

Ferndale Police Department

Application Packet

This packet contains the following forms:

1. Job Flyer
2. City of Ferndale Employment Application
3. California P.O.S.T. Personal History Statement

For additional questions, please contact us at:

(707) 786-4025

Mail completed forms to:

Ferndale Police Department

Po Box 1096

Ferndale, CA. 95536

Police Officer/Reserve Police Officer

Qualifications

In order to be eligible for employment as a Police Officer with the City of Ferndale, the incumbent **MUST** meet the criteria in one of the three categories listed below:

Academy Student: Applicants who are currently enrolled in a California POST approved academy are encouraged to apply.

Academy Graduate: Applicants who have successfully completed a California POST approved basic academy within the last three years. Also applicants who have graduated from an approved academy more than three years ago, but have completed a California POST recertification course are encouraged to apply.

Lateral Police Officer: Lateral applicants must fall under the four following categories:

- (1) have graduated from a California POST academy
- (2) have completed an FTO Program and passed probation with a CA law enforcement agency
- (3) have obtained a POST basic certificate and be currently employed as a Police Officer in California, or have been employed as a Police Officer in California.

The applicant must be able to possess a California Driver's License, a high school diploma or GED and have experience in working with the public. Additionally, the applicant must be free of felony convictions prohibiting the applicant from being legally allowed own/posses a firearm.

Additional Qualifications

Knowledge of:

- Law enforcement principles, practices and techniques related to patrol, traffic enforcement, crime scene control and investigation, protection of life and property, pursuit, apprehension and transportation of suspects.
- Investigation and identification techniques and equipment.
- Rules of evidence regarding search and seizure and the preservation of evidence.
- Courtroom procedures and techniques for testifying.
- Applicable laws, codes, ordinances, court decisions and departmental rules and regulations.
- Safety practices and equipment related to the work, including the safe use and proper care of firearms, chemical agencies and impact weapons.
- Techniques of first aid and CPR.
- Operating a motor vehicle in a safe manner under patrol and emergency conditions.
- Modern office practices, methods and computer equipment.
- Computer applications related to the work.
- English usage, grammar, spelling, vocabulary, and punctuation.
- Techniques for dealing with and solving the problems presented by a variety of individuals from various socio-economic, cultural and ethnic backgrounds, in person and over the telephone, often when relations may be confrontational or stressed.
- Techniques for providing a high level of customer service to the public and City staff, in person and over the telephone.

Ability to:

- Observe accurately, recall faces, names, descriptive characteristics, facts of incidents and places.
- Interpret apply and explain complex laws, codes, regulations and ordinances.
- Prepare clear, accurate and grammatically correct reports, records and other written materials.
- Identify and be responsive to community issues, concerns and needs.
- Coordinate and carry out special assignments.

- Monitor changes in laws and court decisions and apply them in work situations.
- Enter information into a computer with sufficient speed and accuracy to perform the work.
- Make sound, independent decisions in emergency situations.
- Organize own work, set priorities and meet critical time deadlines.
- Operate a motor vehicle in a safe manner under patrol and emergency conditions.
- Operate the equipment and vehicles of the department in a safe and responsible manner.
- Operate modern office equipment including computer equipment and software programs.
- Use English effectively to communicate in person, over the telephone and in writing.
- Use tact, initiative, prudence and independent judgment within general policy and legal guidelines in politically sensitive situations.
- Establish and maintain effective working relationships with those contacted in the course of the work.

Duties/Responsibilities:

Under general supervision, performs a wide variety of patrol and related duties involving the prevention of crime, the protection of life and property, and the enforcement of Federal, State and local laws and ordinances; makes investigations, assists in the preparation of cases and testifies in court; serves in specialized departmental roles as assigned; provides information and assistance to the public; performs related work as assigned.

This sworn, working-level law enforcement class performs all non-supervisory assignments found in a municipal police department. While incumbents are normally assigned to a specific geographic area for patrol or traffic enforcement, all functional areas of the law enforcement field, including investigation, youth services, administration, and training are included. Incumbents may be armed and may be assigned to work in uniform or plain clothes. Shift schedules and job assignments may be changed periodically to assure the maximum delivery of effective police service.

- Patrols the City within an assigned area in a radio dispatched automobile to secure life and property, observe situations, report suspicious or criminal activity, hazardous conditions and deter crime by providing high visibility.
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- Responds to emergency calls for service, disturbances, thefts, burglaries, vehicle accidents, domestic disputes, suspicious activities and other incidents to protect public safety and property, resolve problems, diffuse situations and enforce laws and ordinances.
- Provides information, directions and assistance to the public in a variety of situations; takes reports and assists the public with complaints or unusual situations.
- Observes, monitors and controls traffic situations; stops and warns drivers or issues citations as appropriate; assists motorist with inoperable vehicles and arranges for immediate removal of stranded vehicles; provides direction and traffic control in accident or incident situations, special events, or other congested situations.
- Makes arrests and serves warrants and subpoenas; takes individuals into custody and may transport them for medical clearance and/or booking at a longer-term facility, as required.
- Secures crime scenes and evidence; interviews suspects, victims and witnesses; collects and preserves evidence; performs complete investigations and/or cooperates with other law enforcement agencies providing investigative and case development support.
- Conducts comprehensive investigations into felony and high level crimes as assigned including conducting surveillance activities and coordinating and maintaining crime scene activities.
- Provides oversight of juveniles and delinquents; interprets law to school officials and parents; confers with school administrators to identify and discuss criminal and public safety issues; works to resolve cases involving unfit homes and crimes committed against or by juveniles; advises and refers juveniles to appropriate community resources as requested or as necessary.
- Assists the City Attorney or the District Attorney staff in preparing, documenting and developing cases and gathering information; testifies in court as required.

- Provides emergency medical attention to the public when responding to calls for assistance, and requests appropriate medical assistance as necessary.
- Provides mutual aide to other law enforcement agencies as dispatched and in accordance with departmental policy.
- Prepares reports; prepares and maintains logs, records and accurate files.
- Serves warrants and subpoenas.
- May perform and/or coordinate specific programs, such as: community-oriented policing, school liaison and/or field training.
- Attends advanced officer training sessions and reviews publications and materials to become and remain current on principles, practices, and new developments in assigned work areas.
- Oversees the use and care of equipment as required.
- Performs other duties as assigned.

Physical Demands:

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; maintain P.O.S.T. physical standards, including mobility and physical strength and stamina to respond to emergency situations and apprehend suspects; vision to maintain firearms qualification and to read printed materials and a computer screen; and hearing and speech to communicate in person, before groups, and over the telephone or radio. The job involves fieldwork requiring frequent walking on uneven terrain, climbing and descending structures to access crime scene and to identify problems or hazards. Finger dexterity is needed to access, enter and retrieve data using a computer keyboard or calculator and to operate police services equipment. Positions in this classification frequently bend, stoop, kneel, reach and climb to perform work and inspect work sites. Employees must possess the ability to lift, carry, push, and pull materials and objects necessary to perform job functions.

Working Conditions:

Employees work indoors and outdoors, and are exposed to loud noise levels, cold and hot temperatures, inclement weather conditions, vibration, confining workspace, chemicals, mechanical and/or electrical hazards, and hazardous physical substances and fumes. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures. Must be willing to work extended shifts or be called back in due to special situations and work with exposure to difficult circumstances, including exposure to dangerous situations.

The Selection Process:

To participate in the selection process for this position, you will need to submit an official City application to the Ferndale Police Department and an official copy of your T score results provided by your basic POST academy. Please do not attach resumes, cover letters or additional materials.

There are four phases to complete selection process. The phases are outlined as follows:

First Phase:

Department interview

Second Phase:

Interview with the Chief of Police

Third Phase:

As part of the selection process, a thorough background investigation will be completed on the applicant. If you have not reviewed and completed a P.O.S.T (PHS) Personal History Statement, it is encouraged. You may obtain a copy on California P.O.S.T. website or website or Ferndale

Fourth Phase:

Second interview with the Chief of Police or his/her designee.

Psychological evaluation

Medical/Physical examination, which includes a complete drug screening

CITY OF FERNDALE, CALIFORNIA

P.O. Box 1095, Ferndale, CA 95536 -
Application for Employment - (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

	Social Security #	Date		
Name	LAST	FIRST	MIDDLE	
	Present Address			
	STREET	CITY	STATE	ZIP
Permanent Address				
	STREET	CITY	STATE	ZIP
Phone No.	Are you 18 years of age or older? YES NO			
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES NO				
EMPLOYMENT DESIRED				
Position		Date you can start		Salary Desired
Are you presently employed?		May we contact your present employer?		
Ever applied here before?			When?	
Referred by				
EDUCATION	Name & Location of School	Years attended	Did you graduate?	Subjects studied
Grammar				
High School				
College				
Trade, Business or Corres. School				
GENERAL				
Subjects of special study or research work				
Special Skills:				
Activities (Civic, Athletic, Etc.)				
EXCLUDE ORGANIZATIONS, WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.				
US Military or Naval Service		Rank	Present membership in National Guard or Reserves	

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25, 1991. (OVER)

FORMER EMPLOYERS (list below last three employers, starting with last one first)				
Date MM/YY	Name/Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
Which of these jobs did you like best?				
What did you like the most about this job?				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.		
Name/Address	Business	Years Known
In Case of Emergency, Notify:		
Name/Address	Phone	

I certify that all the information submitted by me on this application is true and complete and I understand that any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative other than it's City Manager or in his/her absence, the Mayor or the City Council, and then only when in writing and signed by the City Manager, or in his/her absence, the Mayor or the City Council, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE:

Interviewed by		Date:
Remarks		
Neatness	Ability	
Hired Yes No	Position	Dept:
Salary/Wage	Start Date	

Instructions to the Applicant

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

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

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

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	
8. CITIZENSHIP			
Are you a U.S. citizen?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			
10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER	12. DRIVER'S LICENSE	
	- -	NUMBER	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION			
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> • Provide all applicable information in the spaces below. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • If more space is needed, continue on page 27 – reference corresponding numbers. 						
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		[Hatched Box]		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

14.C.1 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

14.C.2 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

14.C.3 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

14.C.4 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

14.D Brothers / Sisters

N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.D.3 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.E Children

N/A

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

14.E.1 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.2 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.3 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.4 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List 7 –10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued*

15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?	

SECTION 3: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 27.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/
<input type="checkbox"/> California High School Proficiency Certificate:	/		

17. LIST HIGH SCHOOL(S) ATTENDED

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

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SECTION 3: EDUCATION *continued*

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	TYPE OF DEGREE EARNED
MAJOR / AREA OF STUDY				
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	TYPE OF DEGREE EARNED
MAJOR / AREA OF STUDY				
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	TYPE OF DEGREE EARNED
MAJOR / AREA OF STUDY				
18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	TYPE OF DEGREE EARNED
MAJOR / AREA OF STUDY				

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? Yes No

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	/

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SECTION 3: EDUCATION *continued*

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

21.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
				()	
21.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
				()	

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE HISTORY

23. LIST OF RESIDENCES

- List all residences during the last 10 years or since age 15.
- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do NOT use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do NOT list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 27.

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you live:					
23.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE HISTORY *continued*

23.3	FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)		CONTACT NUMBER
			()
	CITY	STATE	ZIP
	EMAIL		
	Name(s) of those with whom you lived:		
	Reason for moving:		

23.4	FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)		CONTACT NUMBER
			()
	CITY	STATE	ZIP
	EMAIL		
	Name(s) of those with whom you lived:		
	Reason for moving:		

23.5	FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	
	CITY	STATE	ZIP
	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)		CONTACT NUMBER
			()
	CITY	STATE	ZIP
	EMAIL		
	Name(s) of those with whom you lived:		
	Reason for moving:		

24. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with whom you have resided during the past 10 years or since age 15.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 27.*

24.1	NAME OF HOUSEMATE	CONTACT NUMBER
		()
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY
		STATE
		ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

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SECTION 4: RESIDENCES *continued*

24.2	NAME OF HOUSEMATE	CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.3	NAME OF HOUSEMATE	CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.4	NAME OF HOUSEMATE	CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.5	NAME OF HOUSEMATE	CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.6	NAME OF HOUSEMATE	CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	
24.7	NAME OF HOUSEMATE	CONTACT NUMBER ()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL	

25. Have you ever been evicted or asked to leave a residence?..... Yes No
26. Have you ever left a residence owing rent, utilities, or other household expenses?..... Yes No

If you answered "YES" to Questions 25 and/or 26, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- *If more space is needed, continue your response on page 27.*

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 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:				

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS 1) 2)			REASON FOR LEAVING	

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			/	/
	CITY			STATE	ZIP
	JOB TITLE / RANK			SUPERVISOR	
	DUTIES / ASSIGNMENTS			CONTACT NUMBER ()	
	NAMES OF CO-WORKERS			EMAIL	
1) 2)			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
			REASON FOR LEAVING		

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			/	/
	CITY			STATE	ZIP
	JOB TITLE / RANK			SUPERVISOR	
	DUTIES / ASSIGNMENTS			CONTACT NUMBER ()	
	NAMES OF CO-WORKERS			EMAIL	
1) 2)			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
			REASON FOR LEAVING		

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			/	/
	CITY			STATE	ZIP
	JOB TITLE / RANK			SUPERVISOR	
	DUTIES / ASSIGNMENTS			CONTACT NUMBER ()	
	NAMES OF CO-WORKERS			EMAIL	
1) 2)			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
			REASON FOR LEAVING		

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			/ /	
	CITY			STATE	ZIP
	JOB TITLE / RANK			SUPERVISOR	
	DUTIES / ASSIGNMENTS			CONTACT NUMBER ()	
	NAMES OF CO-WORKERS			EMAIL	
1) 2)			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
			REASON FOR LEAVING		

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			/ /	
	CITY			STATE	ZIP
	JOB TITLE / RANK			SUPERVISOR	
	DUTIES / ASSIGNMENTS			CONTACT NUMBER ()	
	NAMES OF CO-WORKERS			EMAIL	
1) 2)			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
			REASON FOR LEAVING		

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			/ /	
	CITY			STATE	ZIP
	JOB TITLE / RANK			SUPERVISOR	
	DUTIES / ASSIGNMENTS			CONTACT NUMBER ()	
	NAMES OF CO-WORKERS			EMAIL	
1) 2)			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
			REASON FOR LEAVING		

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) 2)			REASON FOR LEAVING		

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) 2)			REASON FOR LEAVING		

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review?..... Yes No

37. Have you ever sold, released, or given away legally confidential information?..... Yes No

38. Have you ever called in sick when you were neither sick nor caring for a sick family member?..... Yes No
 IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

If you answered "YES" to any of Questions 28–38, explain (include when, where, and circumstances – *reference corresponding numbers*).

39. *In the past three years*, have you missed days or been late to work due to drug or alcohol consumption?..... Yes No
 IF YES, how often? _____

40. Has your work performance ever been affected by your use of alcohol or drugs?..... Yes No
 IF YES, when? _____ Name of employer: _____

41. *In the past three years*, have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... Yes No
 IF YES, when? _____ Name of employer: _____

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

- If you answered "YES" to Question 42, 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 27.*

42.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.2	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)	
						/	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	POSITION APPLIED FOR			EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.3	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)	
						/	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	POSITION APPLIED FOR			EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.4	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)	
						/	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	POSITION APPLIED FOR			EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.5	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)	
						/	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	POSITION APPLIED FOR			EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
				()		
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
				()		
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

SECTION 6: MILITARY EXPERIENCE

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

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

45. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1-4) if applicable – refer to your DD-214: _____		

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

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

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

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

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SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

- For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.
- For **Question 50C**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

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

B) Do you have other sources of income? (IF YES, fill in amount and explain.) Yes No \$ _____ per month

Explain: _____

C) How much do you spend each month? \$ _____ per month

- 51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No
- 52. Have any of your bills ever been turned over to a collection agency? Yes No
- 53. Have you ever had purchased goods repossessed? Yes No
- 54. Have your wages ever been garnished? Yes No
- 55. Have you ever been delinquent on income or other tax payments? Yes No
- 56. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No
- 57. Have you ever had an employment bond refused? Yes No
- 58. Have you ever avoided paying any lawful debt by moving away? Yes No
- 59. Have you ever defaulted on (failed to pay) a loan? Yes No
- 60. Have you ever borrowed money to pay for a gambling debt? Yes No
IF YES, do you currently have any outstanding debts as a result of gambling? Yes No
- 61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No
- 62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No
- 63. Have you written three or more bad checks in a one-year period? Yes No

If you answered "YES" to any of Questions 51–63, explain (include when, where, and why – *reference corresponding numbers*).

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 27.*

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes No

IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

65. Have you ever been placed on court probation? Yes No
66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No
67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
68. Have the police ever been called to your home for any reason? Yes No
69. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

SECTION 8: LEGAL *continued*

- 71. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
- 72. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
- 73. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No
- 74. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "YES" to any of Questions 65–74, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

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

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

- 75.1 Animal abuse and/or neglect Yes No
- 75.2 Annoying, obscene, or harassing contacts by telephone or other electronic communication device Yes No
- 75.3 Battery (use of force or violence upon another) Yes No
- 75.4 Brandishing a weapon (any type of weapon) Yes No
- 75.5 Carrying a concealed weapon without a permit..... Yes No
- 75.6 Contributing to the delinquency of a minor Yes No
- 75.7 Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) Yes No
- 75.8 Driving under the influence of alcohol and/or drugs Yes No
- 75.9 Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- 75.10 Filing a false police report Yes No
- 75.11 Hit & run collision (no injuries) Yes No
- 75.12 Illegal gambling Yes No
- 75.13 Illegal hunting and/or fishing (for example, without a license, out of season) Yes No

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *continued*

75.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.17	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.20	Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.24	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to ANY of the item(s) in Question 75, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 27.*

► Involvement in Criminal Acts – Part 2

76. **At any time in your life**, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

76.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.3	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *continued*

76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to ANY of the item(s) in Question 76, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 76.3) for each explanation.
- If more space is needed, continue your response on page 27.

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *continued*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:

- ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
- ▶ Barbiturates (*Downers*)
- ▶ Cocaine / Crack Cocaine
- ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
- ▶ GHB (*Date Rape Drug*)
- ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
- ▶ Hashish / Hashish Oil
- ▶ Heroin / Opium
- ▶ Marijuana (*with or without a prescription*)
- ▶ Mescaline
- ▶ Morphine
- ▶ PCP / Angel Dust
- ▶ Quaaludes
- ▶ Steroids
- ▶ Tetrahydrocannabinol (THC)
- ▶ Glue, paint, or any substance containing toluene

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

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

78. **Prior to the past six months:**

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

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

- Sold
- Manufactured
- Purchased
- Furnished
- Cultivated
- Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No

IF YES, explain:

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY) / /	NAME UNDER WHICH LICENSE WAS GRANTED
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82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? Yes No
 IF YES, explain (include when, where, and circumstances):

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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

86.1	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			
86.2	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			
86.3	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			

87. 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:

88. Have you been involved as the driver in a motor vehicle accident *within the past seven years*? Yes No
IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

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

IF YES, GIVE REASON

FROM (MM/YYYY) TO (MM/YYYY)

/ /

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON

DATE (MM/YYYY)

/

INSURANCE COMPANY

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 10: OTHER TOPICS

- 91. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 92. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 93. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No
- 94. *Since the age of 15*, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

If you answered "YES" to any of Questions 91–95, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION

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

Signature in Full: ►

Date:

**Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.**

PERSONAL HISTORY STATEMENT – Peace Officer

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ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

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