

**SAN DIEGO POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT – CADET  
CONFIDENTIAL**

Today's Date:	Position:  <b>Cadet</b>
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**PERSONAL**

1. Please PRINT clearly or type your full legal name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Age</i>
2. List your current address where you actually reside. (Not a mailing address)			
Current Home Address:	City:	State:	Zip Code:
<b>E-Mail:</b>			
3. Home phone number: (include area codes)	Cell phone number: (include area code)		
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.			Birthday (mo/dd/yyyy)
Social Security Number: _____ - _____ - _____			

**EDUCATION**

4. 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 may be made in conjunction with those contacts.			
Name of School	Address (City & State)	Dates Attended	
		From	To
5. Have you ever been suspended or expelled from any High School, College or Continuing Education School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes" please explain (include school, date, and circumstances):			

**EXPERIENCE and EMPLOYMENT**

Type or print your name: \_\_\_\_\_

**[ ] Not Employed**

5. Beginning with your most current employment, please list all jobs (include part-time, temporary, and voluntary positions) you have held in the last four (4) years.

Name of employer:	Address (City, State & Zip Code)	From Mo./Yr.	To Mo./Yr.
Supervisor:	Email:	Phone number (include area code)	
Job Title:	Full-time: [ ]	Part-time: [ ]	Voluntary: [ ]
Describe your duties:			
Reason for leaving:			
Co-Worker:	Email;	Phone number (include area code)	
Co-Worker:	Email;	Phone number (include area code)	

Beginning with your most current employment, please list all jobs (include part-time, temporary, and voluntary positions) you have held in the last four (4) years.

Name of employer:	Address (City, State & Zip Code)	From Mo./Yr.	To Mo./Yr.
Supervisor:	Email:	Phone number (include area code)	
Job Title:	Full-time: [ ]	Part-time: [ ]	Voluntary: [ ]
Describe your duties:			
Reason for leaving:			
Co-Worker:	Email;	Phone number (include area code)	
Co-Worker:	Email;	Phone number (include area code)	

**EXPERIENCE and EMPLOYMENT (cont.)**

Type or print your name: \_\_\_\_\_

Beginning with your most current employment, please list all jobs (include part-time, temporary, and voluntary positions) you have held in the last four (4) years.					
Name of employer:		Address (City, State & Zip Code)		From Mo./Yr.	To Mo./Yr.
Supervisor:		Email:		Phone number (include area code)	
Job Title:		Full-time: [ ]	Part-time: [ ]	Voluntary: [ ]	
Describe your duties:					
Reason for leaving:					
Co-Worker:		Email;		Phone number (include area code)	
Co-Worker:		Email;		Phone number (include area code)	

Beginning with your most current employment, please list all jobs (include part-time, temporary, and voluntary positions) you have held in the last four (4) years.					
Name of employer:		Address (City, State & Zip Code)		From Mo./Yr.	To Mo./Yr.
Supervisor:		Email:		Phone number (include area code)	
Job Title:		Full-time: [ ]	Part-time: [ ]	Voluntary: [ ]	
Describe your duties:					
Reason for leaving:					
Co-Worker:		Email;		Phone number (include area code)	
Co-Worker:		Email;		Phone number (include area code)	

**EXPERIENCE and EMPLOYMENT (cont.)**

Type or print your name: \_\_\_\_\_

Beginning with your most current employment, please list all jobs (include part-time, temporary, and voluntary positions) you have held in the last four (4) years.				
Name of employer:	Address: (City, State & Zip Code)		From Mo./Yr.	To Mo./Yr.
Supervisor:	Email:		Phone number (include area code)	
Job Title:	Full-time: [ ]	Part-time: [ ]	Voluntary: [ ]	
Describe your duties:				
Reason for leaving:				
Co-Worker:	Email:		Phone number (include area code)	
Co-Worker:	Email;		Phone number (include area code)	

Beginning with your most current employment, please list all jobs (include part-time, temporary, and voluntary positions) you have held in the last four (4) years.				
Name of employer:	Address (City, State & Zip Code)		From Mo./Yr.	To Mo./Yr.
Supervisor:	Email:		Phone number (include area code)	
Job Title:	Full-time: [ ]	Part-time: [ ]	Voluntary: [ ]	
Describe your duties:				
Reason for leaving:				
Co-Worker:	Email;		Phone number (include area code)	
Co-Worker:	Email;		Phone number (include area code)	

**EXPERIENCE and EMPLOYMENT (cont.)**

Type or print your name: \_\_\_\_\_

6. Have you been terminated (fired) from any 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 Pages 15 and 16.*

Date:

Employer:

Details

7. Have you been investigated for improper conduct, illegal activities, sexual harassment, or Equal Employment Violations?  
☐ Yes ☐ No *If yes, please provide the following information*

Date:

Employer:

Details and results of investigation

8. Have you been suspended by an employer or received a formal written reprimand? ☐ Yes ☐ No

Date:

Employer:

Circumstances

**APPLICATIONS WITH OTHER AGENCIES**

Type or print your name: \_\_\_\_\_

9. Have you applied to any other law enforcement agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date applied:	Position:
Name of agency:	
Address (including zip code):	
<input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Failed interview <input type="checkbox"/> Passed interview <input type="checkbox"/> Disqualified <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Unknown status <input type="checkbox"/> Withdrew application <input type="checkbox"/> No response from agency <input type="checkbox"/> Interviewed <input type="checkbox"/> Background Pending Was not selected <input type="checkbox"/> Submitted Personal History Statement	
Background Investigator's Name:	Phone number (include area code):

Have you applied to any other law enforcement agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date applied:	Position:
Name of agency:	
Address (including zip code):	
<input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Failed interview <input type="checkbox"/> Passed interview <input type="checkbox"/> Disqualified <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Unknown status <input type="checkbox"/> Withdrew application <input type="checkbox"/> No response from agency <input type="checkbox"/> Interviewed <input type="checkbox"/> Background Pending Was not selected <input type="checkbox"/> Submitted Personal History Statement	
Background Investigator's Name:	Phone number (include area code):

**LEGAL**

Type or print your name: \_\_\_\_\_

10. Have you been convicted of a Felony? [ ] Yes [ ] No  
11. Have you been convicted of a Misdemeanor? [ ] Yes [ ] No  
12. Have you been charged with a Felony, and the charges were reduced to a Misdemeanor? [ ] Yes [ ] No  
*If yes to either 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


13. Have you been arrested or charged with a criminal act? [ ] 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


**LEGAL**

Type or print your name: \_\_\_\_\_

14. Have you 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


15. Have you received a misdemeanor citation in lieu of going to jail?    ☐ Yes    ☐ No  
*If yes, explain giving details, dates and name of the law enforcement agency issuing the citation.*

Date:

Details:


16. Have you ever been placed on probation?    ☐ Yes    ☐ No    Are you currently on probation?    ☐ Yes    ☐ No  
*If yes to either question above, provide the following information.*

Date:

Details:




**LEGAL**

Type or print your name: \_\_\_\_\_

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

Date applied?

37. Was permit granted? ☐ Yes ☐ No

Weapon?

Name of agency where applied? (City, County &amp; State)

For what purpose?

18. 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

19. 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 ☐ No20. 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:*21. Have you participated in an unlawful demonstration? ☐ Yes ☐ No *If yes please explain*22. Were you associated with any organization, movement or group who engages in civil disobedience? ☐ Yes ☐ No*If yes, please explain.*

**LEGAL**

Type or print your name: \_\_\_\_\_

23. Have you use, taste, sniff, smoke, ingest, inhale, inject, swallow, attempt to use or experiment 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, hallucinogenics, steroids, designer drugs, peyote, or morphine or any other illegal substance other than those drugs prescribed by your physician? ☐ Yes ☐ No *If yes, list all drugs and or narcotics used.. Be as specific as possible.*

Name of substance or drug	Date used	Date last used	Total estimated use?
Name of substance or drug	Date used	Date last used	Total estimated use?
Name of substance or drug	Date used	Date last used	Total estimated use?
Name of substance or drug	Date used	Date last used	Total estimated use?

24. Have you sold or supplied any form of illegal drug, narcotic or substance? ..... ☐ Yes ☐ No

25. Have you manufactured any form of drug, narcotic or substance?..... ☐ Yes ☐ No

26. Have you injected any form of illegal drug, narcotic or substance, including steroids?..... ☐ Yes ☐ No

27. Have you remained at a private gathering or party where illegal drugs or narcotics were being used?..... ☐ Yes ☐ No

28. Have you allowed someone to use illegal drugs/narcotics at your residence or in your vehicle?..... ☐ Yes ☐ No

29. Have you been to a private gathering where illegal drugs were being used? ☐ Yes ☐ No

Type of location?

Type of location?

**TRAFFIC ISTORY**

30. <b>California</b> driver license number	Class or type	Expiration date
31. Name under which license was granted	Other names used (married names)	

32. List other states where you 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

## TRAFFICISTORY

Type or print your name: \_\_\_\_\_

33. Have you been refused a driver's license by any state?    ☐ Yes   ☐ No    *If yes, please explain (Give State, dates and reasons)*

34. Have you applied for or obtained a driver's license or state identification card under a fictitious name?  
☐ Yes   ☐ No    *If yes, please explain (Give State, dates and reasons)*

35. Has your driver's license been suspended, revoked or placed on negligent operators' probation by any state?  
☐ Yes   ☐ No    *If yes, please explain (Give State, dates and reasons)*

36. Have you failed to appear in court on a traffic citation or parking citation in this State or any other State or had an outstanding traffic warrant?    ☐ Yes   ☐ No    *If yes, provide the following information*

Approx date	Traffic violation	City / County / State	Reason you failed to appear

37. As a driver, have you 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
Police agency that took the report		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
Date	City and State	Were you at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		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
Date	City and State	Were you at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		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

**TRAFFIC ISTORY**

Type or print your name: \_\_\_\_\_

38. As a driver, have you been involved in an accident where you left the scene without identifying yourself?

(Hit & Run)    ☐ Yes    ☐ No    If yes, please explain

39. 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

40. Have you been refused auto insurance for any reason?    ☐ Yes    ☐ No**MARITAL STATUS**☐ Single    ☐ Married    ☐ Widowed    ☐ Separated    ☐ Annulled    ☐ Divorced

Full name of Spouse <b>E-Mail:</b>	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)	

41. Have you been divorced or had an annulment?    ☐ Yes    ☐ No    If yes, please provide the following information

Full name of former spouse <b>E-Mail:</b>	Maiden Name	Other names former 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)	
Date filed for Divorced	City, County, State of Divorce		Is Divorce final <input type="checkbox"/> Yes <input type="checkbox"/> No	

## RESIDENCE

Type or print your name: \_\_\_\_\_

42. Since the age of 15years old., list all your residences. Begin with your most current residence.			
Current Address	City & State	Since (month & year)	
With whom do you live (Names)		If rented, give complete address & phone of person who collects the rent.	
Address	City & State	From (month & year)	To (month & year)
With whom did you live (Names)		If rented, give complete address & phone of person who collects the rent.	
Reason for moving?			
Address	City & State	From (month & year)	To (month & year)
With whom did you live (Names)		If rented, give complete address & phone of person who collects the rent.	
Reason for moving?			
Address	City & State	From (month & year)	To (month & year)
With whom did you live (Names)		If rented, give complete address & phone of person who collects the rent.	
Reason for moving?			
Address	City & State	From (month & year)	To (month & year)
With whom did you live (Names)		If rented, give complete address & phone of person who collects the rent.	
Reason for moving?			

## RELATIVES, REFERENCES, ACQUAINTANCES

Type or print your name: \_\_\_\_\_

43. During the course of the background investigation, your family and other relatives will be asked to comment upon on your position as a Police Cadet. 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		Work	
	<b>E-Mail:</b>		
Father		Home	[ ]
Occupation		Work	
	<b>E-Mail: :</b>		
Mother		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		
Father-in-law		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		
Mother-in-law		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		

44. Please list those individuals with whom you have resided since you left the Department, i.e., roommates, friends, etc. Exclude your Spouse and Children. 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		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		
Name		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		
Name		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		
Name		Home	[ ]
Occupation		Work	
	<b>E-Mail:</b>		

## REFEREMCES. CO-WORKERS

Type or print your name: \_\_\_\_\_

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

45. Please list five (5) individuals you have known for at least three (3) years as references and who can verify your whereabouts. Examples can be relatives, personal friends, fiancée, boyfriend, girlfriend, friends of the family, roommates, teachers, neighbors, classmates co-workers, supervisors, military superiors or military acquaintances.

Name	Address		Home Phone	[ ]
Occupation	<b>E-Mail:</b>		Work Phone	
Relationship	Age	How long known		
Name	Address		Home Phone	[ ]
Occupation	<b>E-Mail:</b>		Work Phone	
Relationship	Age	How long known		
Name	Address		Home Phone	[ ]
Occupation	<b>E-Mail:</b>		Work Phone	

### (USE FOR ADDITONAL INFORMATION)


**(USE FOR ADDITIONAL INFORMATION)**


I UNDERSTAND THAT RETURNING TO THE DEPARTMENT WILL BE CONTINGENT UPON THE RESULTS OF A THOROUGH BACKGROUND INVESTIGATION.

PRIOR TO SUBMITTING MY PERSONAL HISTORY STATEMENT, I HAVE 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, FALSIFICATIONS WILL BE CAUSE FOR FURTHER INVESTIGATION BY THE DEPARTMENT AND THAT IT MAY CAUSE DELAY IN RETURNING TO THE DEPARTMENT. ANY FALSIFICATION MAY ALSO LEAD TO TERMINATION OF EMPLOYMENT.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Here

\_\_\_\_\_  
DATE