

CITY OF GRANGER
GRANGER POLICE DEPARTMENT
POLICE CHIEF

The City of Granger is currently accepting applications for the position of Police Chief. Interested applicants should contact Granger City Hall, to pick up an application and other instructions for the application process.

Application period will be from November 2, 2018 to November 16, 2018 at 5 PM. Incomplete or late applications will not be considered.

The City of Granger is an equal opportunity employer and encourages women and minorities to apply. Questions may be directed to Alice Koerner, City Clerk Treasurer at Granger City Hall, (509) 854-1725.

APPLICATION INSTRUCTIONS

All application documents must be submitted by the closing date. Any incomplete or late application will not be considered.

The open application period for the Police Chief position is from Friday November 2, 2018 to Friday November 16, 2018 at 5 PM.

Please complete and submit the following as part of the application process:

1. City of Granger application

Please completely fill out a City of Granger application and attach any and all required documents.

2. Resume

Please attach relevant documents you would like to be considered during the application test process

3. Cover letter

4. Signed release for background investigation form

Please make sure you complete and sign the form. Attach any required documentation. No signature or missing documents will be considered an incomplete application

5. Answers to the questions

Please make sure that each question is answered on a separate page. There should be an attached answer page for each question. Make sure you number your answer page with the question you are answering.

NOTE: The above documents will be part of the testing process. Please make sure that you submit relevant documents that you would like considered during the review and testing of the above documents.

Chief of Police

Application Questions

Please answer each question on a separate page. Number each page to reflect what question you are answering.

1. Please describe in detail, what your community orientated policing experience is?
Please, provide real life examples and how you would apply those to the City of Granger.

2. What leadership style do you feel most comfortable using and why? Give an example of how you used it in your current position or previous leadership position.

3. Please describe your budget experience and what your budget management style is?

4. Please describe what your experience is working with a Mayor and City Council. Tell us how you deal with issues in the community that are of high importance to the City Council and may be controversial or unpopular?

5. Tell us about your current or previous community involvement. What organization do you belong to, do you volunteer, etc...

CLASSIFICATION

4.07.00

ADMINISTRATIVE DIVISION CLASSIFICATION

4.07.01

GRANGER POLICE DEPARTMENT

POSITION DESCRIPTION

Position Police Chief	Reports to: Mayor
Department: Police	FLSA Status: Exempt
Union Represented	Union: Teamsters Local #760
Civil Service	No

POSITION PURPOSE:

The Police Chief commands and oversees Police Department operations, including animal control. The Police Chief is appointed by the Mayor.

SUPERVISION RECEIVED:

The Police Chief is supervised by the Mayor. The Police Chief consults and works in conjunction with the Mayor in determining plans and policies of police operations and general administrative direction. The Police Chief for the most part; works independently in carrying on the police department functions.

SUPERVISES:

The Police Chief supervises all employees of the Police Department. This includes the Police Lieutenant, Police Officers, Police Reserve Officers, Animal Control Officer, and any other staff as assigned by the Mayor.

MAJOR DUTIES:

1. Provides for public safety and compliance with applicable City, County, State, and Federal laws by providing managerial leadership and direction in the Police Department. The position establishes and monitors plans, goals, standards, and operating procedures for the department. Cooperates with County, State, and Federal officers in the apprehension and detention of wanted persons and with other agencies where activities of the Police Department are involved. Advises and assists police officers in non-routine criminal or other investigations and personally participates in the more difficult police problems encountered by Police Department staff.

2. Assures a staff capable of providing a full range of public safety services, including animal control, by recruiting and training department personnel. Oversees the planning, organization and assignment of work duties. Evaluates employee performance and maintains records on all department personnel. Provides leadership and supervision.
3. Responsible for the financial well-being of the department by performing cost control activities and monitoring all fiscal operations of the department. Prepares annual budget and justifies budget requests and amendments. Approves all department expenditures. Obtains and evaluates bid proposals and price quotations on various articles of police equipment. Maintains equipment and vehicle maintenance logs and ensures that proper maintenance is performed.
4. Develops and maintains effective communications within the department, between the department and City Council, and with the public through the management of multi-frequency radio operations, telephone, and computer system and by representing the department with the City Council and/or public. Compiles reports and makes recommendations to the Mayor and City Council.
5. Assures proper management of (legal) records by overseeing evidence and property, and coordinating department efforts with those of the court system and the public. Administers all police records during all phases of disclosure to agencies and the public and performs other duties as required.
6. Recommends to the Mayor the hiring, disciplining, or discharge of employees within his or her jurisdiction in accordance with city policy, procedures, and union agreements as appropriate. Acts as the second step in any grievance procedure.
7. Responsible for all risk management within the department.
8. Shall maintain a close working relationship with the council committees having jurisdiction with the department.
9. Responds to emergency calls; assistance calls; etc.
10. Performs other related duties as required or assigned

WORKING CONDITIONS:

Work is primarily performed in the office. When duties are performed in the field, they are generally from a police vehicle and may require involvement in emergency and dangerous situations.

MINIMUM QUALIFICATIONS:

High School Diploma or General Equivalency with additional specialized training; able to read and write the English language. Ability to read, write, and speak the Spanish language is desirable.

Graduate of the Washington State Criminal Justice Training Academy or equivalent.

Ability to meet and maintain medical and physical requirements.

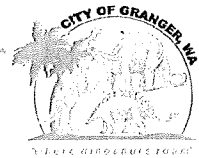
Must pass a background check to include but not limited to a Polygraph examination, Psychological examination, Drug test, Credit History, and Criminal history background check.

U.S. Citizen.

10 years of law enforcement experience.

Possession of or the ability to obtain a valid Washington State Motor Vehicle Operator's License.

At least 3 years of experience at the rank of Sergeant or above. A combination of experience and education which is relevant to the position and provides suitable knowledge and ability to perform the duties may be substituted.



Instructions to the Applicant

The information you provide in the **Personal History Statement** will be used during the investigation into your background to assist in determining your suitability for the position of Police Officer. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. Completion of this request in a **timely manner** is mandatory if you wish to be considered for employment with this agency.
2. **All statements are subject to verification.**
3. **Deliberate inaccuracies or incomplete statements** may bar or remove you from employment.
4. **All time periods** in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a Police Officer.

For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please **print in ink or type** your responses to this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

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

The completed personal history statement is to be returned to the City of Granger, Granger Civil Service Commission or the Granger Police Department.

Attach copies of the following documents to your personal history form:

- *Social Security Card*
- *Washington State Drivers License*
- *Birth Certificate (certified copy)*
- *Form DD214 (for military service)*
- *Transcripts of college grades (a certified copy sent from registrars office)*

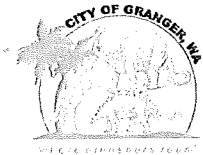
I have read and understand the above instructions:

Applicant's Signature

Date

Signature of Witnessing Officer

Date

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION****TO WHOM IT MAY CONCERN:**

In exchange for the consideration by the Granger Police Department of my application for employment, I authorize you to provide to the Granger Police Department any and all information you might have concerning me, my work record, my reputation, my military service record, and my financial status, including any information that may be deemed confidential or privileged. This information is necessary for the Department to determine my qualifications and fitness for the position which I am seeking with the Granger Police Department.

I understand my rights under Title 5, United States Code, Section 552(a), the "Privacy Act of 1974", and waive those rights with the understanding that information furnished will be used by the Granger Police Department in conjunction with the application and future employment with the Department.

I further release the provider of this information from any and all liability or damages which may result from the furnishing of the information requested above.

I further authorize the release of any information received by the Department in the evaluation of my application (including the release of all test results) for employment to another law enforcement agency.

I further agree that a photocopy reproduction of this Waiver and Authorization to Release Information shall for all intents and purposes be treated as an original. This Waiver and Authorization shall be valid for a period of one hundred and eighty (180) days from the date written below.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

DATED this _____ day of _____, 2_____.

Applicant:

Type or Print Name

Social Security Number

Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.

Notary Public in and for the State of Washington.

Residing in _____

My Commission Expires: _____

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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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 ()

☐ CELL

☐ FAX

☐ PAGER

6. EMAIL ADDRESS

HOME

BUSINESS

7. If you were born outside of the United States, are you a U.S. citizen?..... ☐ Yes ☐ No

If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... ☐ Yes ☐ No

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

9. BIRTHDATE

10. SOCIAL SECURITY NUMBER

- -

11. DRIVER'S LICENSE

NO.

STATE

EXP

12. PHYSICAL DESCRIPTION

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- 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.

☐ 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		

☐ 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		

☐ 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 – PEACE OFFICER

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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					
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)					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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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		
		()			

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

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 2: RELATIVES AND REFERENCES *continued*

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

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

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

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 – PEACE OFFICER

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SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued*

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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

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SECTION 3: EDUCATION**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ California High School Proficiency Certificate**16. List high schools attended:**

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

17. List all colleges or universities attended:

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

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

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

19. Have you ever attended a Crime Justice Basic Academy? ☐ Yes ☐ No

If yes, provide the following information:

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

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

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ☐ Yes ☐ 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

- List all residences during the last ten years or since age 15. Provide *complete* 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 Present
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 – PEACE OFFICER

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SECTION 4: RESIDENCE *continued***21. LIST OF RESIDENCES *continued***

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:					

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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?..... ☐ Yes ☐ No

24. Have you ever left a residence owing rent?..... ☐ Yes ☐ No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, 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			

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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 ()
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 ()
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 ()
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
--	--	------	----

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

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

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

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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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer							
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified							

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
<p>Check each step in the process that you completed, and your status:</p> <p>STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer</p> <p>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified</p>					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
<p>Check each step in the process that you completed, and your status:</p> <p>STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer</p> <p>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified</p>					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain:	
42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – refer to your DD-214:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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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):

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **peace officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 25.

62. Either as an adult or a juvenile, have you **EVER** been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or 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

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 8: LEGAL *continued*

68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... ☐ Yes ☐ 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?..... ☐ Yes ☐ No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... ☐ Yes ☐ No
71. Have you ever filed a false insurance or workers' compensation claim?..... ☐ Yes ☐ 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

At any time have you ever committed any of the following misdemeanors?

- A) Annoying / obscene phone calls..... ☐ Yes ☐ No
- B) Battery (use of force or violence upon another)..... ☐ Yes ☐ No
- C) Brandishing a weapon (any type of weapon)..... ☐ Yes ☐ No
- D) Carrying a concealed weapon without a permit..... ☐ Yes ☐ No
- E) Contributing to the delinquency of a minor..... ☐ Yes ☐ No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)..... ☐ Yes ☐ No
- G) Driving under the influence of alcohol and/or drugs..... ☐ Yes ☐ No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... ☐ Yes ☐ No
- I) Hit & run collision (no injuries)..... ☐ Yes ☐ No
- J) Hunting/fishing without a license..... ☐ Yes ☐ No
- K) Illegal gambling..... ☐ Yes ☐ No
- L) Impersonating a peace officer (pretending to be a police officer)..... ☐ Yes ☐ No
- M) Indecent exposure (including flashing or mooning)..... ☐ Yes ☐ No
- N) Joyriding (using a car or other vehicle without owner's permission)..... ☐ Yes ☐ No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags)..... ☐ Yes ☐ No
- P) Possession of alcohol as a minor..... ☐ Yes ☐ No

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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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).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 8: LEGAL (Question 73) *continued*

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.

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

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

74. ***Within the past 10 years***, 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 10 years*** (check all that apply):

- ☐ I have **never** used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

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

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

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

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

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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: _____

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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.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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ADDITIONAL SPACE

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

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