  GED  California High School Proficiency Certificate

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	CITY	STATE	
B) NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	CITY	STATE	

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY	STATE		
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY	STATE		
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY	STATE		

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	TYPE OF SCHOOL OR TRAINING	CITY	STATE
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	TYPE OF SCHOOL OR TRAINING	CITY	STATE
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	TYPE OF SCHOOL OR TRAINING	CITY	STATE

19. Have you ever attended a **POST** Basic Academy?.....  Yes  No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Y <input type="checkbox"/> N
	LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Y <input type="checkbox"/> N
	LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

<b>SECTION 3: EDUCATION</b> <i>continued</i>	
20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.	

<b>SECTION 4: RESIDENCE</b>					
21. LIST OF RESIDENCES					
<ul style="list-style-type: none"> <li>List all residences <u>during the last ten years</u> or since age 15. Provide <i>complete</i> addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.</li> <li>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.</li> <li>If more space is needed continue on page 25.</li> </ul>					
A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					<b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVE:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

SECTION 4: RESIDENCE <i>continued</i>					
21. LIST OF RESIDENCES <i>continued</i>					
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

SECTION 4: RESIDENCE <i>continued</i>	
22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.	
A) NAME	CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
B) NAME	CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
C) NAME	CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
D) NAME	CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
E) NAME	CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
F) NAME	CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
23. Have you ever been evicted or asked to leave a residence? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Have you ever left a residence owing rent? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to <b>Questions 23 and/or 24</b> , explain (include when, where, and circumstances):	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

25. JOB EXPERIENCE

- List **ALL** jobs you have had within the past 10 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

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

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*  
 25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. 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
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

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

29. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. 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
32. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

  
  
  
  
  
  
  
  
  
  

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		

38. Has your work performance ever been affected by your use of alcohol or drugs? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

40. Have you <b>ever</b> applied to any other law enforcement agency (city, county, state, or federal)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).</li> <li>• <b>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</b></li> <li>• If more space is needed, continue your response on page 25.</li> </ul>		

A) NAME OF AGENCY	DATE APPLIED			
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:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Job Offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

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

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
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:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Job Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
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:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Job Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

**SECTION 6: MILITARY EXPERIENCE**

41. Are you required to register for the Selective Service? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. 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:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 7: FINANCIAL**

48. INCOME AND EXPENSES  
For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?..... \$ \_\_\_\_\_ per month

B) Do you have income other than from your salary or wages? .....  Yes  No  
If yes, fill in amount:..... \$ \_\_\_\_\_ per month  
Explain:

C) How much do you spend each month? ..... \$ \_\_\_\_\_ per month  
*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....  Yes  No

50. Have any of your bills ever been turned over to a collection agency?.....  Yes  No

51. Have you ever had purchased goods repossessed?.....  Yes  No

52. Have your wages ever been garnished? .....  Yes  No

53. Have you ever been delinquent on income or other tax payments? .....  Yes  No

54. Have you ever failed to file income tax or cheated/lie on an income tax form? .....  Yes  No

55. Have you ever had an employment bond refused? .....  Yes  No

56. Have you ever avoided paying any lawful debt by moving away? .....  Yes  No

57. Have you ever defaulted on (failed to pay) a loan? .....  Yes  No

58. Have you ever borrowed money to pay for a gambling debt? .....  Yes  No  
If yes, do you currently have any outstanding debts as a result of gambling? .....  Yes  No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....  Yes  No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....  Yes  No

61. Have you written three or more bad checks in a one-year period? .....  Yes  No

If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):



**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

As an applicant for a **NON-SWORN LAW ENFORCEMENT PERSONNEL** position, you are required to disclose **any** criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. As an applicant for government employment, you are also required to disclose a criminal conviction expunged under Penal Code Section 1203.4. Consult with an attorney before failing to disclose a criminal conviction, as deliberate or significant omissions will result in disqualification. If more space is needed, continue on page 25.

62. **Either as an adult or a juvenile, have you EVER been convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** .....  Yes  No

If yes, explain each incident.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
D) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

63. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

<b>SECTION 8: LEGAL</b> <i>continued</i>		
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

<b>72. UNDETECTED ACTS – PART 1</b> Within the past <b>seven</b> years <b>OR</b> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?		
A) Annoying / obscene phone calls .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) 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
I) Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 8: LEGAL** *continued*

72. UNDETECTED ACTS – PART 1 *continued*

- q) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....  Yes     No
- r) Possession of stolen property (including vehicles) .....  Yes     No
- s) Prostitution or soliciting a prostitute .....  Yes     No
- t) Resisting arrest (including running from the police) .....  Yes     No
- u) Trespassing .....  Yes     No
- v) Vandalism (including "tagging," malicious mischief and/or property damage) .....  Yes     No
- w) Intentionally writing a bad check .....  Yes     No
- x) Filing a false police report .....  Yes     No
- y) Any other act amounting to a misdemeanor within the past seven years .....  Yes     No

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

73. UNDETECTED ACTS – PART 2

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

- A) Arson (intentionally destroying property by setting a fire) .....  Yes     No
- B) Assault with a deadly weapon .....  Yes     No
- C) Theft of a vehicle and/or vehicle parts .....  Yes     No
- D) Burglary (entering a structure or vehicle to commit theft or other crime) .....  Yes     No
- E) Child molestation (performing unlawful acts with a child) .....  Yes     No
- F) Accessing and/or possessing child pornography .....  Yes     No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

SECTION 8: LEGAL (Question 73) <i>continued</i>		
G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 8: LEGAL** *continued*

**Questions 74 and 75** ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs:

- |   |  |                              |
|---|--|------------------------------|
| - Amphetamines / Methamphetamines<br>( <i>Uppers, Speed, Crank, etc</i> ) | - Glue   | - Mescaline                  |
| - Barbiturates ( <i>Downers</i> )   | - Hallucinogens<br>( <i>Peyote, LSD, Mushrooms</i> ) | - Morphine                   |
| - Cocaine / Crack Cocaine   | - Hashish / Hashish Oil                              | - PCP / Angel Dust           |
| - Designer Drugs<br>( <i>Ecstasy, Synthetic Heroin, etc.</i> )            | - Heroin / Opium                                     | - Quaaludes                  |
| - GHB ( <i>Date Rape Drug</i> )   | - Marijuana  | - Steroids                   |
|   |  | - Tetrahydrocannabinol (THC) |

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

If yes, give details, including drug(s) used and circumstances:

75. **Prior to the past six months** (check all that apply):

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

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances, including marijuana?

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated                  |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

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

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

**SECTION 9: MOTOR VEHICLE OPERATION**

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of Issue	Type of License	Name under which license was granted and license number, if known.

79. Have you ever been refused a driver's license by any state? .....  Yes     No

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

80. Has your driver's license ever been suspended or revoked? .....  Yes     No

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

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES	
ADDRESS (NUMBER / STREET			CITY			STATE		ZIP	
								CONTACT NUMBER (    )	
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES	
ADDRESS (NUMBER / STREET			CITY			STATE		ZIP	
								CONTACT NUMBER (    )	
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES	
ADDRESS (NUMBER / STREET			CITY			STATE		ZIP	
								CONTACT NUMBER (    )	
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE MAKE		YEAR		VEHICLE LICENSE	
INSURANCE COMPANY				POLICY NUMBER				EXPIRES	
ADDRESS (NUMBER / STREET			CITY			STATE		ZIP	
								CONTACT NUMBER (    )	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL**

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

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

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month          Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month          Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month          Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) 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:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? .....  Yes     No  
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

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

IF YES, GIVE REASON:

DATE Month          Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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85. Have you ever been refused automobile liability insurance or a bond or had them cancelled? .....  Yes     No

IF YES, GIVE REASON:

DATE Month          Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**

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

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

**SECTION 10: OTHER TOPICS**

- 86. Have you ever been refused a permit to carry a concealed weapon? .....  Yes       No
- 87. 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
- 88. 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
- 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes       No
- 90. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes       No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

**SECTION 11: CERTIFICATION**

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

SIGNATURE IN FULL	DATE
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**ADDITIONAL SPACE**

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.



## 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  Sheriff's Website
- Department Member - (Name): \_\_\_\_\_
- Advertisement - (Type): \_\_\_\_\_ (Location): \_\_\_\_\_
- Job Fair - (Location): \_\_\_\_\_
- Other Recruiting Event - (Location): \_\_\_\_\_

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**. (Provide dates, locations, amounts, etc.)
- ★ 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
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



**EMPLOYMENT HISTORY (cont.)**

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



**CRIMINAL BEHAVIOR/LAW ENFORCEMENT CONTACTS (cont.)**

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, home 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

## DRUGS AND NARCOTICS (cont.)

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) (Spice - Synthetic Marijuana)	<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		
Bath Salts (Synthetic Cathinones)	<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

### TEMPERAMENT (cont.)

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:** \_\_\_\_\_









