

SAN DIEGO POLICE DEPARTMENT
Personal History Statement – Civilian

CONFIDENTIAL

Personal

Position applied for: _____

The following information is requested of you for verification and contact purposes: (USE BLUE OR BLACK INK OR TYPE)

1. Please print or type your full legal name

Last	First	Middle
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Other names (including nicknames) you have used or been known by including maiden name

2. Residence

Number	Street	City	State	Zip Code
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3. Please list your residence phone and an alternate number for messages

() _____ Residence	() _____ <input type="checkbox"/> Other <input type="checkbox"/> Work	E-Mail
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Please list mailing address if different from residence address

Number	Street	City	State	Zip Code
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4. Birthdate

Month	Day	Year	Have you ever applied to the San Diego Police Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Social Security Number

_____	_____	_____	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)
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6. List and describe all tattoos: (indicate where they are located)

Education

7. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		Major	Units Earned	Degree Earned
		From	To			

8. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level.) Yes No

If "yes" please explain (include school, date, and circumstances): _____

This information is available in alternative formats upon request.

Personal History Statement – Civilian

Experience and Employment

Type or print your name _____

13. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 7 years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided. Include military service as employment.

Dates of employment	Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail
<input type="checkbox"/> Present	HR E-Mail		Telephone No.	Name & e-mail of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name
<input type="checkbox"/> Part-time				E-Mail
<input type="checkbox"/> Voluntary				Name
				E-Mail
Reason for leaving (be specific)				

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail	
<input type="checkbox"/> Present	HR E-Mail		Telephone No.	Name & e-mail of co-worker(s)	
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name	
<input type="checkbox"/> Part-time				E-Mail	
<input type="checkbox"/> Voluntary				Name	
				E-Mail	
Reason for leaving (be specific)					

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail	
<input type="checkbox"/> Present	HR E-Mail		Telephone No.	Name & e-mail of co-worker(s)	
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name	
<input type="checkbox"/> Part-time				E-Mail	
<input type="checkbox"/> Voluntary				Name	
				E-Mail	
Reason for leaving (be specific)					

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
Dates of employment		Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail	
<input type="checkbox"/> Present	HR E-Mail		Telephone No.	Name & e-mail of co-worker(s)	
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name	
<input type="checkbox"/> Part-time				E-Mail	
<input type="checkbox"/> Voluntary				Name	
				E-Mail	
Reason for leaving (be specific)					

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
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Personal History Statement – Civilian

Relatives

Print your name _____

12. During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for the position. 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	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Father		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Mother		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Stepfather		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Stepmother		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Father-in-law		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Mother-in-law		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Brother		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Brother		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Brother		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Sister		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Sister		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Sister		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Sister		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Stepbrother		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			
Stepsister		Home	<input type="checkbox"/>
Occupation	Age	E-Mail	
Work			

Personal History Statement – Civilian

Experience and Employment Continued

Type or print your name _____

Dates of employment	Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail
<input type="checkbox"/> Present	HR E-Mail	Telephone No.		Name & e-mail of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name
<input type="checkbox"/> Part-time				E-Mail
<input type="checkbox"/> Voluntary				Name
				E-Mail
Reason for leaving (be specific)				
<input type="checkbox"/> Not employed				
From Mo. / Yr. To Mo. / Yr.				
Dates of employment	Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail
<input type="checkbox"/> Present	HR E-Mail	Telephone No.		Name & e-mail of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name
<input type="checkbox"/> Part-time				E-Mail
<input type="checkbox"/> Voluntary				Name
				E-Mail
Reason for leaving (be specific)				
<input type="checkbox"/> Not employed				
From Mo. / Yr. To Mo. / Yr.				
Dates of employment	Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail
<input type="checkbox"/> Present	HR E-Mail	Telephone No.		Name & e-mail of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name
<input type="checkbox"/> Part-time				E-Mail
<input type="checkbox"/> Voluntary				Name
				E-Mail
Reason for leaving (be specific)				
<input type="checkbox"/> Not employed				
From Mo. / Yr. To Mo. / Yr.				
Dates of employment	Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail
<input type="checkbox"/> Present	HR E-Mail	Telephone No.		Name & e-mail of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name
<input type="checkbox"/> Part-time				E-Mail
<input type="checkbox"/> Voluntary				Name
				E-Mail
Reason for leaving (be specific)				
<input type="checkbox"/> Not employed				
From Mo. / Yr. To Mo. / Yr.				
Dates of employment	Name and complete address of employer, include zip code		Name of supervisor	
From Mo. / Yr.	To Mo. / Yr.	DNS	LS	E-Mail
<input type="checkbox"/> Present	HR E-Mail	Telephone No.		Name & e-mail of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)		Salary	Name
<input type="checkbox"/> Part-time				E-Mail
<input type="checkbox"/> Voluntary				Name
				E-Mail
Reason for leaving (be specific)				
<input type="checkbox"/> Not employed				
From Mo. / Yr. To Mo. / Yr.				

Personal History Statement – Civilian

Experience and Employment

Continued

Type or print your name _____

14. Have you ever held employment under another name? Yes No
 If "yes," please explain (include when, where, circumstances) (include maiden name).

Name Used	Employer
Name Used	Employer

15. Have you ever been fired or asked to resign from any place of employment? Yes No
 If "yes," please give details (include when, where, circumstances). If more room is needed, explain on page 16.

Date	Employer

Date	Employer

16. Have you ever been suspended by an employer? Yes No
 If "yes," please give details (include when, where, circumstances). If more room is needed, explain on page 17.

Date	Employer

17. 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	

18. Have you ever received a formal written reprimand from an employer? Yes No *If yes, please explain.*

Date	Employer	Circumstances

Personal History Statement – Civilian

Legal

_____ Type or print your name

26. Have you ever been convicted of a Felony? Yes No
 27. Have you ever been convicted of a Misdemeanor? Yes No
 28. 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

29. 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	Results

Explain circumstances

Personal History Statement – Civilian

Type or print your name _____

Legal

 Continued

30. 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	Police Agency

Explain circumstances

Date	Charges or reason for investigation	Police Agency

Explain circumstances

31. 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.

32. Have you ever been placed on court probation? Yes No 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

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

34. 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 16.*

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

Date	Details

36. 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

Personal History Statement – Civilian

_____ Type or print your name

Legal

Continued

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

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

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

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

39. 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

40. 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

41. 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.

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

43. 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.*

Personal History Statement – Civilian

Type or print your name _____

Traffic History / Motor Vehicle Operation

OPERATION OF A MOTOR VEHICLE MAY BE AN INTEGRAL PART OF THE POSITION. AN INVESTIGATION OF YOUR DRIVING HISTORY WILL BE MADE.

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

46. 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

47. 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>

48. 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>

49. 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>

50. 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

51. 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

Personal History Statement – Civilian

Type or print your name _____

Traffic History / Motor Vehicle Operation Continued

52. Have you ever received a traffic citation? Yes No *If yes, list all traffic citations for the last 7 years. Start with most recent citation.*

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

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

Year	Make / Model	Color	License Number & State	Is the vehicle currently registered?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

54. 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 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
Police agency that took the report		
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 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
Police agency that took the report		
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 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
Police agency that took the report		

55. 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.*

Personal History Statement – Civilian

Type or print your name _____

Prior Applications

56. Have you ever applied to the San Diego Police Department before? (for any position) Yes No *If yes, please provide the date, the position and results. Check all boxes that apply. Do not include this current application.*

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

57. Have you ever applied for any other law enforcement agency? (City, County, State or Federal Agencies) Yes No *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.*

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

58. 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		

Personal History Statement – Civilian

Type or print your name _____

Financial

62. The management of personal finances is relevant to an individual's qualifications for a position within the Police Department. 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	

63. 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.:

64. 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
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Personal History Statement – Civilian

_____ Type or print your name

Financial

 Continued

65. Have you ever filed for or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain reasons below.</i>	
<small>Date</small>	<small>Reasons</small>
66. Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, was it more than once?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Date</small>	<small>Reasons (give the year[s] involved and the current status)</small>
67. Have you ever had your wages attached or garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Date</small>	<small>Reasons</small>
68. Have you ever had any of your bills, accounts or loans turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list all accounts.</i>	
<small>Date</small>	<small>Account / current status</small>
69. Have you ever had any purchased goods, vehicles, property or any items repossessed? (This includes voluntary repossession) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Date</small>	<small>Reasons</small>
70. Have you ever been refused credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Date</small>	<small>Reasons</small>
71. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Name and Type of Business & Address</small>	
72. If employed by this agency, do you anticipate any other income other than your city salary or spouse's salary? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, what?</i>	

Personal History Statement – Civilian

Type or print your name _____

Residence

73. List all of your residences during the last 20 years. List no information prior to your 15th birthday. Begin with your most current residence.			
Current Address		City & State	
		Since (month & year)	
With whom do you live (names)		If rented, provide address and phone of person collecting rent	
		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	
With whom did you live (names)		If rented, provide name and complete address and phone of person who collected rent	
Reason for moving		E-Mail	
		Phone	
Address		City & State	
		From (month & year)	
		To (month & year)	

