



Dear Applicant:

Please carefully review all of the directions outlined on the “Instruction and Advisement” sheets.

The following areas are the most common errors made by Applicants when returning the requested background packet:

Print pages 2-15 and fill them out by **HAND**. **EXCEPT** pages 8-9 which is the “Civilian Authorization to Release Information Waiver”. This **WAIVER** must be completed and signed **IN FRONT** of a **NOTARY** to be **“NOTARIZED”**. The notary **MUST** witness you completing this **WAIVER** in order for it to be notarized. This is the **ONLY** form that needs to be **NOTARIZED**, the rest **DO NOT**. PLEASE PAY ATTENTION TO THIS AS WE CANNOT COMPLETE OUR RESPONSIBILITIES IF THIS IS DONE INCORRECTLY. This **WAIVER** is what gives your investigator permission to conduct your background

DO NOT forget to complete the **RED** hi-lighted areas on page 5.

Page 16-41 is the “Personal History Statement” (PHS). These pages must all be typed. After you have completed the PHS, proofread and print the entire document (**ONE SIDE**). Then place the PHS in the provided envelope along with all other forms and documents and submit to the Background Investigations Unit.

When filling out the References section on the PHS, the resident addresses and emails **MUST** be listed and verified. Zip codes **MUST** also be included.

Your ability to follow instructions and complete the background packet correctly and accurately will determine whether or not your packet will be processed.

San Diego Police Department
Backgrounds and Recruiting Unit



SAN DIEGO POLICE DEPARTMENT BACKGROUND INVESTIGATIONS UNIT

INSTRUCTION AND ADVISEMENT SHEET **CIVILIAN OR VOLUNTEER 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.

THIS INSTRUCTION SHEET MUST BE RETURNED WITH YOUR PACKET.

I. BACKGROUND PACKET

Before you can start your position with the San Diego Police Department (SDPD), you must clear a thorough evaluation of your life history and background. Depending on the position you are applying for, a background check can take up to **SEVERAL MONTHS**. Your accuracy in completing the Personal History Statement and the other forms provided will help expedite the process. **PLEASE NOTE: If you received this background packet by anyone other than an authorized SDPD hiring authority, please call our office immediately at (619) 531-2148.**

Once you complete the packet, please submit your paperwork to **SDPD HEADQUARTERS, BROADWAY FRONT COUNTER OFFICERS**, so they may forward your packet to the Backgrounds Investigations Unit.

Please remember the information you provide is considered confidential and should not be shared with anyone not assigned to the Backgrounds Unit. If you have any questions regarding these instructions, please call (619) 531-2148.

YOUR BACKGROUND PACKET MUST CONTAIN THE FOLLOWING DOCUMENTS:

- 1) One (1) Dear Applicant
- 2) One (1) Instructions and Advisement Sheets (3 pages)
- 3) One (1) Applicant Control Sheet (green sheet)
- 4) One (1) Certificate of Identity Form
- 5) One (1) Authorization Release and Waiver Form (This form must be **NOTARIZED**)
- 6) One (1) One Release of Liability Form
- 7) One (1) One Credit Report Inquiry Disclosure Authorization Form
- 8) One (1) Summary of your rights under the Fair Credit Reporting Act (**Retain for Your Records**)

II. PERSONAL HISTORY STATEMENT (PHS)

1) The completion of the SDPD PHS is required. All information must be **COMPLETE & ACCURATE**. **Leaving information out of your PHS will delay our process, which could result in being DISQUALIFIED.**

- 2) This PHS and all other contents of this background packet becomes the sole property of the SDPD once submitted. In no event will any portion of the packet be returned. The information is considered confidential and will be treated as such.
- 3) 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. You will not be hired if you are untruthful. Any negative information will be evaluated. If, for example, you were fired from a job or have been arrested, it may not disqualify you. A background investigator will look at the circumstances. On the other hand, inaccuracies, discrepancies, unanswered questions, intentional omissions, falsifications or vague responses will be grounds for rejection, disqualification and/or termination of employment regardless of the issues.
- 4) All time periods in your background must be accounted for.
- 5) 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**, you must include those names in the space provided on the PHS.
- 6) Under residence, you must list the address where you actually reside. **NOT A MAILING ADDRESS.**
- 7) Under the sections for relatives, references and acquaintances, be sure to list **EMAIL ADDRESSES and COMPLETE and CORRECT ADDRESSES INCLUDING ZIP CODES.**
- 8) You must also list at least **FIVE (5)** references and at least **THREE (3)** co-workers on page 24, question 94 "References, Acquaintances", **PLEASE INCLUDE EMAIL ADDRESSES.** As part of the background, your references must be contacted before a clearance can be given. Information obtained from all references and co-workers will be kept confidential.
- 9) On pages 3-9, question 19, "Experience and Employment", you **MUST** list **ALL** employment you have held in the past **ten (10)** years, regardless of the occupation or length of time you worked for that employer. This includes part time jobs, summer jobs, volunteer jobs or internships. **EMAIL ADDRESSES and MAILING/PHYSICAL ADDRESSES MUST BE COMPLETE and ACCURATE, ZIP CODES MUST BE INCLUDED.** You must verify all information 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 the notation, "**NO LONGER IN BUSINESS**". On page 13, "Legal", regarding arrest information, applicants applying for a criminal justice agency **MUST** list all arrests, regardless whether convicted or not. Even if the charges were dropped or you did not 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.** In addition to nationwide fingerprint checks conducted with the FBI and Department of Justice, extensive computer checks will also be made with other Federal and State agencies.
- 10) On page 21, question 90, "Residence", you **MUST** list all the places you have lived during the past **TEN (10)** years. **LIST NO INFORMATION PRIOR TO YOUR 16TH BIRTHDAY.**

III. REQUIRED DOCUMENTS

- 1) California Driver license.

If you do not have a California Driver License, please check this box ☐.

If you do not possess a California Driver License or California ID Card, other valid forms of identification, including an out of state driver's license or US passport may be accepted.

- 2) Social Security Card or verification of a social security number.

IV. AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

You must have the "Authorization to Release Information Waiver" form **NOTARIZED** before submitting your packet. The type of notarization required is called an "**ALL PURPOSE CERTIFICATE OF ACKNOWLEDGMENT**". **DO NOT** sign the waiver form until you meet with a notary. The notary **MUST** witness your signature. A valid I.D. card will be required to notarize the form.

V. PROCEDURE FOR SUBMITTING BACKGROUND PACKETS

- 1) It is imperative you submit your background packet to the Background Investigations Unit within **TEN (10) Business days**. **If you cannot complete your packet within ten (10) business days, please contact our office at (619) 531-2148 to request an extension.** After your packet has been received and reviewed you will be contacted by your assigned Background Investigator to arrange an interview appointment. This appointment will last approximately **TWO (2) HOURS**. **Applicants without an appointment will NOT be seen.**
- 2) The packet must be in accordance to the instruction sheet provided before it can be accepted. Be sure to return this instruction sheet **(SIGNED)** with your packet. **Illegible or incomplete packets will be rejected.**
- 3) If you have not been fingerprinted by this Department, you must be fingerprinted. You must have a valid Identification with you at the time of the printing. Your Backgrounds Investigator will schedule you to be printed.

VI. APPLICANTS LIVING OUTSIDE SAN DIEGO COUNTY

If you live outside San Diego County, you may mail your completed packet to the address listed below. The envelope containing the package documents **IS NOT** to be used as the mailing envelope. Instead, the package envelope is to be placed inside a suitable shipping or mailing envelope. We advise using **USPS Certified mail or FedEx** when mailing the envelope to the Backgrounds Investigation Unit.

San Diego Police Department
Background Investigations
1401 Broadway, MS 768
San Diego, CA 92101

My signature below indicates I have read and understood this instruction sheet. I further recognize that applicants for the San Diego Police Department must clearly demonstrate honesty and integrity in their lives and that the San Diego Police Department will make every reasonable effort to ensure I conform to the highest standards of the San Diego Police Department. In addition, I authorize an intensive background investigation into all aspects of my personal life including, but not limited to, my character, qualifications, job and interpersonal skills, integrity, and any other job related inquiries that may be needed to arrive at a selection decision. I hereby release the City of San Diego, the San Diego Police Department, its members, and all contacts from liability in responding to these inquiries. I acknowledge that information received will be considered confidential and that neither I, nor my representative, will have access to it. I understand that consideration of my application and continuation of employment, if a job offer has been made, depends on the truth and accuracy of the information I provided and that any misrepresentation, falsification, or omission of pertinent facts will be cause for rejection of my application or termination of employment.

Signature

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

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			

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

DET. ASSIGNED TO	DATE	CIU CHECKED BY	DATE CHECKED
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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	



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ _____

Citizenship Status ² _____ Social Security Number ³ _____

Current Address _____

Date of Birth _____ Place of Birth _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴ _____ Date _____

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

C i v i l i a n

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: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

RELEASE OF LIABILITY

I release, discharge, and hold harmless The City of San Diego, the San Diego Police Department, its agents, officers, directors, employees, and representatives from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in this credit history investigation.

By this release, I do not waive any rights, obligations, or provisions of the California Consumer Credit Reporting Agencies Act (Cal. Civil Code §§ 1785.1 - 1785.36).

I voluntarily agree to this release to assist in the evaluation of my employment qualifications.

Name of Applicant (Print):

Signature of Applicant:

Date: _____

CREDIT REPORT INQUIRY DISCLOSURE AUTHORIZATION

Your credit report will be considered by the San Diego Police Department in its determination of your fitness for employment, as authorized by California Labor Code section 1024.5(a) because you are applying for a sworn peace officer or other law enforcement position. The consumer credit report may include information about your credit worthiness, credit standing, or credit capacity.

The credit report will be obtained from the following credit reporting agency:

Experian
475 Anton Boulevard
Costa Mesa, CA 92626
1 (888) EXPERIAN
www.experian.com

_____ Check this box if you would like to receive a free copy of the credit report.

I acknowledge that I have read and understand the contents of this disclosure. If I am requesting to receive a free copy of the credit report, I have so indicated in the appropriate checkbox.

I certify that I have read and fully understand this disclosure and authorization and that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

I authorize the San Diego Police Department Background Investigations Unit to request and receive a complete Credit Report and/or any credit information, and any and all information, including confidential or privileged communications, concerning present or past indebtedness. This information is to be used to assist in determining my fitness for the position I am seeking with the San Diego Police Department.

Name of Applicant (Print): _____

Signature of Applicant: _____ Date: _____

Retain for Your Records

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Retain for Your Records

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

Retain for Your Records

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

Retain for Your Records

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



SAN DIEGO POLICE DEPARTMENT
Civilian/Volunteer
Personal History Statement

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

Application

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

Today's Date	Position Applied for:
1. Have you ever applied to the San Diego Police Department before? Yes No	
2. If yes, did you submit a Personal History Statement? Yes No If yes, list the date you last applied:	

Personal

3. Please PRINT clearly or type your full legal name			
Last	First	Middle	Age
4. List your current address where you actually reside. (Not a mailing address)			
Number & Street	City	State	Zip Code
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Other	5. How long have you resided there? Years: Months:		
Name of the County where you reside.			
6. List your residence phone and your cell number (include area codes)	Residence (include area code)	Cell (include area code)	E-Mail
List a mailing address if unable to obtain mail at your residence			
Mailing Address	City	State	Zip Code
7. Are you a United States citizen? Yes No Place of Birth:			Birthdate
8. If not, are you a permanent resident alien who is eligible for and has applied for citizenship? Yes No Can you provide documentation for one or the other? Yes No			
9. In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.			Social Security Number
10. For the purposes of identification, please provide the following:			
Sex	Height	Weight	Hair Eyes
11. List and describe all tattoos: (Indicate where they are located)			
12. List all names, aliases, nicknames you have used or have been known by (include maiden name).			
Last	First	Middle	Year(s) used

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

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?
			Yes 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 25/26.*

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

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 ten (10) 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		Work Number and Area Code
			Supervisor's Name
			Supervisor's E-Mail
	Job Title		
Describe your duties			
Reason for leaving (you must be specific)			
List a co-worker		phone	E-Mail
List another co-worker		phone	E-Mail

☐ Unemployed from: _____ to: _____

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

☐ Unemployed from: _____ to: _____

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Personal History Statement

Experience and Employment

Continued

Print your name _____

Dates of employment From _____ To _____ Month/Year Month/Year <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		Work Number and Area Code
	Job Title		Supervisor's Name
			Supervisor's E-Mail
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Reason for leaving (you must be specific)			
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List another co-worker		phone	E-Mail

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List another co-worker		phone	E-Mail

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	Job Title		Supervisor's Name
			Supervisor's E-Mail
	Describe your duties		
Reason for leaving (you must be specific)			
List a co-worker		phone	E-Mail
List another co-worker		phone	E-Mail

☐ Unemployed from: _____ to: _____

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Personal History Statement

Experience and Employment

Continued

Print your name _____

Dates of employment From _____ To _____ Month/Year Month/Year <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	Work Number and Area Code
		Supervisor's Name
	Job Title	Supervisor's E-Mail
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	phone	E-Mail
List another co-worker	phone	E-Mail

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		Supervisor's Name
	Job Title	Supervisor's E-Mail
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Reason for leaving (you must be specific)		
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		Supervisor's Name
	Job Title	Supervisor's E-Mail
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	phone	E-Mail
List another co-worker	phone	E-Mail

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Personal History Statement

Experience and Employment

Continued

Print your name _____

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 	Work Number and Area Code
		Supervisor's Name
	Job Title 	Supervisor's E-Mail
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	phone	E-Mail
List another co-worker	phone	E-Mail

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Describe your duties		
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Personal History Statement

Experience and Employment

Continued

Print your name _____

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
Describe your duties		
Reason for leaving (you must be specific)		
List a co-worker	phone	E-Mail
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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
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☐ Unemployed from: _____ to: _____

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Personal History Statement

Experience and Employment

Print your name _____

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

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

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

22. Have you ever been terminated (fired) from a job or position? ☐ Yes ☐ No *If yes, starting with most recent, list the following information, giving full details. If more space is needed, please explain on page 25/26.*

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, answer below*

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
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other:	

Applications With Other Agencies

30. Have you **ever** applied for any other law enforcement agency? (City, County, State or Federal Agencies) ☐ Yes ☐ No *If yes, list every agency you have applied with. Start with most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of outcome or current status. Check all boxes that apply for each agency.*

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

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

Applications With Other Agencies

Continued

Print your name

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

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

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

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

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Personal History Statement

Military Service

Print your name _____

31. Did you comply with the draft registration law? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			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 25/26.*

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

Date:

Details

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

Date:

Details

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Personal History Statement

Legal

Continued

Print your name _____

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

Date applied

Was permit granted?

☐ 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

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Personal History Statement

Legal

Continued

Print your name _____

57. 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

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

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

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

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

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

63. 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 _____

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

66. 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

67. 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>

68. 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>

69. 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>

70. 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

71. 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

72. 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]

73. 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?

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

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

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

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

Personal History Statement

Traffic History / Motor Vehicle Operation

Continued

Print your name _____

76. 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

77. Have you ever been refused auto insurance for any reason? ☐ Yes ☐ No If yes, please explain on page 25/26.

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

78. 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?

79. 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 81B, 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

Continued

Print your name

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

Date

Reasons

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

Date

Reasons

82. Have you ever had your wages attached or garnished? ☐ Yes ☐ No

Date

Reasons

83. 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

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

Date

Reasons

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

Date

Reasons

86. 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

87. 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 _____

88. 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 _____

89. 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 Number/Email address
Spouse/ Significant Other		Cell
Occupation Age		Email
Father		Cell
Occupation Age		Email
Mother		Cell
Occupation Age		Email
Stepfather		Cell
Occupation Age		Email
Stepmother		Cell
Occupation Age		Email
Father-in-law		Cell
Occupation Age		Email
Mother-in-law		Cell
Occupation Age		Email
Brother		Cell
Occupation Age		Email
Brother		Cell
Occupation Age		Email
Brother		Cell
Occupation Age		Email
Sister		Cell
Occupation Age		Email
Sister		Cell
Occupation Age		Email
Sister		Cell
Occupation Age		Email
Stepbrother		Cell
Occupation Age		Email
Stepsister		Cell
Occupation Age		Email

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/Email Address
Uncle			Cell
Occupation	Age		Email
Aunt			Cell
Occupation	Age		Email
Former Spouse			Cell
Occupation	Age		Email
Former Spouse			Cell
Occupation	Age		Email

90. List those individuals with whom you have resided during the last 10 years, i.e, roommates, friends, etc. Exclude your spouse, siblings, and 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. Continue on page 25/26 if more space is needed.

Name and Occupation		Address (include Zip Code)	Telephone/Email address
Name			Cell
Occupation	Age		Email
Name			Cell
Occupation	Age		Email
Name			Cell
Occupation	Age		Email
Name			Cell
Occupation	Age		Email
Name			Cell
Occupation	Age		Email
Name			Cell
Occupation	Age		Email

Children

91. 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.

92. 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, 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. Do NOT list references already listed elsewhere in this paperwork.

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

93. List five (5) current or past co-workers and/or supervisors. Addresses may be their residence or their place of employment. Do NOT use references already listed elsewhere in this paperwork.

Name and Employer	Address (include Zip Code)	Telephone/Email
Name	Home Work	Phone
Employer		Email
Name	Home Work	Phone
Employer		Email
Name	Home Work	Phone
Employer		Email
Name	Home Work	Phone
Employer		Email
Name	Home Work	Phone
Employer		Email

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

94. 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 the reference is already listed on a previous page, do not list again.*

Name and Occupation	Address (Include Zip Code)	Telephone/Email
Name	Home	Phone
Occupation	Work	Email
Name	Home	Phone
Occupation	Work	Email
Name	Home	Phone
Occupation	Work	Email
Name	Home	Phone
Occupation	Work	Email
Name	Home	Phone
Occupation	Work	Email
Name	Home	Phone
Occupation	Work	Email

Use this space for any additional information

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 all statements made in the Personal History Statement are true and complete. I understand any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification and for my name to be removed from the eligibility list. If at any point in the background process or thereafter, it is discovered inaccurate, untruthful, or misleading information was given, I will be disqualified. If a job offer has already been made, the job offer will be revoked.

If at any point in my employment, it is determined I gave inaccurate, untruthful, or misleading information during the background process, I could be subject to departmental policies and disciplinary proceedings, up to and including termination.

FULL SIGNATURE

DATE

OFFICE USE ONLY

PHS reviewed with applicant by Background Investigator _____

Date: _____