



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 <input type="text"/>		Position Applied for <input type="checkbox"/> Police Recruit <input type="checkbox"/> POI <input type="checkbox"/> POII <input type="checkbox"/> Dispatch <input type="checkbox"/> Other <input type="checkbox"/>	
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: <input type="text"/>			

Personal

3. Please PRINT clearly or type your full legal name			
Last <input type="text"/>	First <input type="text"/>	Middle <input type="text"/>	Age <input type="text"/>
4. List your current address where you actually reside. (Not a mailing address)			
Number & Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Other	5. How long have you resided there? Years: <input type="text"/> Months: <input type="text"/>		
Name of the County where you reside. <input type="text"/>			
6. List your residence phone and your work number (include area codes)	Residence (area code) <input type="text"/>	Work (area code) <input type="text"/>	E-Mail <input type="text"/>
List a mailing address if unable to obtain mail at your residence			
Mailing Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
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 <input type="text"/>
8. Place of Birth: <input type="text"/>			<input type="text"/>
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 <input type="text"/>
10. For the purposes of identification, please provide the following:			
Sex <input type="text"/>	Height <input type="text"/>	Weight <input type="text"/>	Hair <input type="text"/>
Eyes <input type="text"/>			
11. List and describe all tattoos: (Indicate where they are located)			
<input type="text"/>			
12. List all names, aliases, nicknames you have used or have been known by (include maiden name).			
Last <input type="text"/>	First <input type="text"/>	Middle <input type="text"/>	Year(s) used <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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: _____

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Experience and Employment

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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? ☐ Yes ☐ No *If yes, please provide the following information.*

Agency	Date Started	Date Ended
--------	--------------	------------

Prior Applications

29. 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
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Applications With Other Agencies

30. 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
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Applications With Other Agencies

Continued

Print your name

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Personal History Statement

Military Service

Print your name _____

31. Did you comply with the draft registration law? <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Service Number	
32. Have you ever served in any of the Armed Forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
33. If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>			
Approximate Date	Violation	Penalty	
36. Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you received a discharge other than honorable, please explain.</i>			

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

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

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?

☐ Yes ☐ 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

☐ Plaintiff ☐ Defendant

Details

Date

Location of Court

☐ Plaintiff ☐ 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

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

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? ☐ Yes ☐ No *If yes, provide the following information. Be as specific as possible.*

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? ☐ Yes ☐ No *If yes, list all drugs and or narcotics used. Be as specific as possible.*

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	
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? ☐ Yes ☐ No

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

61. Have you ever cultivated, grown or attempted to grow marijuana? ☐ Yes ☐ No

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

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

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

65. When was the last time you were at a private gathering where illegal drugs were being used? Month: _____ Year: _____
Type of location: _____

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

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

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

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.*

[illegible]

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 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		

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.*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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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 renting, 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					

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	<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	
Stepbrother			Home	<input type="checkbox"/>
Occupation	Age	E-Mail	Work	
Stepsister			Home	<input type="checkbox"/>
Occupation	Age	E-Mail	Work	

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	E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Occupation			Work	
Relationship	Age	How long known	E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Occupation			Work	
Relationship	Age	How long known	E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Occupation			Work	
Relationship	Age	How long known	E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Occupation			Work	
Relationship	Age	How long known	E-Mail	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Occupation			Work	
Relationship	Age	How long known	E-Mail	

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		Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Employer	E-Mail		Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Employer	E-Mail		Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Employer	E-Mail		Work	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work		Home	<input type="checkbox"/>
Employer	E-Mail		Work	

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 you 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.

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 _____