

**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

SECTION 1: PERSONAL			
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. Are you legally authorized for permanent employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain fully: _____			
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

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

<input type="checkbox"/> N/A	A. Father					
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. Step-father					
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	C. Mother					
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	D. Step-Mother				
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	E. Spouse / Registered Domestic Partner / Significant Other				
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	F. Father-in-Law				
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	G. Mother-in-Law				
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	H. Former Spouse(s) / Former Registered Domestic Partner(s) / Significant Other				
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				

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

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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 <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
4) 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		
5) 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		
6) 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		

14. REFERENCES					
List 5 – 7 people who know you well, such as social and family friends, co-workers, and military acquaintances. <u>Do not include</u> 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?	

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

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

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

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PERSONAL HISTORY STATEMENT – NON-SWORN LAW ENFORCEMENT PERSONNEL

SECTION 3: EDUCATION <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE					
21. LIST OF RESIDENCES <ul style="list-style-type: none"> 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. 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 on page 25. 					
A) ADDRESS WHERE YOU NOW LIVE (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 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** *continued*

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 Questions 23 and/or 24 , 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 ever 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"> If yes, 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 25. 		

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: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral Conditional Job Offer

STATUS: Hired On List Withdrawn Disqualified

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

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

SECTION 8: LEGAL <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):

72. UNDETECTED ACTS – PART 1 Within the past seven years OR 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
(Uppers, Speed, Crank, etc)
- Glue
- Morphine
- Barbiturates *(Downers)*
- Hallucinogens
(Peyote, LSD, Mushrooms)
- PCP / Angel Dust
- Cocaine / Crack Cocaine
- Hashish / Hashish Oil
- Quaaludes
- Designer Drugs
(Ecstasy, Synthetic Heroin, etc.)
- Heroin / Opium
- Steroids
- GHB *(Date Rape Drug)*
- Mescaline
- 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. (You may mark this box, if the only drug you have used recreationally was cannabis.)
- Excluding any use of cannabis**, 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***:

76. Have you ***ever*** engaged in any of the activities listed below for drugs, narcotics, or illegal substances, excluding the use of cannabis off the job and away from the workplace?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- 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
-------------------------------------	----------------------------------	------	-------	-----

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
-------------------------------------	----------------------------------	------	-------	-----

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*

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
-------------------	------

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

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.



SHANNON D. DICUS, SHERIFF-CORONER

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT RECRUITMENT SURVEY

Date:	
City You Currently Live In:	
Position Applied For:	

Have you applied with us before? Yes No (If so, what year?) _____

Please read and ANSWER the survey question below. This is for survey purposes only and will not be evaluated towards your background process in any way.

Tell us how you heard about careers with the San Bernardino County Sheriff's Department:

- SheriffsJobs.SBCounty.Gov Sheriff's Department Member (name) _____
- GovernmentJobs.com SB County HR Indeed
- Sheriff's Hiring Event (which one?) _____
- Job Fair (where at?) _____
- Military Base (location) _____
- Instagram Facebook X (Twitter) YouTube
- Website Advertisement (specify) _____
- Mall of Victor Valley Tyler Galleria Mall Shops at Palm Desert Mall
- Recruiter (name) _____
- 96.7 KCAL Radio 99.9 KOLA Radio Radio Other (specify) _____
- Pandora Spotify
- Recruitment Vehicle Ontario Reign Billboard (frwy location) _____
- College Campus Advertisement (specify) _____
- Other (please specify): _____

What made you choose the San Bernardino County Sheriff's Department?

SUPPLEMENTAL BACKGROUND INTERVIEW QUESTIONNAIRE

INSTRUCTIONS

- ★ Carefully read and answer each question.
- ★ If you answer “**YES**” to **any** question, you **must** write or type a complete explanation on the blank sheets attached (use additional paper if needed).
- ★ You may handwrite or type this questionnaire. Only use **black or blue ink**.
- ★ All responses must be answered **completely, accurately and truthfully**. (Provide dates, locations, amounts, etc.)
- ★ Place the corresponding question number adjacent to the 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.
- ★ This questionnaire must be printed one-sided.

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 make clear statements, which accurately describe an occurrence, will be evaluated.

Initial this page: _____

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

FINANCIAL STATUS

3.	Have you ever provided false information on a credit or loan application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever had a poor credit rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been refused credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been sued over a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever filed for debt reorganization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever written a check knowing funds were not available to cover payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever bounced a check? If so, what did you do about it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever had a debt turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been late paying rent or a mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever failed to support any child of yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been late in repaying a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever filed a false insurance claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever-obtained financial gain through dishonest means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	During your background investigation, is anyone likely to report that you have or had financial problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever falsified any information on a Bankruptcy Petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY (IF APPLICABLE)

18.	Are you concerned about an investigation into your military record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever been denied enlistment or re-enlistment in the military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	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
21.	Were you ever restricted to the base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Were you ever in military confinement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Were you ever court-martialed or subject to an administrative discharge board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	While in military, did you receive any type of disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	While in the military, were you ever reduced in grade or rank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	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
27.	Did you ever use deadly force while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC/VEHICLE OPERATION

28.	Have you ever received a traffic citation, other than for parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Have you ever had a traffic citation that did not show on your DMV record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are you currently driving without automobile insurance? If yes, for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Have you ever driven an uninsured vehicle? If yes, please give specific time frames.	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Have you ever been placed on probation for a traffic-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Have you ever been involved in a police pursuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Have you ever fled the scene of a traffic accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Have you ever caused anyone serious injury or death by your operation of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	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

37.	Have you ever been arrested for an illegal sex act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Have you received payment for or have you paid for sexual acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Have you ever illegally exposed your genitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Have you ever had to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Do you have any reason to be concerned about an investigation into your personality traits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Do you have any prejudices against any minority, religious, or militant groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	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
44.	Do you feel your prejudices might affect your ability to perform this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

45.	Have you ever had any difficulty with a co-worker, subordinate, or supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	During the course of your employment, have you ever had a complaint made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	Have you ever been accused of misconduct at a place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	Are you concerned about an investigation into your past work history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Have you been disciplined by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	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
51.	Have you ever left a job with hard feelings toward the management or co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52.	Are there any reasons you are not able to return to work for any of your former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

53.	Have you ever stolen any money from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54.	During your background investigation, is anyone likely to report derogatory information about your work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55.	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
56.	Have you ever been over paid by an employer and not reported it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Have you ever embezzled any money from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	Have you ever stolen, given away or discounted any merchandise or property from any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Have you ever stolen any merchandise or property from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60.	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
61.	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
62.	Have you ever been accused of sexual harassment? If yes, was there an investigation conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63.	Has a bonding company ever turned you down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64.	Have you ever filed a false worker's compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL BEHAVIOR/LAW ENFORCEMENT CONTACTS

65.	Have you <u>ever</u> committed any of the following?	
A.	HOMICIDE / MANSLAUGHTER	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	KIDNAPPING	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	RAPE (sexual intercourse by force, threat, alcohol or drug, including your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	ANY SEX ACT WITH A PERSON UNDER AGE 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	INCEST (sexual intercourse with a member of your immediate family, other than your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	SEX IN A PLACE EXPOSED TO PUBLIC VIEW	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.	VIOLENT ASSAULT UPON ANOTHER PERSON (including spouse, significant others)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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
I.	CHILD/ELDER ABUSE: 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
J.	CHILD MOLESTATION (any sex act with a child): 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
K.	BEASTIALITY (any sex act with an animal)	<input type="checkbox"/> Yes <input type="checkbox"/> No

L.	PROSTITUTION OR OTHER ILLEGAL SEXUAL ACTS (intercourse or other sexual acts for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
M.	SOLICITING PROSTITUTION (asking for sex in exchange for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
N.	VANDALISM (illegally damaged or destroyed property or committed any act of malicious mischief)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O.	PUBLIC INTOXICATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.	COMPUTER CRIMES (fraud, identity theft, or false impersonations, cybersex, child pornography, solicited sexual acts from a person under 18 years old)	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Have you ever carried a concealed weapon without a permit to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67.	Are you prohibited by law from owning, possessing, or carrying a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.	Have you ever applied for a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69.	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
70.	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
71.	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
72.	Are you currently or have you ever been on parole or probation as a juvenile or adult? If yes, give details (including dates, where and why).	<input type="checkbox"/> Yes <input type="checkbox"/> No
73.	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
74.	Are you now wanted for any reason by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.	Have you ever had a criminal record (adult or juvenile) sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.	Have you ever had to testify in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77.	Have you ever had your vehicle searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.	Have you ever been reported as a runaway or missing person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.	Have you ever been named on or been party to a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80.	Have you ever refused to obey a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81.	Has your spouse ever called the police on you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82.	Have you ever been a victim of gang violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83.	Have you ever "tagged" or participated in "tagging" someone else's property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84.	Have you ever had a drunk driving arrest reduced to a reckless driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.	Have you ever engaged in any criminal activity using a computer or any other communication device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86.	Have you ever been a victim of a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
87.	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

88.	Have you cheated on a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
89.	Did you omit from your application any employment issues (i.e., terminations, or layoffs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

USE OF INTOXICANTS

90.	Have you ever been detained or arrested for driving under the influence of an intoxicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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GAMBLING

91.	Have you had any family problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
92.	Have you had any employment problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
93.	Have you ever placed an illegal bet on a sporting event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.	Have you ever gambled while delinquent or behind in your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HONESTY

95.	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
96.	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

97.	Have you ever had any difficulties or disputes with a neighbor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
98.	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
99.	Have you ever committed a crime not previously mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
100.	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
101.	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
102.	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
103.	Have you ever been a member or participated in any gang activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
104.	Have you ever attended a gathering of any street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
105.	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
106.	Have any of your family members or associates ever been placed on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No

107.	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
108.	Do you now or have you ever had any character defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRUGS AND NARCOTICS

109. 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
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, Crosstops, Whites)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Methamphetamine (Speed, Crank, Crystal)	<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		
Anabolic Steroids – Oral or Injectable	<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		
Spice	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OxyContin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adderall	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Performance Enhancing Drugs (HGH, EPO, AAS etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any pharmaceutical drug prescribed for another person	<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.

110.	Have you ever remained in a place where drugs, narcotics or other illegal substances, excluding cannabis, were being used, possessed, sold, manufactured, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
111.	Have you ever knowingly allowed anyone to use illegal drugs in your home, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
112.	Have you ever sold narcotics or drugs, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
113.	Have you ever worked under the influence of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
114.	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
115.	Have you ever been involved in the manufacturing of any drugs, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
116.	Have you ever been the "middle man", go-between, or "done a favor for a friend", by becoming involved in an illegal drug transaction, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117.	Have you ever purchased steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
118.	Have you ever helped or told anyone where to purchase illegal drugs including steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
119.	Have you or anyone else (other than medical personnel) injected anything into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
120.	If applying for Deputy Sheriff: Would you under any circumstances refuse to arrest a friend or family member for using narcotics or illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
121.	Do you believe it is acceptable for other people to use illegal drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
122.	During your background investigation, is anyone likely to report that you have been involved in the use or sales of illegal drugs, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
123.	Have you ever-tested positive on an employment related drug test, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
124.	If you have ever used LSD, have you ever felt the re-occurring effects or experienced a "flashback" as a result of its use? When was the last time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
125.	Are you currently engaging in the use of illegal drugs, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
126.	Are there any illegal drugs presently in your place or residence or vehicle, excluding cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
127.	Have you ever been refused, denied or terminated from employment due to drug use or the results of a drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
128.	Have you ever used any growth hormones, prohormones, or performance enhancers deemed illegal or you knew was illegal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
129.	Have you had anyone administer to you any unlawful drug without your knowledge at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
130.	Have you ever administered any unlawful drug to anyone without that person's knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TEMPERAMENT

131.	Do you frequently lose your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
132.	Have you ever lost your temper with your family, friends, co-workers, supervisors, or a stranger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
133.	Have you ever been involved in a fight? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
134.	In the past year, have you ever been in or started any fights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
135.	Since you were 18, have you struck or injured any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
136.	Have you ever struck someone living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
137.	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
138.	Other than in warfare, have you ever caused serious injury to a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
139.	Other than in warfare, have you ever used any weapon against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
140.	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
141.	Other than in warfare, have you ever caused the death of a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
142.	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
143.	During your background investigation, is anyone likely to report that you have violent tendencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
144.	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
145.	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
146.	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
147.	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

148.	Have you ever taken a polygraph? If yes, when and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
149.	Have you ever been refused a security clearance? If yes, where, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
150.	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
151.	Do you have any tattoos? If yes, give description and location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
152.	Have you ever been involved in a hazing incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
153.	Are there any actions pending in civil court in which you are a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
154.	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

THOSE APPLICANTS WHO ARE NOW OR HAVE PREVIOUSLY BEEN PEACE OFFICERS, RESERVE PEACE OFFICERS OR MILITARY POLICE OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS.	
155. As a peace officer, have you ever accepted a gratuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
156. As a peace officer, have you ever accepted anything for overlooking a violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
157. As a peace officer, have you ever used your official position for personal gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
158. As a peace officer, have you ever had sex on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
159. Have you ever been the subject of an Internal Affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
160. Have you ever had a citizen's complaint alleged against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
161. 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
162. 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:** _____

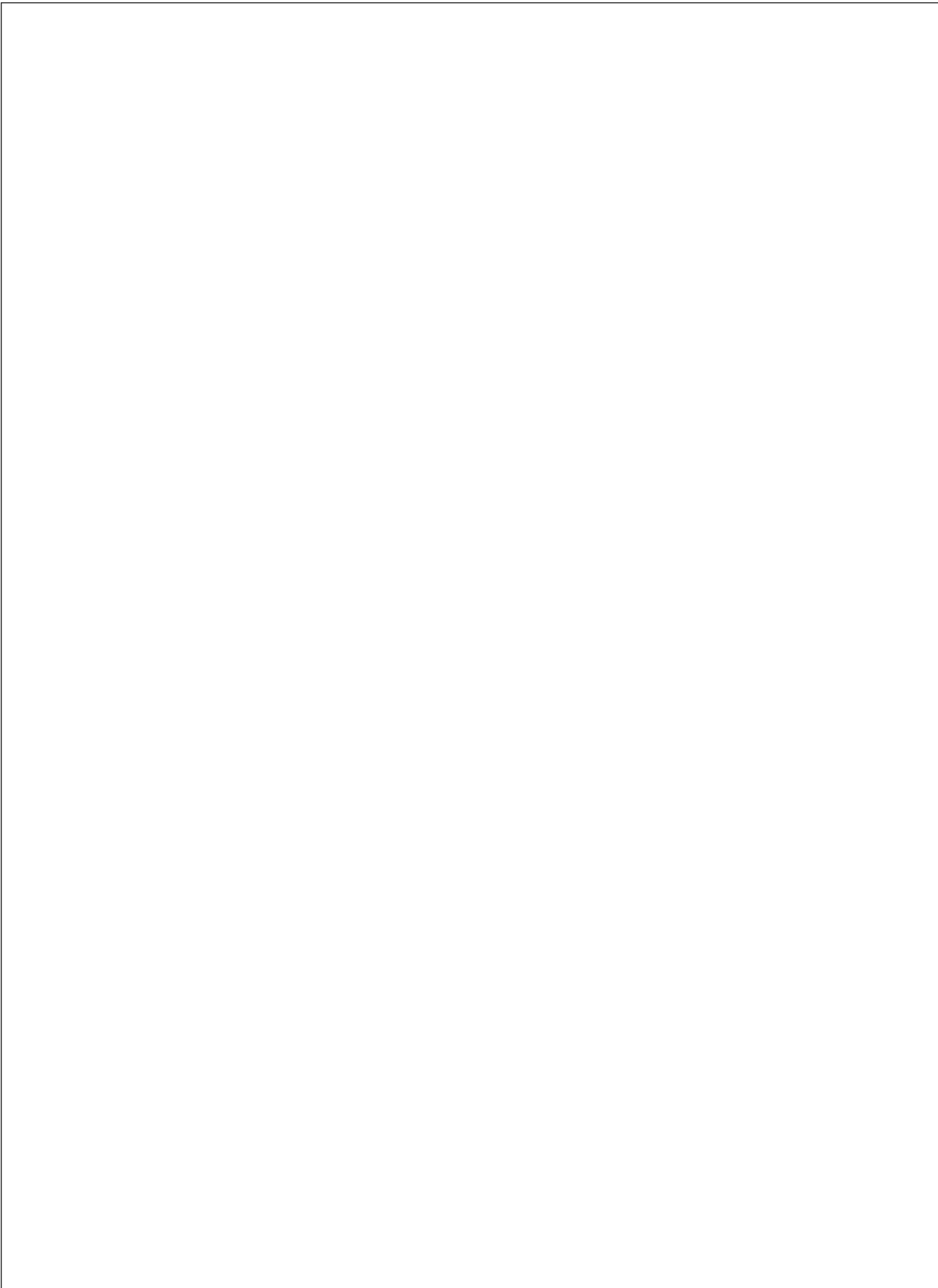
Background Investigator: _____

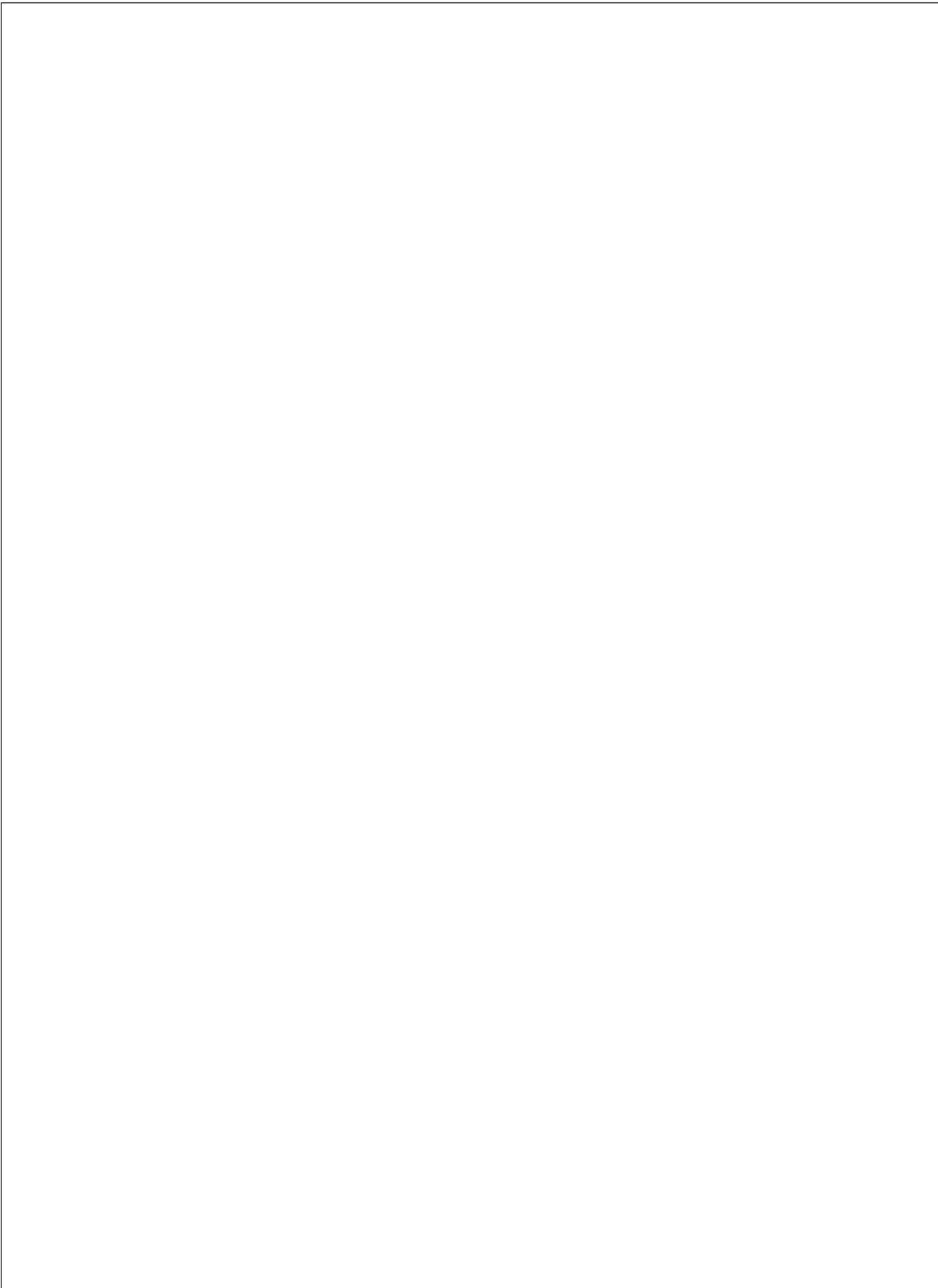
Signature: _____ **Date:** _____

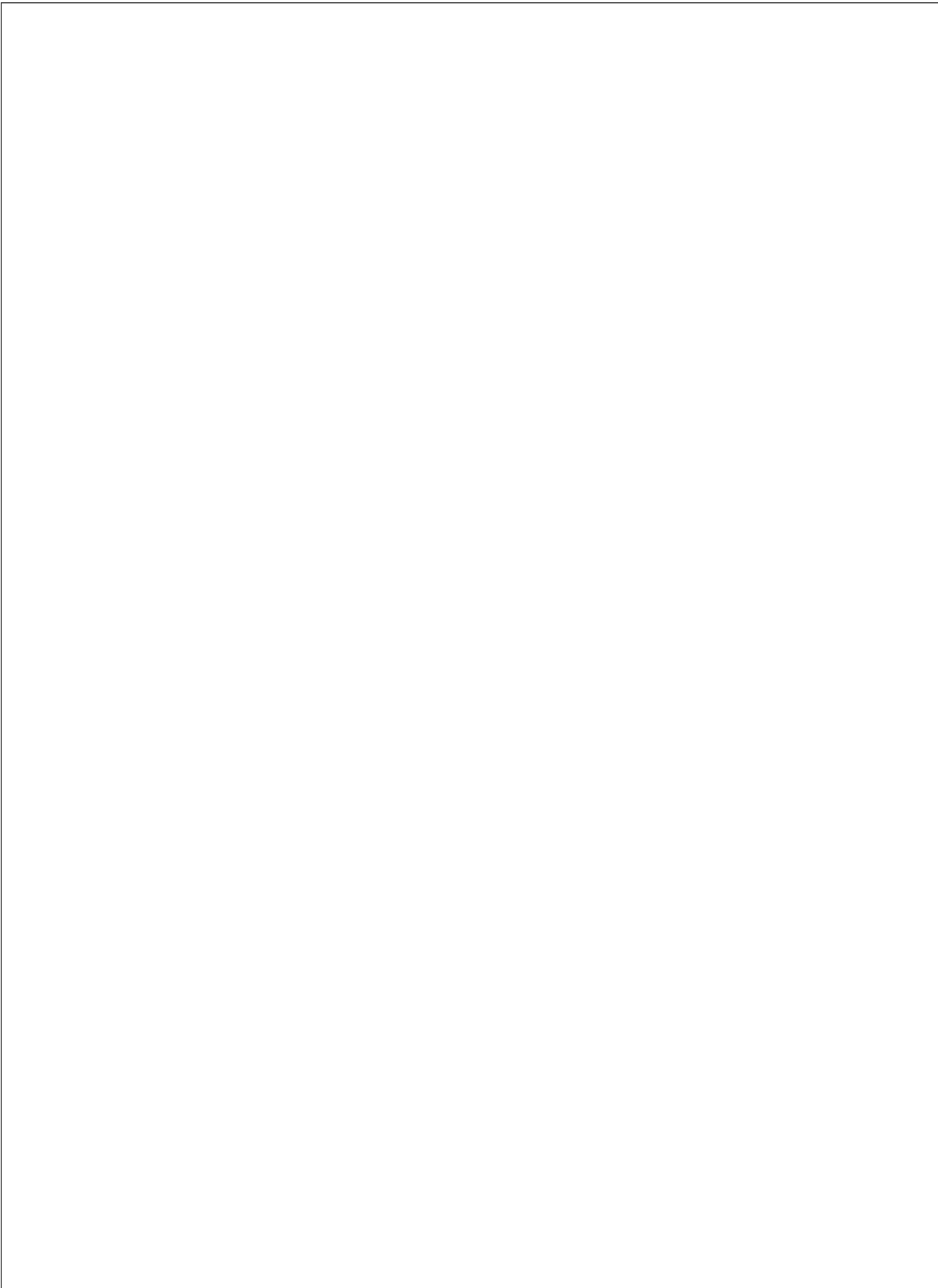
EXPLANATIONS

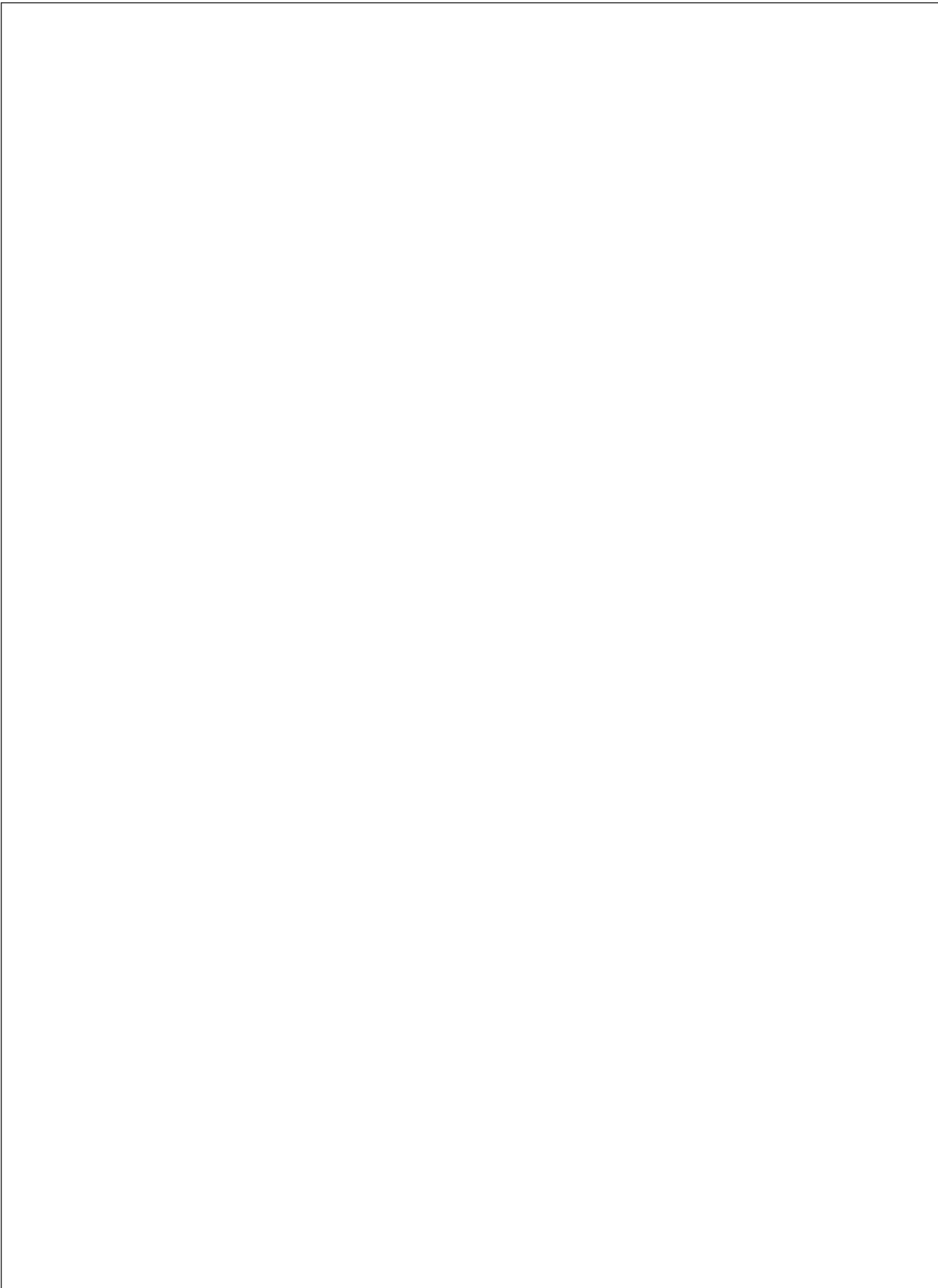
Indicate the corresponding question number with the explanation. Attach additional paper if necessary.













SHANNON D. DICUS, SHERIFF-CORONER

INSTRUCTIONS FOR THE NOTARIZED AUTHORIZATION FORM

The attached form needs to be completed in the presence of a Licensed Notary by following the below directions:

1. Print the document.
2. Locate a nearby notary in your area. A simple internet search for Notary Services will help you locate one.
3. Set up an appointment with the notary of your choice.
4. The notary will require you to bring identifying documentation such as a driver's license.
5. Complete the document in the presence of the notary.
6. Attach the notarized document to the completed background forms and bring them to the scheduled PAT.



SHANNON D. DICUS, SHERIFF-CORONER

**NOTARIZED AUTHORIZATION
TO RELEASE INFORMATION
SHERIFF'S DEPARTMENT**

To Whom It May Concern: APPLICANT NAME: _____

I am an applicant for the position of _____ with the San Bernardino County Sheriff's Department.

I fully recognize that the San Bernardino County Sheriff's Department will inquire into all areas of my background, which may affect my suitability to be employed by a Criminal Justice Agency, and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby authorize you, your organization, its Custodian of Records, and/or persons in your employ, to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public law 93-380), _____ medical-surgical, psychological, polygraph exam and dental records (pursuant of the Medical Information Act, Civil Code Section 56 et seq.), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300(b) (10), law enforcement or criminal records or information from a law enforcement agency and/or any other information which you might possess. And I exonerate, release and discharge you, your organization, its officer, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation so your responses will be completely confidential pursuant to California Civil Code Section 47 and to Labor Code 1198.5. You may retain this form for your files.

This waiver will expire one year after the date signed. A photocopy of this document may act as the original.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of San Bernardino } ss.

On _____, before me, _____,
Date Name of Title Officer (e.g. "Jane Doe, Notary Public")

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Signature of Applicant

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public



SHANNON D. DICUS, SHERIFF-CORONER

AUTHORIZATION FOR THE SAN BERNARDINO COUNTY SHERIFF’S DEPARTMENT TO PROCURE AND OBTAIN A CONSUMER REPORT

TO WHOM IT MAY CONCERN:

The undersigned does hereby acknowledge that a clear and conspicuous disclosure has been made to him or her in writing by the San Bernardino County Sheriff’s Department, that a consumer report may be procured and obtained for purposes of employment, promotion, reassignment or retention as an employee of the San Bernardino County Sheriff’s Department.

The undersigned further acknowledges having signed an acknowledgement that such disclosure has been made by the San Bernardino County Sheriff’s Department and advising the undersigned of his or her rights under the Fair Credit Reporting Act (FCRA) in the event adverse action is taken based in whole or in part on the consumer report.

The undersigned does hereby authorize the San Bernardino County Sheriff’s Department to procure and obtain a consumer report for purposes of employment of the undersigned in accordance with the applicable provisions of the Fair Credit Report Act (FCRA).

Check here if you would like a copy of your consumer report from Trans Union.

Full Name: _____
(Signature including maiden or other previously used name.)

Full Name: _____
(Typed or printed including maiden or other previously used name.)

Social Security Number: _____

Parent or Guardian (if applicable): _____

Date: _____ Telephone Number: _____

Current Address: _____

Witness: _____
(Agent of the San Bernardino County Sheriff’s Department)



SHANNON D. DICUS, SHERIFF-CORONER

ADVISEMENT OF CRIMINAL CONDUCT

Section 1031 of the California Government Code prohibits the employment of persons who are not of good moral character or who are not psychologically or medically fit to serve as peace officers. This legal provision applies equally to persons seeking employment or appointment as peace officers, as well as to persons already employed or appointed as peace officers, seeking employment or appointment in another jurisdiction.

STATEMENT

You will undergo an extensive, in-depth background investigation to determine your fitness for this position. During the course of this investigation, if you provide or if we discover, information of criminal misconduct or suspected criminal misconduct, you should be aware that this agency will forward all such information to the appropriate law enforcement agency of jurisdiction.

CERTIFICATION

I certify that I have read this advisement, and understand that by submitting the information necessary to process this application, that I am in essence waiving rights which I may have under State and Federal law, pertaining to my originally submitted information in this application process. I understand that if any statutorily enforceable criminal misconduct information becomes known during interviews with me, that I will be advised of my legal rights before any questioning on those issues.

I understand that my fingerprints will be submitted to the California Department of Justice and the Federal Bureau of Investigation for comparison and classification on the day I submit my completed package of information. I realize that this process will permanently record my application process with those agencies.

Further, I fully understand that if the conditions described in the above statement section arise, I will likely be disqualified from further consideration for said employment or appointment.

Dated this _____ day of _____, 20 ____, in the County of San Bernardino, State of California.

Signature of Applicant

Signature of SBSD Agent



SHANNON D. DICUS, SHERIFF-CORONER

ADVISEMENT TO APPLICANT

The purpose of a pre-employment background investigation, for all intents and purposes is to verify that the application you have submitted and any statements you have made to the San Bernardino County Sheriff's Department concerning your qualifications are true.

The California Courts have held that an employer has a legal duty to know the persons whom it employs. In some cases, California law may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

Both State and Federal Courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background which have no legitimate bearing on their qualifications for the job. However, you should understand that the mere presence of so-called "negative" information in you background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, have used illegal drugs, may have been fired from a job or even have been convicted of a crime as an adult. While these things, in the and of themselves, may not automatically remove that person from consideration for a job, lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience of an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application in order to fulfil the legal mandates imposed by the Courts and the Legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

CERTIFICATION

I understand that any false statements and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.

Dated this _____ day of _____, 20____, in the County of San Bernardino, State of California.

Signature of Applicant

Signature of SBSD Agent



SHANNON D. DICUS, SHERIFF-CORONER

INFORMED CONSENT AND RELEASE

I fully recognize under California Law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a Peace Officer. I further recognize that an employing agency has both a legal and moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical and psychological fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in California, information protected under § 832.7 of the Penal Code and § 1043 of the Evidence Code.

I further recognize that although some of the information contained in this investigation is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy. I have also been informed that because this background investigation is mandated by law, responses from persons contacted, whether solicited or unsolicited, enjoy absolute privilege under the law, pursuant to California Civil Code § 47. This information may be shared with my prospective employer or any other governmental agency upon authorization.

Therefore, I exonerate, release and discharge the San Bernardino County Sheriff's Department, their officers, agents, or assignee, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assignee, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I fully waive my right to receive any public record obtained during this background investigation.
(INITIAL)

I have had adequate time to review this form, I understand its meaning and purpose, and have been furnished a copy of it pursuant to California Labor Code § 432.

Dated this _____ day of _____, 20____, in the County of San Bernardino, State of California.

Signature of Applicant

Signature of SBSD Agent



SHANNON D. DICUS, SHERIFF-CORONER

NO FEEDBACK WAIVER

PLEASE READ CAREFULLY. BY SIGNING THIS WAIVER, YOU ARE GIVING UP ANY AND ALL RIGHTS TO REVIEW THE BACKGROUND INFORMATION OBTAINED IN THIS INVESTIGATION.

APPLICANT'S NAME: _____

ADDRESS: _____

POSITION APPLIED FOR: _____

I understand that this background investigation is done for security purposes only. It is to assess qualifications for this specific position and is no way to be construed as intended for any other purpose.

I understand that I will be given **NO FEEDBACK** or results other than being notified of "Passing" or "Not Passing." Also, I acknowledge that the results of this investigation are **CONFIDENTIAL**, will remain the property of the San Bernardino County Sheriff's Department, and will not be made available to any other law enforcement agency or employer without a notarized Personal Information Wavier signed by me.

IF I AM NOT RECOMMENDED FOR THIS POSITION, I understand that this means only that I did not meet the standards established for the position in the agency to which I have applied.

Signature

Date



SHANNON D. DICUS, SHERIFF-CORONER

LAW ENFORCEMENT CONTACT NOTIFICATION

APPLICANT'S NAME: _____

ADDRESS: _____

POSITION APPLIED FOR: _____

Every applicant who becomes aware they are a principal in an investigation of criminal nature, by any law enforcement agency or has any law enforcement contact during the background process, shall notify the Employee Resources Division as soon as practicable.

Information, such as the following, shall be provided:

- Reason for law enforcement contact.
 - The agency involved.
 - The date, time and location.

Signature

Date



SHANNON D. DICUS, SHERIFF-CORONER

DISCLOSURE OF SOCIAL MEDIA

1.828.60 Personal Social Media Accounts

YES

- LinkedIn
- Facebook
- Tumblr
- Instagram
- Reddit
- YouTube
- TikTok
- Twitter (X)
- WhatsApp
- Quora
- Medium
- Snapchat
- Telegram
- Goodreads
- Pinterest
- Discord
- WeChat
- Messenger
- Twitch
- Clubhouse
- QQ
- Kwai
- Other _____

The Department has an obligation to preserve its reputation, image, and credibility. Therefore, Department members shall be responsible for information they post on social media and web-based accounts. Members shall not use a personal social media account in any manner that reasonably may be seen to be detrimental to the Department or its operations, or to be a danger or threat to its members. Any members who choose to participate in social media or social networking platforms shall conduct themselves in a manner that will not negatively reflect the image, credibility, and mission of the Department. Users are cautioned to refrain from listing the San Bernardino County Sheriff’s Department as their employer, identifying themselves as a department member, or posting any Department-affiliated content on a personal account. Doing so could create a nexus between such accounts and their employment and may cause the accounts to be subject to discovery in court.

Personal accounts shall not contain:

- Subject matter which may discredit members or the Department.
- Images or statements glorifying or promoting violence.
- Operational methods, procedures, tactics, training, equipment, organization, or staffing levels.
- Information or opinions regarding a departmental administrative or criminal investigation, arrest, or law enforcement action.
- Information the member has been restricted from divulging by an administrative order of confidentiality.
- Information or opinions regarding a department investigation, prosecution or trial.
- Comments that may be interpreted as being critical of other law enforcement professionals, agencies, or members of the judiciary.
- The address, telephone number(s), or other personal information of any Department member without their consent.
- Sexually graphic or explicit material of any kind.

Applicant Name: _____ **Date:** _____



SHANNON D. DICUS, SHERIFF-CORONER

5.240 Tattoos, Brands, and Body Art: Professional Staff Members

Professional staff members of the Department, when on duty or while engaged in the business of the Department, are prohibited from exhibiting or displaying (or allowing to be visible) tattoos, brands, and/or pieces of body art.

Generally, these objects are to be completely covered by articles of clothing. However, a skin-colored patch not exceeding three (3) inches by three (3) inches may be used to cover a tattoo, brand, or piece of body art if the object is completely covered by one patch. A member shall not use multiple patches to cover tattoos, brands, or body art.

Skin-colored cosmetic makeup may be used to cover a tattoo, brand, or piece of body art if the object is completely covered, and not merely "faded" or "blurred."

Applicant Name: _____

Date: _____

Applicant Signature: _____