



THE CITY OF SAN DIEGO

SAN DIEGO POLICE DEPARTMENT Personal History Statement

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Application

THIS DOCUMENT IS FOR THE EXCLUSIVE USE OF THE BACKGROUND INVESTIGATIONS UNIT.

Today's Date		Position Applied for: <input type="checkbox"/> Police Recruit <input type="checkbox"/> POI <input type="checkbox"/> POII <input type="checkbox"/> Dispatcher <input type="checkbox"/> Other	
1. Have you ever applied to the San Diego Police Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you submit a Personal History Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see below		Date of written test for Police Recruit or Reserve	
2. List the date you last applied to the San Diego Police Department:			

Personal

3. Please PRINT clearly or type your full legal name			
Last	First	Middle	Age

4. List your current address where you actually reside. (Not a mailing address)			
Number & Street	City	State	Zip Code

<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Other	5. How long have you resided there? Years: _____ Months: _____
--	--

Name of the County where you reside.

6. List your residence phone and your work number (include area codes)	Residence (area code)	Work (area code)	E-Mail
--	-----------------------	------------------	--------

List a mailing address if unable to obtain mail at your residence			
Mailing Address	City	State	Zip Code

7. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation for one or the other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate		
8. Place of Birth:			

9. In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.	Social Security Number		

10. For the purposes of identification, please provide the following:				
Sex	Height	Weight	Hair	Eyes

11. List and describe all tattoos: (Indicate where they are located)

12. List all names, aliases, nicknames you have used or have been known by (include maiden name).			
Last	First	Middle	Year(s) used

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Personal History Statement

Education

_____ Print your name

13. Please indicate your level of education completed. Check all boxes that apply.

- I possess a high school diploma from a U.S. institution.
- I possess a two (2) year college degree from an accredited U.S. college
- I possess a four (4) year degree from an accredited U.S. college or university.
- I passed the G.E.D. test meeting the required scores.
- I passed the California High School Proficiency Examination.

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

14. Name and address of U.S. high school graduated or last attended	From (Date)	To (Date)	15. Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Have you ever attended college? Yes No *If yes, list all colleges and universities attended including post graduate work.*

Name of college or university	City and State	Major	Date first Attended (mo & yr)	Date last Attended (mo & yr)	Total units actually earned	What type degree earned

17. Have you ever attended a trade, vocational or business school? Yes No *If yes, please provide the following information.*

Name of school (include city & state)	Type of school or training	Dates attended	Did you finish the course?

18. Have you ever been placed on academic probation or suspended, expelled from any high school, college, university or trade school? Yes No *If yes, explain on page 28.*

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Personal History Statement

Experience and Employment

_____ Print your name

19. Beginning with your most current employment please list **every** job, including military service, you have held in the last twenty (20) years. All time periods must be accounted for. Jobs include self-employed, part-time jobs, temporary work, voluntary work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. zip codes are required. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Dates of employment From To Month/Year Month/Year <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary How long employed there?	Name of employer and complete address, including zip codes Job Title	Work Number and Area Code Supervisor's Name Supervisor's E-Mail Salary
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	Work or home phone	E-Mail
List another co-worker	Work or home phone	E-Mail

Unemployed from: _____ to: _____

Dates of employment From To Month/Year Month/Year <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary How long employed there?	Name of employer and complete address, including zip codes Job Title	Work Number and Area Code Supervisor's Name Supervisor's E-Mail Salary
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	Work or home phone	E-Mail
List another co-worker	Work or home phone	E-Mail

Unemployed from: _____ to: _____

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Personal History Statement

Experience and Employment

Continued

Print your name _____

Dates of employment From To Month/Year Month/Year <hr/> <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary How long employed there?	Name of employer and complete address, including zip codes <hr/> Job Title	Work Number and Area Code <hr/> Supervisor's Name <hr/> Supervisor's E-Mail <hr/> Salary
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	Work or home phone	E-Mail
List another co-worker	Work or home phone	E-Mail

Unemployed from: _____ to: _____

Dates of employment From To Month/Year Month/Year <hr/> <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary How long employed there?	Name of employer and complete address, including zip codes <hr/> Job Title	Work Number and Area Code <hr/> Supervisor's Name <hr/> Supervisor's E-Mail <hr/> Salary
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	Work or home phone	E-Mail
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Unemployed from: _____ to: _____

Dates of employment From To Month/Year Month/Year <hr/> <input type="checkbox"/> Full-time <input type="checkbox"/> Present <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary How long employed there?	Name of employer and complete address, including zip codes <hr/> Job Title	Work Number and Area Code <hr/> Supervisor's Name <hr/> Supervisor's E-Mail <hr/> Salary
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	Work or home phone	E-Mail
List another co-worker	Work or home phone	E-Mail

Unemployed from: _____ to: _____

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Personal History Statement

Experience and Employment

_____ Print your name

20. Your current employer will be contacted during the background investigation. Would any problem result if your present employer was contacted in the beginning stages of the background? Yes No *If yes, explain.*

21. Have you ever held employment under another name? Yes No *If yes, list the name used, the employer and dates of employment.*

Name used	Employer	Dates
Name used	Employer	Dates
Name used	Employer	Dates
Name used	Employer	Dates

22. Have you ever been terminated (fired) from a job or position? Yes No *If yes, starting with most recent, list the following information, giving full details. If more space is needed, please explain on page 28.*

Date	Employer
Details	
Date	Employer
Details	

23. Have you ever had any extended work absences for any reason other than medical reasons or earned vacations? Yes No (Leave of Absence, Suspensions, Layoffs) *If yes, list the dates, name of employer and details.*

Date	Employer
Details	

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Personal History Statement

Experience and Employment

Continued

_____ Print your name

24. Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws?
 Yes No *If yes, please provide the following information.*

Date	Employer
Details and results of Investigation	

25. Have you ever been suspended by an employer or received a formal written reprimand? Yes No *If yes, please explain.*

Date	Employer	Circumstances
Details		

26. Have you ever held a full-time or part-time position with peace officer powers? (prior police experience includes police officer, police reserves, military police) Yes No *If yes, list the dates, employer/agency, rank and duties. Start with the most recent.*

Dates	Employer / Agency	Rank
Duties / Assignments		
Dates	Employer / Agency	Rank
Duties / Assignments		

27. Have you ever attended a police academy or a law enforcement training center? Yes No *If yes, please provide the following information*

Name and address of training site	Date Started	Date Ended
Was the training <input type="checkbox"/> Full time or <input type="checkbox"/> Part time? List the total number of hours of the training course.		
Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain below.</i>		

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Personal History Statement

Experience and Employment

Continued

Print your name _____

28. Have you ever been a Police Cadet or Explorer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the following information.</i>		
Agency	Date Started	Date Ended

Prior Applications

29. Have you ever applied to the San Diego Police Department before? (for any position) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the date, the position and results. Check all boxes that apply. Do not include this current application.</i>	
Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other:	
Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other:	

Applications With Other Agencies

30. Have you ever applied for any other law enforcement agency? (City, County, State or Federal Agencies) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list every agency you have applied with. Start with most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of outcome or current status. Check all boxes that apply for each agency.</i>	
Name of agency and complete address including zip code	Date applied
	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Background pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application	
What was your background investigator's name and phone number?	Phone
Name of agency and complete address including zip code	Date applied
	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Background pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application	
What was your background investigator's name and phone number?	Phone

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Personal History Statement

Applications With Other Agencies Continued

_____ Print your name

Name of agency and complete address including zip code	Date applied
	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Background pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application	
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Name of agency and complete address including zip code	Date applied
	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Background pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application	
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Name of agency and complete address including zip code	Date applied
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What was your background investigator's name and phone number?	Phone

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Personal History Statement

Military Service

_____ Print your name

31. Did you comply with the draft registration law? Yes No Selective Service Number _____

32. Have you ever served in any of the Armed Forces, National Guard or military reserves? Yes No

33. If yes, what is your current status with the military? Active Reserves Inactive Discharged

Branch of service	Unit / Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation code	Re-enlistment Code	If active or current reserve, list your Commanding Officer's name	

34. Were you ever investigated for any criminal activity while in the military or military reserves? Yes No *If yes, please explain.*

35. Have you ever been reduced in pay grade or been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No *If yes, please explain.*

Approximate Date	Violation	Penalty

36. Did you receive an honorable discharge? Yes No *If you received a discharge other than honorable, please explain.*

37. Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

Month and Year	Location	Duties / Purpose (approximate length of your tour)

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Personal History Statement

Legal

_____ Print your name

38. Have you ever been convicted of a Felony? Yes No
 39. Have you ever been convicted of a Misdemeanor? Yes No
 40. Have you ever been charged with a Felony, in which the charges were reduced to a Misdemeanor? Yes No
If yes to any question above, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

41. Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? (not listed above) Yes No
Includes charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Results

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

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Personal History Statement

Legal Continued

_____ Print your name

42. Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned or fingerprinted by any law enforcement agency or military authority? Yes No
If yes, provide the following information.

Date	Charges or reason for investigation	Penalty

Explain circumstances

Date	Charges or reason for investigation	Penalty

Explain circumstances

43. Have you ever received a misdemeanor citation in lieu of going to jail? Yes No
If yes, explain on page 28, giving details, dates and name of the law enforcement agency issuing the citation.

44. Have you ever been placed on court probation? Yes No 45. Are you currently on probation? Yes No
If yes to either question, explain below, giving all details, dates and reason. If you were on probation more than once, please indicate below.

Date: _____
 Details

46. Have you ever violated probation? Yes No *If yes, please explain.*

47. Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?
 Yes No *If yes, please explain on page 28.*

48. Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No *If yes, please explain.*

Date: _____
 Details

49. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?
 Yes No *If yes, explain giving details, dates and location.*

Date: _____
 Details

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Personal History Statement

Legal Continued

_____ Print your name

50. Have you ever applied for a permit to carry a concealed weapon? Yes No *If yes, provide the following information.*

Date applied	Was permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon?
Name of agency where applied (City, County & State)		
For what purpose?		

51. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No
 Ever had a judgment rendered against your? Yes No *If yes to either question, provide the following information.*

Date	Location of Court	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details		

Date	Location of Court	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details		

52. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocated or advocates, the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our present form of government? Yes No

53. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons, which advocated or advocates acts of force or violence to deny other persons their rights under the constitution of the United States by unconstitutional means? Yes No

54. Are you now associating with or have you ever associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the type of organizations identified above? Yes No
If yes to any of the above three questions, please explain.

Details

55. Have you ever participated in an unlawful demonstration? Yes No *If yes, please explain.*

Details

56. Are you now or have you ever been associated with any organization, movement or group who engages in civil disobedience? Yes No *If yes, please explain.*

Details

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Personal History Statement

Legal Continued

_____ Print your name

57. Have you ever used, attempted to use, thought you were using, smoked, inhaled or experimented in any fashion with Marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information. Be as specific as possible.</i>		
Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used?	What was your approximate age when you last used?	Estimated use during your lifetime

58. Have you ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, smelled, attempted to use or experimented with any form of illegal drug, narcotic or substance such as, but not limited to, "crack cocaine", speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, Hashish, Opiates, barbiturates, amphetamines, hallucinogenic, steroids, designer drugs, peyote, morphine or any other illegal substance other than those drugs prescribed by your physician? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list all drugs and or narcotics used. Be as specific as possible.</i>			
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two (2) years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime

59. Have you ever sold or supplied any form of illegal drug, narcotic or substance including marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever manufactured any form of drug, narcotic or substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you ever cultivated, grown or attempted to grow marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Have you ever injected any form of illegal drug, narcotic or substance, including steroids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever remained at a private gathering or party where illegal drugs or narcotics were being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever allowed someone to use illegal drugs/narcotics including marijuana at your residence or in your vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. When was the last time you were at a private gathering where illegal drugs were being used? Month: Year:		
Type of location: _____		

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Personal History Statement

Traffic History / Motor Vehicle Operation

_____ Print your name

66. California driver's license number	Class or type	Expiration date
67. Name under which license was granted	Other names used (married names)	

68. List other states where you are or have been licensed to operate a motor vehicle.			
State	State	State	State
Name under license issued	Name under license issued	Name under license issued	Name under license issued
Number	Number	Number	Number

69. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i>

70. Have you ever applied for or obtained a driver's license or state identification card under a fictitious name or date of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i>

71. Has your driver's license ever been suspended, revoked or placed on negligent operator's probation by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i>

72. Have you ever failed to appear in court on a traffic citation or parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i>			
Approx. Date	Traffic Violation	City / County / State	Reason you failed to appear

73. Have you ever had a warrant issued for you regarding a traffic citation or parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i>			
Approx. Date	Traffic Violation	City / County / State	Penalty

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Personal History Statement

Traffic History / Motor Vehicle Operation

Continued

Print your name _____

74. Have you ever received a traffic citation? Yes No *If yes, list all traffic citations for the last ten (10) years. Start with the most recent citation.*

Month / Year	Traffic Violation	City & State	What action resulted? Dismissed, Fine, Traffic School

75. List all vehicles that you own and/or that are registered to you. (Include vehicles you use frequently or have access to)

Year	Make / Model	Color	License Number & State	Is the vehicle currently registered?

76. As a driver, have you ever been involved in a motor vehicle accident? Yes No *If yes, provide the following information.*

Date	City and State	Were you at fault?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a police report taken?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Did the accident cause injury to another person?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Were you cited or arrested?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a Hit & Run?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	City and State	Were you at fault?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a police report taken?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Did the accident cause injury to another person?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Were you cited or arrested?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a Hit & Run?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	City and State	Were you at fault?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a police report taken?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Did the accident cause injury to another person?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Were you cited or arrested?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a Hit & Run?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

77. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself? Yes No (Hit & Run) *If yes, please explain.*

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

Traffic History / Motor Vehicle Operation

Continued

_____ Print your name

78. California Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company.

Company	Telephone Number	Policy Number	Expiration Date

79. Have you ever been refused auto insurance for any reason? Yes No *If yes, please explain on page 28.*

Marital Status

Single Married Widowed Separated Annulled Divorced

Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth	Age
Date of Marriage		Place of Marriage (City, County & State)		
Spouse's Employer		Occupation or Position	How Long Employed	
Current Address of Spouse if not living with you		Home Phone (area code)	Work Phone (area code)	E-Mail

80. If divorced, widowed or had an annulment, provide the following information.

Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth	Age
Date of Marriage		Place of Marriage (City, County & State)		
Former Spouse's Employer		Occupation or Position	How Long Employed	
Current Address of Former Spouse or last known address		Home Phone (area code)	Work Phone (area code)	E-Mail
Date filed for Divorce	City, County, State of Divorce		Is Divorce Final?	
Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth	Age
Date of Marriage		Place of Marriage (City, County & State)		
Former Spouse's Employer		Occupation or Position	How Long Employed	
Current Address of Former Spouse or last known address		Home Phone (area code)	Work Phone (area code)	E-Mail
Date filed for Divorce	City, County, State of Divorce		Is Divorce Final?	

80. A. Have you ever been required to pay child support? Yes No

B. Have you ever been delinquent in child support payments? Yes No

C. What is the amount of child support paid monthly? \$

If yes to question 80B, please explain:

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

Financial

_____ Print your name

81. The management of personal finances is relevant to an individual's qualifications for a position in law enforcement. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
Monthly Salary	\$		Real Estate (mortgage) Payments	\$	
Spouse's Salary			Rent		
Other Income			Credit Cards (charge accounts)		
Other Income			Utilities and Other Monthly Payments		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	
Current Assets			Current Liabilities		
Savings	\$		Real estate Indebtedness	\$	
Checking			Long Term Loans		
Real Estate			Credit Cards (Total amount of charge accounts)		
Stocks & Bonds			Other liabilities		
Life Insurance (Cash value of Whole Life policy)			Other Liabilities		
Autos			Other Liabilities		
Other Assets			Other Liabilities		
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	

82. Please list all banks or savings institutions where you have current accounts.

Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? Yrs: Mos:
Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? Yrs: Mos:

83. Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities.

Name of Creditor, Bank, Firm or Lender	Reason for Debt	Monthly Payment	Current Balance	List the number of times you have been late 30 days or more
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

Financial Continued

Print your name

84. Have you ever filed for or declared bankruptcy? Yes No *If yes, please explain below.*

Date

Reasons

85. Have you ever been delinquent on income or other tax payments? Yes No *If yes, was it more than once?* Yes No

Date

Reasons

86. Have you ever had your wages attached or garnisheed? Yes No

Date

Reasons

87. Have you ever had any of your bills, accounts or loans turned over to a collection agency? Yes No *If yes, list all accounts.*

Date

Account / current status

Date

Account / current status

Date

Account / current status

Date

Account / current status

88. Have you ever had any purchased goods, vehicles, property or any items repossessed? (This includes voluntary repossession)
 Yes No

Date

Reasons

89. Have you ever been refused credit? Yes No *If yes, please explain below.*

Date

Reasons

90. Are you currently an owner, partner or investor in any business enterprise that requires the attainment of a Federal, State, County or City permit or license to operate? Yes No

Name and Type of Business and Address

91. If employed by this agency, do you anticipate any other income other than your city salary or spouse's salary?

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

Residence

Print your name _____

92. List all of your residences during the last twenty (20) years. List no information prior to your 15th birthday. Begin with your most current residence.

Current Address		City & State		Since (month & year)	
Names of other occupants?		If rented, give complete address & phone of person who collects the rent			
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					
Address		City & State		From (month & year)	To (month & year)
Names of other occupants?		If rented, give name and complete address & phone of person who collected the rent			
Reason for moving					

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

Relatives, References, Acquaintances

Print your name _____

93. During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for the position you have applied for. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name.

Name of your:		Residence Address (include Zip Code)		Telephone (include Area Code)	
Spouse				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Father				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Mother				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Stepfather				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Stepmother				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Father-in-law				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Mother-in-law				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Brother				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Brother				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Brother				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Sister				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Sister				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Sister				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Stepbrother				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>
Stepsister				Home	
Occupation	Age	E-Mail		Work	<input type="checkbox"/>

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

Relatives, References, Acquaintances Continued

Print your name _____

During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for the position you have applied for. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name.

Name of your:		Residence Address (include Zip Code)		Telephone (include Area Code)	
Uncle				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Aunt				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Former Spouse				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Former Spouse				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	

94. Please list those individuals with whom you have resided during the last ten (10) years, i.e., roommates, friends, etc. Exclude your spouse, children, or parents. Start with most recent. Provide us with their most current address. If current address is unknown, indicate unknown. Do not include Military personnel if lived on a military base.

Name and Occupation		Address (include Zip Code)		Telephone (include Area Code)	
Name				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Name				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Name				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Name				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	
Name				Home	<input type="checkbox"/>
Occupation	Age	E-Mail		Work	

Children

95. Please list all your children, including step-children and adopted children.

Full Name	Age	Date of Birth	Current Address

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

References, Co-Workers

_____ Print your name

During the course of the background investigation, your references and co-workers will be asked to comment upon your suitability for the position you have applied for. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name.

96. Please list as references five (5) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples can be personal friends, fiancé, boyfriend, girlfriend, friends of the family, roommates, teachers, neighbors, classmates, co-workers, past supervisors, and military superiors or military acquaintances. DO NOT include relatives or family members.

Name / Occupation / Relationship	Address (include Zip Code)	Telephone (Include Area Code)	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation		Work	
Relationship	Age	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation		Work	
Relationship	Age	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation		Work	
Relationship	Age	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation		Work	
Relationship	Age	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation		Work	
Relationship	Age	How long known	

97. List five (5) current or past co-workers and/or supervisors not listed elsewhere in this paperwork. Addresses may be their residence or their place of employment.

Name and Employer	Address (Include Zip Code)	Telephone (Include Area code)	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Employer		E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	
Employer		E-Mail	Work
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Employer		E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	
Employer		E-Mail	Work
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Employer		E-Mail	

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

References, Co-Workers

Continued

Print your name _____

98. Please list any individuals who are members of law enforcement agencies that you are "acquainted" with and who have knowledge of you and your qualifications. Addresses may be their residence or their place of employment. Addresses must be complete with zip codes. Telephone numbers must have area codes. *If already listed on previous pages, do not list again.*

Name and Employer	Address (Include Zip Code)	Telephone (Include Area code)	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	Home	<input type="checkbox"/>
Occupation	E-Mail	Work	

99. List any additional experience or qualifications you have which may be beneficial (if more space is needed, continue on page 28).

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

General Information

Print your name _____

100. In your own PRINTING, please print an autobiography and state your reasons for wanting the position you have applied for in the City of San Diego. Do not go beyond this page.

A large rectangular area with a solid black border, containing numerous horizontal dashed lines for writing an autobiography.

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

General Information

Print your name _____

Use this page as an addendum or supplemental to any question you responded to.
If responding to a question, please indicate the question number.

Continue on next page (page 29)

IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION. ALL PHONE NUMBERS AND ADDRESSES MUST BE COMPLETE AND ACCURATE. IF THE QUESTION IS NOT APPLICABLE, PLEASE SPECIFY WITH N/A

Personal History Statement

General Information

_____ Print your name

Use this space for any additional information

I understand that any conditional job offer or appointment tendered me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and/or background investigation I am required to report to the San Diego Police Department Background Investigations Unit any changes in my personal history covered in this Personal History Statement within five (5) business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Statement, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Statement are true and complete and I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification and for my name to be removed from the eligible list or will be cause for immediate dismissal if an appointment was made.

FULL SIGNATURE

DATE

OFFICE USE ONLY

PHS reviewed with applicant by Background Investigator _____

Date _____