

**INSTRUCTION SHEET  
FOR  
SAN DIEGO POLICE CADET APPLICANTS**

*Welcome to this stage of the background process. It is very important that you comply with the following instructions. Failing to follow these instructions will be grounds for disqualification, rejection of your packet or termination of employment if hired by this department.*

**This document must be signed by you verifying that you have read these instructions and you understand them. All documents are due back to San Diego Police Department Headquarters within 15 days of the Cadet Recruiting meeting.**

**Once your packet is completed, place all documents in the envelope provided, address the envelope to “Officer Iversen – Volunteer Services.” Bring the packet to Police Headquarters, 1401 Broadway, Monday-Thursday between 8:00 am and 4:00 pm. Once at headquarters, call the Backgrounds Unit at 619-531-2148. Inform the call taker you are there to turn in your background packet for the Cadet Program. A Backgrounds Detective will meet with you, collect your packet, and obtain your fingerprints as part of the background check. Give yourself enough time as this process can take up to 30 minutes. Failure to comply may result in your disqualification from the process.**

**I. BACKGROUND PACKET**

YOUR BACKGROUND PACKET MUST CONTAIN THE FOLLOWING:

- a) San Diego Police Department Personal History Statement (16 pages) Complete **ALL** pages. If a section does not apply to you, write N/A. Do **NOT** leave it blank.
- b) One Authorization Release and Waiver Form
- c) PHS Instruction Sheet with signatures (this form)
- d) Applicant control sheet

**II. PERSONAL HISTORY STATEMENT**

- a) The completion of the Personal History Statement (PHS) is required. **ALL INFORMATION MUST BE LEGIBLE** and either TYPED or PRINTED in BLACK ink. The PHS is available online, <https://www.sandiego.gov/police/recruiting/opportunities/cadet/>
- b) This Personal History Statement and the contents of this background packet becomes the sole property of the San Diego Police Department once submitted. In no event will any portion of the packet be returned. The information in this document is considered confidential and will be treated as such. The background file is also confidential and will not be released.

- c) All statements made by you are subject to verification. All questions must be answered completely, accurately, and truthfully. Read each question carefully. If a question or item does not pertain to you, please print “N/A”. It is to your advantage to respond openly and honestly. Integrity is extremely important when evaluating a candidate. Any negative factor on your Personal History Statement or background will be evaluated. For example, if you were fired from a job or have been arrested, you might not be disqualified. A background investigator will look at the issues. On the other hand, inaccuracies, discrepancies, unanswered questions, intentional omissions, falsifications will be grounds for rejection, disqualification and/or termination of employment regardless of the issues.
- d) All time periods in your background must be accounted for.
- e) In reference to your name, use your true legal name. Include your middle name. If you have no middle name print “NMN”. If you use other names or have been known by other names, including nicknames please be sure to include those names in the space provided.
- f) Under residence, you must list the address where you physically reside. Not a mailing address.
- g) Under the sections for “Relatives, References and Acquaintances,” BE SURE TO LIST COMPLETE AND CORRECT EMAIL AND ADDRESSES INCLUDING “ZIP CODES”.
- h) Under “Employment Section” **you must** list all employment you have held since 16-years old, regardless of the occupation or length of time you worked for that employer. This includes part time jobs, summer jobs, volunteer jobs or internships. **ADDRESSES MUST BE COMPLETE AND ACCURATE. “ZIP CODES MUST BE INCLUDED.”** You must verify all addresses and phone numbers prior to turning in your packet. If a past employer has moved, use their new address. If they are no longer in business, use their old address with a notation “No longer in Business”. You will notice two boxes indicating “DNS” and “LS” in the spaces where addresses go. Please leave these boxes blank.
- i) On page 13, under “Residence” **you must** list all the places you have lived since the age of 15 years old.
- j) On page 7, under “Legal,” items 10-13, regarding arrest information, applicants applying for a criminal justice agency **MUST list all arrests**, regardless if convicted or not. This includes where the charges were dropped, or you didn’t appear in court. The only exception to this requirement is if your records were sealed in accordance to 851.7 or 851.8 of the California Penal Code. *Do not assume your records were sealed.* A fingerprint check will be made with the FBI and Department of Justice as well a computer check with other agencies. A complete, nationwide criminal history check will be made.

### **III. ADDITIONAL FORMS**

- a) The authorization form (waiver) must have your original signature. A parent **MUST** also sign if you are under 18-years old (parents/guardians can hand sign on the bottom of the page).
- b) Applicant Control Sheet (Please provide all applicable information. If a section does not apply to you, please write N/A in the box.)

**IV. REQUIRED DOCUMENTS** (photocopy of front and backside)

- a) California Drivers license (if applicable)
- b) If you do not have a California driver's license, some form of valid ID, will be required.

I understand that a comprehensive background investigation will be conducted, and that family members, relatives, employers, co-workers, personal references, and others will be contacted. I understand that I will not receive and am not entitled to know the contents of any confidential reports or any other forms considered confidential and that I further understand that these reports, questionnaires, including the background investigator's notes and reports are privileged.

*I have read and understand the instructions provided. (Return this document with your packet.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (if applicable)

\_\_\_\_\_  
Date

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

|               |   |
|---------------|---|
| Today's Date: | Position:<br><p style="text-align: center; margin: 0;"><b>Cadet</b></p> |
|---------------|---|

**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<br>(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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>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.</i> |           |
| Date:  | Employer: |
| Details  |           |
|  |           |
|  |           |

|  |           |
|--|-----------|
| 7. Have you been investigated for improper conduct, illegal activities, sexual harassment, or Equal Employment Violations?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the following information</i> |           |
| Date:  | Employer: |
| Details and results of investigation   |           |
|  |           |
|  |           |

|  |           |
|--|-----------|
| 8. Have you been suspended by an employer or received a formal written reprimand? <input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Failed interview <input type="checkbox"/> Passed interview <input type="checkbox"/> Disqualified<br><input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Unknown status <input type="checkbox"/> Withdrew application<br><input type="checkbox"/> No response from agency <input type="checkbox"/> Interviewed<br><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<br><input type="checkbox"/> Failed interview <input type="checkbox"/> Passed interview <input type="checkbox"/> Disqualified<br><input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Unknown status <input type="checkbox"/> Withdrew application<br><input type="checkbox"/> No response from agency <input type="checkbox"/> Interviewed<br><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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i> |                                     |               |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, explain giving details, dates and name of the law enforcement agency issuing the citation.</i> |
| Date:  |
| Details:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
|--|
| 16. Have you ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes to either question above, provide the following information.</i> |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Weapon? |
|---------------|--|---------|

Name of agency where applied? (City, County & 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  No

20. 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                    |

**TRAFFIC HISTORY**

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? [ ] Yes [ ] No                               |
| Police agency that took the report |                | Was there a police report taken? [ ] Yes [ ] No                 |
|                                    |                | Did the accident cause injury to another person? [ ] Yes [ ] No |
|                                    |                | Were you cited or arrested? [ ] Yes [ ] No                      |
|                                    |                | Was the accident a hit & run? [ ] Yes [ ] No                    |
| Date                               | City and State | Were you at fault? [ ] Yes [ ] No                               |
| Police agency that took the report |                | Was there a police report taken? [ ] Yes [ ] No                 |
|                                    |                | Did the accident cause injury to another person? [ ] Yes [ ] No |
|                                    |                | Were you cited or arrested? [ ] Yes [ ] No                      |
|                                    |                | Was the accident a hit & run? [ ] Yes [ ] No                    |
| Date                               | City and State | Were you at fault? [ ] Yes [ ] No                               |
| Police agency that took the report |                | Was there a police report taken? [ ] Yes [ ] No                 |
|                                    |                | Did the accident cause injury to another person? [ ] Yes [ ] No |
|                                    |                | Were you cited or arrested? [ ] Yes [ ] No                      |
|                                    |                | Was the accident a hit & run? [ ] Yes [ ] No                    |

## TRAFFIC HISTORY

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                              | Maiden Name                               | Other Names spouse has used | Date of Birth          | Age |
| <b>E-Mail:</b>                                   |   |                             |                        |     |
| 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                             | Maiden Name                               | Other names former spouse has used | Date of Birth   | Age |
| <b>E-Mail:</b>   |   |                                    |   |     |
| 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        | <b>E-Mail:</b>                       | Home                          | [ ] |
| Occupation    |                                      | Work                          |     |
| Father        | <b>E-Mail: :</b>                     | Home                          | [ ] |
| Occupation    |                                      | Work                          |     |
| Mother        | <b>E-Mail:</b>                       | Home                          | [ ] |
| Occupation    |                                      | Work                          |     |
| Father-in-law | <b>E-Mail:</b>                       | Home                          | [ ] |
| Occupation    |                                      | Work                          |     |
| Mother-in-law | <b>E-Mail:</b>                       | Home                          | [ ] |
| Occupation    |                                      | Work                          |     |

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       | <b>E-Mail:</b> | Home | [ ] |
| Occupation |                | Work |     |
| Name       | <b>E-Mail:</b> | Home | [ ] |
| Occupation |                | Work |     |
| Name       | <b>E-Mail:</b> | Home | [ ] |
| Occupation |                | Work |     |
| Name       | <b>E-Mail:</b> | Home | [ ] |
| Occupation |                | Work |     |

**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)**

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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

# Civilian

## AUTHORIZATION TO RELEASE INFORMATION AND WAIVER INFORMED CONSENT TO RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

**PRINT FULL NAME:** \_\_\_\_\_

**OTHER NAMES USED:** \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

As an applicant for a position with the City of San Diego, I am required to furnish information for use in determining my qualifications, moral character, honesty and suitability. I recognize the City of San Diego has both a legal and moral obligation to take every reasonable effort to insure that I will conform to the very highest standards.

I am authorizing an extensive background investigation into all aspects of my personal, medical, and psychological fitness. I understand that persons and/or organizations may feel reluctant in furnishing legitimate information unless the confidentiality of their information can be guaranteed on a permanent basis. I have been informed that all responses, whether solicited or unsolicited, are privileged under the law, pursuant to California Civil Code section 47. This information may be shared with the San Diego Police Department or any other governmental agency upon my authorization.

I hereby request and authorize the full disclosure of any and all records, files, reports, notes, opinions, or any other information you may have concerning me, whether sealed or unsealed, including information of a confidential or privileged nature to an authorized Background Investigator of the San Diego Police Department. This includes, but is not limited to, the release of all employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, all internal affairs investigations, complaints or grievances filed by or against me, training files, educational or school records and transcripts, credit history, all military records, driving records, arrest or criminal records including any investigative files or reports, detention reports, booking information, court records, probation reports and traffic citations. This also includes photocopies of the above material or documents if requested by the San Diego Police Department.

A photocopy of this release form is to be considered as valid as an original waiver even though it does not contain an original of my signature. The authorization to release information is valid for a period of one (1) year from the date of signature.

I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the San Diego Police Department or its attachments, including but not limited to, the polygraph report, the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person or organization.

I exonerate and hereby release you, your organization, representatives, agents and all others, including the San Diego Police Department, and all its employees from any and all liability whatsoever including any claims and/or damage which may result from furnishing the above information whether in law or in equity on behalf of myself, my heirs, or agents because of compliance with this authorization. I have had adequate time to review this form. I understand its purpose and I know I have a right to receive a copy if I desire.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (if under 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BACKGROUND INVESTIGATIONS CONFIDENTIAL APPLICANT CONTROL SHEET**

**TYPE OR PRINT IN INK**

Position applying for:  POR  PO I  PO II  RES  PSO  CIVILIAN  VIP ( ) \_\_\_\_\_

|                                   |        |            |                                   |                              |       |
|-----------------------------------|--------|------------|-----------------------------------|------------------------------|-------|
| Last Name                         |        | First Name |                                   | Middle Name                  |       |
| Alias/Maiden Name                 |        |            |                                   | Race                         | Sex   |
| Date Of Birth                     |        | SS#        |                                   | California Driver's License# |       |
| Height                            | Weight | Hair       | Eyes                              | Home Phone                   |       |
| Work Phone                        |        | Cell Phone |                                   | Email Address                |       |
| Out Of State Driver's License No. |        | State      | Out Of State Driver's License No. |                              | State |

**LIST ALL VEHICLES THAT ARE REGISTERED TO YOU AND ALL OTHER VEHICLES THAT YOU OPERATE**

| LICENSE PLATE # | STATE | YEAR | MAKE / MODEL / COLOR |
|-----------------|-------|------|----------------------|
|                 |       |      |                      |
|                 |       |      |                      |
|                 |       |      |                      |

**LIST YOUR CURRENT ADDRESS FIRST. THEN LIST YOUR PRIOR ADDRESSES FOR THE LAST FIVE (5) YEARS.**

| STREET ADDRESS | CITY | STATE | Month / Year |    |
|----------------|------|-------|--------------|----|
|                |      |       | From         | To |
|                |      |       |              |    |
|                |      |       |              |    |
|                |      |       |              |    |
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|                |      |       |              |    |

**Please mark every state you have resided or worked since the age of eighteen (18):**

|                                      |                                    |  |   |   |  |
|--------------------------------------|------------------------------------|--|---|---|--|
| <input type="checkbox"/> Alabama     | <input type="checkbox"/> Georgia   | <input type="checkbox"/> Maine         | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Utah            |
| <input type="checkbox"/> Alaska      | <input type="checkbox"/> Hawaii    | <input type="checkbox"/> Maryland      | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Vermont         |
| <input type="checkbox"/> Arizona     | <input type="checkbox"/> Idaho     | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Virginia        |
| <input type="checkbox"/> Arkansas    | <input type="checkbox"/> Illinois  | <input type="checkbox"/> Michigan      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> Washington      |
| <input type="checkbox"/> California  | <input type="checkbox"/> Indiana   | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> New York       | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Washington D.C. |
| <input type="checkbox"/> Colorado    | <input type="checkbox"/> Iowa      | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota   | <input type="checkbox"/> West Virginia   |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas    | <input type="checkbox"/> Missouri      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Tennessee      | <input type="checkbox"/> Wisconsin       |
| <input type="checkbox"/> Delaware    | <input type="checkbox"/> Kentucky  | <input type="checkbox"/> Montana       | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Texas          | <input type="checkbox"/> Wyoming         |
| <input type="checkbox"/> Florida     | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nebraska      |   |   |  |

|                              |      |
|------------------------------|------|
| <b>APPLICANT'S SIGNATURE</b> | DATE |
|------------------------------|------|

**DO NOT WRITE BELOW THIS LINE**

|             |      |           |              |
|-------------|------|-----------|--------------|
| ASSIGNED TO | DATE | CIU CHECK | DATE CHECKED |
|-------------|------|-----------|--------------|

| Last Name | First Name | Middle | Date of Birth | SSN |
|-----------|------------|--------|---------------|-----|
|           |            |        |               |     |

Please list **all the cities outside of San Diego County** where you have lived or worked since the age of eighteen (18).

| City | County | State | Month / Year |    | Leave Blank |
|------|--------|-------|--------------|----|-------------|
|      |        |       | From         | To |             |
|      |        |       |              |    |             |
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