

Dear Applicant:

Please carefully review **all** of the directions outlined on the “Instruction and Advisement” sheets. The following areas have been identified specifically by Background Investigators as some of the most common errors made by Applicants when returning the requested background packet:

- Applicants **MUST TYPE** their personal information on the “Personal History Statement”. When completed print a copy of the entire document (**one sided**) and place in the white envelope with all the other forms and documents. Submitted the envelope to your background investigator.
- References, email addresses and reference addresses **MUST** be listed and verified.
- Zip codes **MUST** be included with addresses.
- A complete list of all law enforcement agencies and addresses **MUST** be provided.
- The “Authorization and Request for Release of Military Records” **MUST** be signed whether or not you were ever in the Military.
- The “**SWORN Authorization to Release Information and Waiver**” **MUST** be notarized.
- Packet **MUST** be legible.

Your ability to follow instructions and complete the background packet correctly and accurately will determine whether or not your packet will be processed. Failure to follow instructions may result in the rejection of your packet.

San Diego Police Department
Backgrounds and Recruiting Unit

SAN DIEGO POLICE DEPARTMENT BACKGROUND UNIT



PROCEDURE FOR SUBMITTING YOUR BACKGROUND PACKET

REVIEWING YOUR PACKET

The San Diego Police Department receives thousands of applications from aspiring candidates. We will attempt to screen your packet within thirty (30) days. If you are not going to be considered for the position, you will be notified by mail. This can occur anytime during your certification period.

MAILING ADDRESS

Please send completed packages to the following address:

San Diego Police Department
ATTN: Backgrounds Unit
1401 Broadway, MS 768
San Diego, CA 92101

Hand delivering your completed packet is the preferred method. However, if you are unable to do so, mail it in using UPS or Fed-Ex with delivery confirmation and/or signature required. Do **NOT** use the U.S. Postal Service as they do not deliver mail to our building. Using their service may cause your paperwork to be delayed.

PLEASE NOTE: If you have any changes to your packet **AFTER** you have submitted it, **PLEASE DO NOT CALL.** *Due to the confidential nature of your packet ALL changes must be in writing and have your ORIGINAL signature.* Please include your full name, social security number, the date of any changes, a description of the changes and an explanation, if applicable.

YOUR PACKAGE IS DUE NO LATER THAN 5 P.M.

ON: _____

SAN DIEGO POLICE DEPARTMENT BACKGROUNDS UNIT
INSTRUCTIONS AND ADVISEMENT SHEET



IMPORTANT: YOU MUST SIGN THIS INSTRUCCION SHEET AND RETURN ALL 3 PAGES WITH YOUR COMPLETED PACKAGE.

Your ability to complete your background packet and Personal History Statement correctly and accurately is essential to your viability as a police department applicant. It is your responsibility to make sure your packet and Personal History Statement are **complete** and **accurate**. Be specific in your answers. **ILLEGIBLE OR INCOMPLETE FORMS WILL NOT BE ACCEPTED.** Failing to follow any of these instructions explicitly may result in a rejection of your packet and/or disqualification from the background process.

YOUR BACKGROUND PACKET SHOULD CONTAIN THE FOLLOWING:

- a. Dear Applicant Letter
- b. Instruction and Adviseement Sheet, this document
- c. Procedure for Submitting Your Background Packet
- d. One (1) Documents List
- e. One (1) green Background Investigations Confidential Applicant Control Sheet
- f. One (1) Authorization and Request for Release of Military Records
- g. One (1) Military Standard Form 180
- h. One (1) U.S. Department of Justice Certification of Identity Form DOJ-361
- i. One (1) SWORN Authorization to Release Information and Waiver Forms
- j. One (1) Credit Report Inquiry Disclosure Authorization
- k. One (1) Release of Liability
- l. One (1) A Summary of Your Rights Under the Fair Credit Reporting Act (**Retain for Your Records**)
- m. CAMP Waiver
- n. CAMP Information (**Retain for Your Records**)
- o. One (1) Personal History Statement (PHS)

I. PERSONAL HISTORY STATEMENT (PHS)

- a. The completion of Personal History Statement (PHS) is mandatory in accordance with Section 1002(a)(5) of the Regulations of the Commission on Peace Officer Standards and Training and is required by the San Diego Police Department (SDPD). All information must be legible and typed. You must return all forms, including the PHS. Copies will not be accepted, and they will not be returned. You must sign and date your PHS in black ink.
- b. All statements made in your PHS are subject to verification. All questions must be answered completely, accurately and truthfully. Vague, ambiguous or obscured answers shall not be acceptable. For this reason, read each question carefully before responding. All time periods in your background must be accounted for in all areas requiring dates and time periods. It is important to be open and honest while preparing your PHS. Integrity and credibility are extremely vital when evaluating a candidate. Any negative factor in your background will be evaluated. Incomplete statements, illegible responses, inaccuracies, falsifications, untruthful responses, omissions, discrepancies, or unanswered questions will be grounds for rejection, disqualification and/or termination of employment if a job offer was made.

- c. Questions regarding illegal use of drugs or narcotics must be answered completely, accurately and truthfully. Read the question carefully before responding. **Any experimentation or use, including tasting or pretending to use any illegal drug or narcotic, must be listed.** If exact dates are unknown, approximate month and year must be listed. You will be disqualified for falsifying your statement if you are not honest regarding all of your illegal drug use. This includes illegal use of prescription drugs.
- d. Questions regarding arrest information: You must list **ALL** convictions and arrests. Peace Officer candidates are required to disclose all arrests even if not convicted. This includes charges dropped or dismissed, or records that were expunged or release(s) per Section 1203.4 or 1203.4(a) of the Penal Code or 1179 or 1772 of the Welfare and Institutions Code or a pardon per section 4852.16 of the Penal Code. Arrest(s) **MUST** be explained in detail on your PHS. You must provide dates, locations, other persons involved, the agency involved, all charges pertaining to the case and the results or penalties (if any).
- e. Under “Employment” you must list **ALL** employment for the last twenty (20) years. Addresses must be complete and accurate. **ZIP CODES** and **EMAIL ADDRESSES** are **REQUIRED!** **You must verify the email addresses, mailing addresses and telephone numbers of each employer before submitting your packet.** Failure to provide email addresses and/or accurate and complete addresses, including zip codes may be cause for rejection of your packet. If the employer is no longer in business and you cannot provide the last known address, then list the city and state where the business was located during your employment, with a notation “No longer in Business”. If the business has moved, list the new address with a notation “Moved”.
- f. Under “References, Relatives, Acquaintances” you must list **EMAIL ADDRESSES** and complete and accurate physical addresses. **ZIP CODES** are **REQUIRED!** **You must verify the email addresses, mailing addresses and telephone numbers of each employer before submitting your packet.** Failure to provide email addresses and/or accurate and complete addresses, including zip codes may be cause for rejection of your packet.
- g. Your Personal History Statement and contents of your background packet become the sole property of the San Diego Police Department and will be treated and maintained as a **CONFIDENTIAL** document. The packet or contents or copies will not be returned to you.

II. AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

You must have the “**SWORN Authorization to Release Information and Waiver**” form **NOTARIZED** before submitting your packet. The type of notarization required is called an “**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 both forms.

III. REQUIRED DOCUMENTS

- a. You have been provided instructions to submit several documents (see the Documents List form). You must submit one (1) copy of each of the documents listed. Failing to do so may be cause for rejection of your packet. **You will be required to show the originals later.** **DO NOT SUBMIT ORIGINALS UNTIL DIRECTED BY A BACKGROUND INVESTIGATOR!** If you are missing a document, lost a document or never had one, please submit what you do have and make arrangements to obtain a duplicate of the missing document. On page 2 of the Document List form, explain the reason you are not submitting a copy of the required document and include what steps you are doing to obtain the document(s) and/or fulfill this requirement.
- b. You will be required to send **SEALED** (unopened, official) transcripts from **ALL COLLEGES** you have attended whether or not classes were completed. Order these **IMMEDIATELY** but **DO NOT** send the transcripts until instructed by your Background Investigator. **DO NOT OPEN THESE TRANSCRIPTS!**

IV. AMERICAN DISABILITIES ACT

The Americans with Disabilities Act prohibits employers from making medically related inquiries prior to a conditional job offer of employment. For this reason, **DO NOT** provide us with any medically related information about you, either in person or on any form, unless a conditional job offer is made. Please use caution when responding to any question to avoid inadvertently furnishing medically related information such as receiving a Medical Retirement from a past employer. In a case such as this, you merely need to list "Retired".

V. ADVISEMENT AND ACKNOWLEDGMENT

As an applicant, I fully recognize that I am required to clearly demonstrate and furnish information for use in determining my qualifications, moral character, honesty and suitability. I recognize the San Diego Police Department has both a legal and moral obligation to take every reasonable effort to ensure that I will meet all P.O.S.T. job dimensions and will conform to the high standards of the Department. With this in mind, I understand that a comprehensive background investigation will be conducted into all aspects of my personal, medical and psychological fitness. I understand that organizations, 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. I further understand that these documents, reports, questionnaires, statements, including the background investigator's notes, are privileged. I understand that I waive any right or opportunity to read or review any confidential information provided in the background report prepared by the San Diego Police Department, or to know 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 hereby authorize this investigation by the San Diego Police Department and understand these instructions. I have had adequate time to review this form and understand its purpose.

Signature: _____ Date: _____

DOCUMENTS LIST

All documents listed below are required, if it pertains to you. For example, if you are married, then a marriage certificate (license) is required. If you are not married, then check the box “This document does not apply to me”. You must submit one (1) copy of each of the documents listed. Failing to do so may be cause for rejection of your packet. If you have lost or are missing one (1) or more documents, see “Required Documents” on the “Instruction and Advisement” sheet.

Copy Attached	Does Not Apply	<u>YOU WILL BE REQUIRED TO SHOW THE ORIGINALS AT A LATER DATE.</u>
	REQ	1. Notice of Test Results issued by the City of San Diego, Personnel Department – Testing Division.
		2. Birth Certificate. Certificate MUST be from the Department of Vital Statistics.
		3. If you were not born in the United States, the following will be required: Documentation of U.S. Citizenship OR Documentation of Status as a Permanent Resident Alien with a current application for U.S. citizenship. DO NOT MAKE A COPY AT THIS TIME. YOU WILL BE INSTRUCTED WHEN TO SHOW YOUR ORIGINAL.
	REQ	4. Social Security Card issued by the Social Security Administration. If you lost yours, you must obtain a duplicate.
		5. California Driver’s License (REQUIRED IF HIRED). If you are not currently living in California, see Item 6.
		6. Out of State Driver’s License.
		7. United States High School Diploma AND U.S. High School transcripts.
		8. GED certificate from U.S. with test scores or Certificate of U.S. High School Proficiency test.
		9. Copies of all college diplomas. SEALED TRANSCRIPTS WILL BE REQUIRED AT A LATER DATE (see the “Instruction and Advisement” sheet for details).
		10. Proof of registration with Selective Service Board (selective service number). NOT required if served in military.
		11. Military DD214 long form (Discharge/Separation papers). NOT required if CURRENTLY in the military.
		12. Proof of current automobile liability insurance. Do NOT send a copy of your policy, ONLY provide proof of insurance.
		13. Vehicle registration for all vehicles you own and/or lease.
		14. Marriage license issued by the County Clerk’s office.
		15. Dissolution of Marriage papers from the Court (Divorce Documents).
		16. Bankruptcy documents.
		17. Rental application/agreement from current residence, if renting.
		18. Documents from any court proceeding(s) (criminal and/or civil).
		19. Documents pertaining to name changes.

THE FOLLOWING DOCUMENTS ARE ALSO REQUIRED FROM APPLICANTS WHO ARE OR WERE PEACE OFFICERS

		20. All California POST Certificates.
		21. Certificate of graduation from your basic law enforcement training academy (Police Academy).
		22. Evaluations or performance reports covering last five (5) years.
		23. Copies of any Internal Affairs reports involving you as the “Subject” officer.
		24. Copies of your CPR card and First Aid card.

ALONG WITH COPIES OF THE ABOVE DOCUMENTS, PLEASE SIGN THIS FORM AND RETURN IT WITH YOUR PACKET.

Signature _____

Date _____

MISSING DOCUMENTS

Indicate the document missing and explain the reason why it is not attached. **See Example below:**

[illegible][illegible]

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	

**AUTHORIZATION AND REQUEST
FOR RELEASE OF MILITARY RECORDS**

Military Personnel Records Center
9700 Page Boulevard
St. Louis, MO 63132-5100

To Whom It May Concern:

As an applicant for a position with the San Diego Police Department, I am required to furnish information for the Background Investigations Unit in determining my moral, physical, and mental qualifications. I hereby authorize and direct the National Personnel Center, St. Louis, Missouri, or any other custodian of my military records to release all copies of my military personnel records, including but not limited to, copies of DD214 (Report of Separation), my eligibility for re-enlistment in the Armed Forces of the United States, records of any and all judicial and non-judicial punishments, records of decoration, performance ratings, medical records, and any and all other records which you may possess.

Signature of Applicant

Date

PLEASE PRINT LEGIBLY:

Full Name of Veteran/Service Member: _____
Last First Middle

Date of Birth: _____ **Place of Birth:** _____

Social Security No: _____ **Service Number:** _____

Date of Entry into Service: _____ **Date of Discharge:** _____

Branch of Service: _____ **Officer?** _____ **Enlisted?** _____

Last Assignment: _____

**YOU ARE HEREBY AUTHORIZED AND DIRECTED TO MAIL ANY AND ALL INFORMATION
WHICH I HAVE REQUESTED TO:**

**San Diego Police Department
ATTN: Backgrounds Unit
1401 Broadway, MS 768
San Diego, CA 92101**

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

- a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**
- b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

- a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.
- b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.** SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	
6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____						
7. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____						
8. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES						

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
This form contains information used to verify military service. An **UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.
- ☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
☐ I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (**NOTE: Fields are required**)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if **ONLY** dental records are needed from the medical record.
- ☐ **Other (Please Specify):** _____

2. **PURPOSE:** (Providing information about the purpose of the request is **voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____	2. RELATIONSHIP TO VETERAN: _____
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above. <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)	<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) <input type="checkbox"/> OTHER (Specify): _____
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)	
5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)	
Name _____	Signature Required – Do not print _____
Street Address _____ Apt. # _____	Date _____
City _____ State _____ ZIP Code _____	
Daytime Phone _____ Fax Number _____	
Email Address _____	

* This form is available at <https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 https://www.va.gov
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 https://mypers.af.mil/	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 https://www.dcms.uscg.mil/ompf	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records/
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		



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.

SWORN

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 San Diego Police Department, I am required to furnish information for use in determining my qualifications, moral character, honesty and suitability. I fully recognize that under California law, individuals must clearly demonstrate their personal, medical and psychological fitness to serve in the position of a peace officer. I further recognize that the San Diego Police Department 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 intensive 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, equal opportunity investigations, 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, 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.

NOTE TO EMPLOYERS: Section 1031.1 of the Government Code has been amended to require employers to disclose employment information relating to a current or former employee, upon request of a law enforcement agency. The section also states that no employer shall be subject to any civil liability for any relevant cause of action by virtue of releasing employment information required pursuant to this section.

A photocopy of this notarized 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 two (2) years 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 psychological or polygraph report or 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.

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER (cont.)

FOR LATERAL APPLICANTS ONLY—ADVISAL: In the event that this background investigation uncovers information that I currently am engaging, that I have engaged, or that I am suspected of having been engaged in criminal and/or immoral behavior while employed as a peace officer, this information will likely bar me from further consideration from this position. Additionally, in the event that this illegal activity occurred during the period of my present employment as a peace officer or if this background uncovers information that raises questions about my fitness to continue my employment as a peace officer, this information may be forwarded to my present employer for an independent investigation. I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution(s). Recognizing all of the above, I hereby permit SDPD to disclose to my current employer any background investigation findings that relate to criminal and/or immoral behavior.

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: _____



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: _____

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: _____

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

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- **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

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.

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	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 RECRUITING UNIT



CANDIDATE ASSISTANCE MENTORING PROGRAM (C.A.M.P.)

Police Recruiter/Background Investigator: _____

PLEASE READ CAREFULLY BEFORE SIGNING

Participation in CAMP is VOLUNTARY!

SDPD's Candidate Assistance Mentoring Program (CAMP) attempts to replicate the physical and mental stressors police officer recruits will experience in the police academy. The CAMP program includes strenuous exercise, including rigorous anaerobic activities. Even if you are generally in good health and participate in a regular exercise program, we recommend you consult a physician if you have not participated in any anaerobic activity within the last four to six (4-6) months. If you do not believe you can withstand the physical requirements of CAMP, **DO NOT PARTICIPATE IN THIS PROGRAM.** If, while participating in the program, you feel weak or become injured, you should stop immediately and advise the Police Recruiter.

WAIVER AND RELEASE OF LIABILITY

I freely and voluntarily agree to participate in the San Diego Police Department's Candidate Assistance Mentoring Program ("CAMP"). I understand this program includes a rigorous course of physical activity in which participants are expected to perform anaerobic activities. I certify that I am physically fit for participation in CAMP and have not been advised otherwise by a qualified medical person. CAMP includes physical and mental stressors similar to those that police officer recruits experience in the academy. I understand and acknowledge that, due to the extensive physical activity involved in CAMP, there is a risk of injury(s) and that CAMP is potentially a hazardous activity. I have a personal duty and responsibility to learn and follow the safety standards, guidelines, and procedures established by my instructors and will make them aware at any point during the program if I question my knowledge of these standards, guidelines and procedures, or my ability to participate. I agree to immediately report any injuries to the Police Recruiter or designated supervisor or onsite training staff. I also agree to immediately report any health condition that affects my ability to participate in CAMP.

I understand and agree to assume full responsibility for, and all risks of, any injuries or damages, including death, that may occur as a result of my participation in CAMP. I, for myself and anyone entitled to act on my behalf, further agree to defend, indemnify, release, and hold harmless the San Diego Police Department, the City of San Diego, its officers, employees, and agents from any and all claims, damages, demands, rights of action or causes of action, present and future, known, anticipated, and unanticipated, that may arise out of, be incident to, or result from my participation in the CAMP Program, or the use of any facilities or equipment related to CAMP.

SAN DIEGO POLICE DEPARTMENT RECRUITING UNIT
CANDIDATE ASSISTANCE MENTORING PROGRAM
(C.A.M.P.)

WAIVER AND RELEASE OF LIABILITY

I certify that I have been advised of and understand the risks involved in the CAMP program. I have read and fully understand this release of liability and agree to all of its terms.

Executed this ____ day of _____, 20__ at San Diego County, California.

Print Name

Sign Name

Date

Print Name (Witness)

Sign Name (Witness)

Date

Candidate Assistance Mentoring Program – C.A.M.P



While at the Candidate Assistance Mentoring Program (CAMP) and Police Facilities (i.e. Headquarters, Academy, Divisions, Police Museum, etc.), greet everyone. There may be an officer walking around in plain clothes. Example: “Sir (Ma’am), good morning Sir (Ma’am). “

Leave the attitudes at home. Along with exercising at CAMP, we will induce stress by offering up aggressive means of motivation. Be responsible for your actions. If you foul up, admit it. Do not rationalize your mistakes or short comings. Fix it. Move on. Don’t do it again.

Now is the time to take initiative and start introducing yourselves to each other. You will not succeed in this Academy alone. This is a team effort. You all come from different walks of life (i.e. prior law enforcement, special ops, military, college grads, teachers, engineers, scientists, managers, etc.) and were chosen by our department for a reason. Use your strengths to help each other. No one is special and none of you have been San Diego Police Officers. There will be areas where you are strong and areas where you are weak. Help when you are strong and ask for assistance when you are weak. Your Academy will only be as strong as your weakest Recruit. Also attached are the radio codes that you will be required to learn while attending C.A.M.P. Learn these codes now that way it will be one less thing to worry about during the Academy. We will test your progress during CAMP.

The recruiters are here to provide you with daily direction, guidance, and counseling. It is their job to help make the transition from civilian to Police Recruits. Everything is done for a reason. Do not take things personal. The recruiters are all here to help make your transition into the Academy easier and less stressful.

CAMP is every **Tuesday** and **Thursday** at 1400 hours at San Diego Police Plaza, 4020 Murphy Canyon Road, San Diego, CA 92123

CAMP will also be held on the **First, Third, and generally the Last Saturday** of the month at 0700 hours (SDPD Training Facility, 4230 Spruance Road, San Diego, CA 92101) (PLEASE STAY CONNECTED ON GROUPME FOR SATURDAY WORKOUT UPDATES)

CAMP will also be held on the **Second** and **Fourth Wednesday** of the month at 1800 hours (12592 El Camino Real, San Diego, 92130)

Retain for Your Records

Personal Appearance



MEN:

Hair shall not exceed one inch (1") on the top and one-quarter inch (1/4") on sides. It shall be neatly trimmed. In no event shall the length of the hair touch the top of the ear or uniform shirt collar.

Sideburns shall be neatly trimmed and no longer than mid-point of the ear.

Mustache shall be kept neatly trimmed and well-groomed and shall not extend beyond the corners of the mouth. Mustache shall not be waxed.

Beards are **NOT** acceptable.

Jewelry or Ornammentation Choker-type necklaces shall not be worn with the uniform. Religious or identification type necklaces may be worn however must be on a chain long enough so as not to be visible when worn with the short sleeve, open collar uniform shirt. The wearing of earrings is expressly prohibited.

WOMEN:

Hair shall be worn neatly. Extreme hairstyles or extreme coloring are inappropriate. The length of the hair, for uniform personnel, shall not be worn below the bottom of the collar of the short sleeve shirt. If the hair is longer than described, it shall be worn up in a ***NEAT*** fashion and securely fastened. Barrettes may be worn to keep the hair in place, but shall be plain gold, silver or a dark base color. Hair ties shall be black in color. All hairstyles shall be no longer than four inches (4") from any part of the head. In no event shall the length of the hair or the style preclude the proper wearing of a helmet or gas mask.

Makeup shall be conservative.

Fingernails shall be professional in color and length and shall not be more than one-quarter inch (1/4") past the fingertips. Fingernail jewelry and multi-colored nails are not acceptable.

Jewelry Choker-type necklaces shall not be worn with the uniform. Religious or identification type necklaces may be worn however must be on a chain long enough so as not to be visible when worn with the short sleeve, open collar uniform shirt. When in uniform, earrings shall be plain, stud-type and no more than one-quarter inch (1/4") across. The wearing of more than one (1) pair of earrings is prohibited. Bracelets, other than medical identification types, are not to be worn. One (1) ring per hand is permitted.

**** ALL CAMP participants will wear a black crew neck t-shirt (short sleeve, **NO LOGOS**)

****ALL CAMP participants will wear black shorts

**** ALL CAMP participants will wear white socks and running shoes, a watch will be needed to time yourself (no fit bits, phone, OR computer type watches)

****Always bring water (AT LEAST 32oz.) and small dark colored hand towel (most applicants bring a black towel)

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Please download PDF and save it, before filling out. *Adobe Acrobat Reader* is the preferred program to use.

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form **in its entirety** and provide **accurate and truthful responses**.
- Following instructions provided by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 33) and identify the additional information by the question number.
- Following instructions provided by the hiring department, submit the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few **automatic** bases for rejection. Even prior instances of illegal drug use, driving under the influence, theft, or even arrest or misdemeanor conviction may not be, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" and/or are disqualified during the background investigation is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 1/2024)

SECTION 1: PERSONAL**1. YOUR FULL NAME**

LAST

FIRST

MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)☐ N/A**3. ADDRESS WHERE YOU LIVE**

NUMBER / STREET

APT / UNIT

CITY

STATE

ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)**5. CONTACT NUMBERS**

HOME ()

WORK ()

EXT

OTHER ()

☐ CELL☐ FAX**6. CONTACT EMAIL****7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)****8. EMPLOYMENT ELIGIBILITY**Are you legally authorized to work in the United States under federal law? ☐ Yes ☐ No**9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)****10. BIRTHDATE (MM/DD/YYYY)****11. SOCIAL SECURITY NUMBER**

- -

12. DRIVER'S LICENSE

NUMBER:

STATE:

EXPIRES:

13. PHYSICAL DESCRIPTION

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES**14. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable.

- Mark "Deceased," if appropriate.

- ***If more space is needed, continue on Page 33 – reference corresponding numbers.***

14.A Spouse / Registered Domestic Partner☐ Deceased☐ N/A

NAME

HOME ADDRESS (NUMBER / STREET / APT)

CITY

STATE

ZIP

HOME PHONE

WORK ADDRESS (NUMBER / STREET / APT)

CITY

STATE

ZIP

()

WORK PHONE

CELL PHONE

EMAIL

()

()

DATE OF MARRIAGE/REGISTRATION

/

(MM/YYYY)

Is there, or has there ever been, a restraining or stay-away order
in effect involving you and this individual?.....☐ Yes☐ No

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SECTION 2: RELATIVES AND REFERENCES *continued***14.B Former Spouse / Former Registered Domestic Partner**☐ Deceased☐ N/A

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
()						
WORK PHONE		CELL PHONE		EMAIL		
()		()				
DATE OF MARRIAGE/REGISTRATION		DATE OF DISSOLUTION		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
/ (MM/YYYY)		/ (MM/YYYY)				

14.C Parents / Guardians / In-lawsList **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.**14.C.1 Parent / Guardian / In-law:** ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
()						
WORK PHONE		CELL PHONE		EMAIL		
()		()				

14.C.2 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
()						
WORK PHONE		CELL PHONE		EMAIL		
()		()				

14.C.3 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
()						
WORK PHONE		CELL PHONE		EMAIL		
()		()				

14.C.4 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
()						
WORK PHONE		CELL PHONE		EMAIL		
()		()				

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued***14.C Parents / Guardians / In-laws** *continued***14.C.5 Parent / Guardian / In-law:** ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

14.C.6 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: _____ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

Supplemental relatives information provided on Page 33 ☐**14.D Brothers / Sisters**☐ N/AList **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.**14.D.1 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.D.2 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

14.D.3 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued***14.D.4 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

Supplemental relatives information provided on Page 33 ☐**14.E Children**☐ N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			

14.E.2 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			

14.E.3 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			

14.E.4 Child: ☐ Son ☐ Daughter ☐ Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER		EMAIL			

Supplemental relatives information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued***15. LIST OF REFERENCES**

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.**

15.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE	EMAIL			
()		()					
How do you know this person?					How long have you known this person?		
15.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE	EMAIL			
()		()					
How do you know this person?					How long have you known this person?		
15.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE	EMAIL			
()		()					
How do you know this person?					How long have you known this person?		
15.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE	EMAIL			
()		()					
How do you know this person?					How long have you known this person?		
15.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()						
	WORK PHONE		CELL PHONE	EMAIL			
()		()					
How do you know this person?					How long have you known this person?		

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SECTION 2: RELATIVES AND REFERENCES *continued*

15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	<i>How do you know this person?</i>		<i>How long have you known this person?</i>		
15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	<i>How do you know this person?</i>		<i>How long have you known this person?</i>		
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	<i>How do you know this person?</i>		<i>How long have you known this person?</i>		
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	<i>How do you know this person?</i>		<i>How long have you known this person?</i>		
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	<i>How do you know this person?</i>		<i>How long have you known this person?</i>		

Supplemental references information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 3: EDUCATION

- **NOTE:** You will be required to furnish official transcripts or other proof to support all of your educational claims in Section 3.
- If more space is needed, continue your response on Page 33.

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Graduation:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> California High School Proficiency Certificate:	/

17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	/

CITY	STATE

17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/	/

CITY	STATE

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/		_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED
	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/		_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED
	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	/	/		_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)	DEGREE EARNED
	<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
	/	/		<input type="checkbox"/> YES <input type="checkbox"/> NO

CITY	STATE	TYPE OF SCHOOL OR TRAINING

Supplemental education information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer
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SECTION 3: EDUCATION *continued*

LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? ☐ YES ☐ NO

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	/

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher? ☐ YES ☐ NO

IF YES, provide the following information:

21.1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/ GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
21.2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/ GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

Supplemental POST basic course information provided on Page 33 ☐

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? ☐ YES ☐ NO

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course/academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? ☐ YES ☐ NO

IF YES, explain circumstances.

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 4: RESIDENCE HISTORY**24. LIST OF RESIDENCES**

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- **If more space is needed, continue your response on Page 33.**

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you live:					
24.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					
24.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 4: RESIDENCE HISTORY *continued*

24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				()		
CITY		STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				()		
CITY		STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						

Supplemental residence information provided on Page 33 ☐**25. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years** or **since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on Page 33.*

25.1	NAME OF HOUSEMATE			CONTACT NUMBER	
				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 4: RESIDENCE HISTORY *continued*

25.2	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

25.3	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

25.4	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

25.5	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

Supplemental housemate information provided on Page 33 ☐

26. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Have you ever left a residence owing rent, utilities, or other household expenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "YES" to Questions 26 and/or 27 , explain (include when, where, and circumstances):		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

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SECTION 5: EXPERIENCE AND EMPLOYMENT**28. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**
- **If more space is needed, continue your response on Page 33.**

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER		EXT
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR WANTING TO LEAVE		
SUPERVISOR		CONTACT NUMBER		EXT	EMAIL	
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER		EXT	EMAIL	
1)		()				
2)		()				
Would there be a problem if we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, explain:						

28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.3	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER		EXT
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER		EXT	EMAIL	
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER		EXT	EMAIL	
1)		()				
2)		()				

28.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

28.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER		EXT
				()		
	CITY	STATE	ZIP	EMAIL		
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER		EXT	EMAIL	
		()				
NAMES OF CO-WORKERS		CONTACT NUMBER		EXT	EMAIL	
1)		()				
2)		()				

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.7	NAME OF EMPLOYER OR MILITARY UNIT		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		CONTACT NUMBER	EXT
			()	
	CITY	STATE	ZIP	EMAIL
	JOB TITLE / RANK		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT	EMAIL
		()		
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT	EMAIL
1)		()		
2)		()		

28.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.9	NAME OF EMPLOYER OR MILITARY UNIT		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		CONTACT NUMBER	EXT
			()	
	CITY	STATE	ZIP	EMAIL
	JOB TITLE / RANK		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT	EMAIL
		()		
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT	EMAIL
1)		()		
2)		()		

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.11	NAME OF EMPLOYER OR MILITARY UNIT		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		CONTACT NUMBER	EXT
			()	
	CITY	STATE	ZIP	EMAIL
	JOB TITLE / RANK		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT	EMAIL
		()		
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT	EMAIL
1)		()		
2)		()		

28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.13	NAME OF EMPLOYER OR MILITARY UNIT		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		CONTACT NUMBER	EXT
			()	
	CITY	STATE	ZIP	EMAIL
	JOB TITLE / RANK		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT	EMAIL
		()		
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT	EMAIL
1)		()		
2)		()		

28.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

Supplemental employment information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) ☐ YES ☐ NO
30. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ YES ☐ NO
31. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ YES ☐ NO
32. Have you ever quit without giving proper notice? ☐ YES ☐ NO
33. Have you ever resigned in lieu of termination? ☐ YES ☐ NO
34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? ☐ YES ☐ NO
35. Have you ever been the subject of a written complaint at work that resulted in disciplinary action against you? ☐ YES ☐ NO
36. Have you ever been counseled at work due to lateness or absences? ☐ YES ☐ NO
37. Have you ever received an unsatisfactory performance review? ☐ YES ☐ NO
38. Have you ever sold, released, or given away legally confidential information? ☐ YES ☐ NO
39. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ YES ☐ NO
IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days
40. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) ☐ YES ☐ NO
41. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of investigative content and/or evidence pursuant to official law enforcement investigations.) ☐ YES ☐ NO

If you answered "YES" to any of Questions 29–41, explain (include when, where, and circumstances – *reference corresponding numbers*).
If more space is needed, continue your response on page 33.

Supplemental employment information provided on Page 33 ☐

42. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption? ☐ YES ☐ NO
If YES, how often? _____
43. Has your work performance ever been affected by your use of alcohol or drugs? ☐ YES ☐ NO
If YES, when? _____ Name of employer: _____
44. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ YES ☐ NO
If YES, when? _____ Name of employer: _____

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*45. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? ☐ YES ☐ NO

- If you answered “YES” to Question 45, list **EVERY** agency you have applied to, **starting with the most recent**.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If you applied more than once to the same agency, list each occurrence separately.**
- Give complete and accurate addresses.
- **If more space is needed, continue your response on Page 33.**

45.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
			()			
POSITION APPLIED FOR			EMAIL			

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
			()			
POSITION APPLIED FOR			EMAIL			

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.3	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.4	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.5	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.6	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.7	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____

45.8	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) _____**Supplemental application information provided on Page 33** ☐

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 1/2024)

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

PREVIOUS PEACE OFFICER EXPERIENCE

46. Do you have previous peace officer experience in this state or any other jurisdiction? ☐ YES ☐ NO
(If no, skip to Section 6: Military Experience.)

During, or after, your employment as a peace officer:

(check Yes or No)

46.1 Have you ever been terminated for cause from employment as a peace officer in any State? ☐ YES ☐ NO

46.2 Have you ever had your peace officer certification suspended or revoked in any State, including California? ☐ YES ☐ NO

46.3 Have you ever been dishonest in the reporting, investigation, or prosecution of a crime, or relating to the reporting of, or investigation of misconduct by, a peace officer or custodial officer, including, but not limited to, false statements, intentionally filing false reports, tampering with, falsifying, destroying, or concealing evidence, perjury, and tampering with data recorded by a body-worn camera or other recording device for purposes of concealing misconduct? ☐ YES ☐ NO

46.4 Have you ever abused your power, including but not limited to, intimidating witnesses, knowingly obtaining a false confession, or knowingly making a false arrest? ☐ YES ☐ NO

46.5 Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force? ☐ YES ☐ NO

46.6 Have you ever committed sexual assault as described in subdivision (b) of Penal Code Section 832.7, but to also include acts committed amongst members of any law enforcement agency? ☐ YES ☐ NO

46.7 Have you ever demonstrated bias on the basis of actual or perceived race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status in violation of law or department policy or inconsistent with a peace officer's obligation to carry out their duties in a fair and unbiased manner? ☐ YES ☐ NO

46.8 Have you ever committed acts that violate the law and are sufficiently egregious or repeated as to be inconsistent with a peace officer's obligation to uphold the law or respect the rights of members of the public? ☐ YES ☐ NO

46.9 Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)? ☐ YES ☐ NO

46.10 Have you ever failed to cooperate with an investigation into potential police misconduct, including an investigation conducted pursuant to Penal Code §13510.8? ☐ YES ☐ NO

46.11 Have you ever failed to intercede when present and observing another officer using force that was clearly beyond that which was necessary? ☐ YES ☐ NO

- If you answered "YES" to **ANY** of the item(s) in **Question 46**, fully explain (include dates and circumstances). *Reference the corresponding number (e.g., 46.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

Supplemental employment information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 6: MILITARY EXPERIENCE

47. Are you required to register for the Selective Service?..... ☐ YES ☐ NO
IF YES, have you registered? ☐ YES ☐ NO
IF NO, explain: _____

48. Have you ever served in the military? ☐ YES ☐ NO

49. If you answered "YES" to Question 48, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1–4) if applicable – *refer to your DD-214*: _____

50. Are you currently participating in one of the following?
☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

51. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ YES ☐ NO

52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ☐ YES ☐ NO

53. Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ YES ☐ NO

If you answered "YES" to any of **Questions 51-53**, explain (include dates and circumstances).

Supplemental military information provided on Page 33 ☐

SECTION 7: FINANCIAL**54. INCOME AND EXPENSES**

For questions 54.1 and 54.2, fill in the amounts to the nearest dollar.

- For **Question 54.1**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 54.2**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

54.1 What is your total monthly disposable income?\$ _____ per month

54.2 How much do you spend each month?\$ _____ per month

55. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ YES ☐ NO

56. Have any of your bills ever been turned over to a collection agency? ☐ YES ☐ NO

57. Have you ever had purchased goods repossessed? ☐ YES ☐ NO

58. Have your wages ever been garnished? ☐ YES ☐ NO

59. Have you ever been delinquent on income or other tax payments? ☐ YES ☐ NO

60. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ YES ☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 7: FINANCIAL *continued*

61. Have you ever avoided paying any lawful debt by moving away? ☐ YES ☐ NO
62. Have you ever defaulted on (failed to pay) a loan? ☐ YES ☐ NO
63. Have you ever borrowed money to pay for a gambling debt? ☐ YES ☐ NO
IF YES, do you currently have any outstanding debts as a result of gambling? ☐ YES ☐ NO
64. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .. ☐ YES ☐ NO
65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ YES ☐ NO

If you answered "YES" to any of Questions 55-65, explain (include when, where, and why – reference corresponding numbers).

Supplemental financial information provided on Page 33 ☐

SECTION 8: LEGAL**► Government Code section 1029(a) Disqualifiers**

- If you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should discuss your response with the hiring department and/or competent legal counsel before completing this section.

- 66.1 Have you ever been convicted of a felony? ☐ YES ☐ NO
- 66.2 Have you ever been convicted of any offense in any other jurisdiction which would have been a felony if committed in this state? ☐ YES ☐ NO
- 66.3 Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which would have been a felony if committed in this state? ☐ YES ☐ NO
- 66.4 After January 1, 2004, have you ever been convicted of a crime based upon a verdict or finding of guilt of a felony by the trier of fact, or upon the entry of a plea of guilty or nolo contendere to a felony, regardless of whether, pursuant to subdivision (b) of Section 17 of the Penal Code, the court declared the offense to be a misdemeanor, or the offense become a misdemeanor by operation of law? ☐ YES ☐ NO
- 66.5 Have you ever been charged with a felony and adjudged by a superior court to be mentally incompetent under Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code? ☐ YES ☐ NO
- 66.6 Have you ever been found not guilty by reason of insanity of any felony? ☐ YES ☐ NO
- 66.7 Have you ever been determined to be a mentally disordered sex offender pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code? ☐ YES ☐ NO
- 66.8 Have you ever been adjudged addicted or in danger of becoming addicted to narcotics, convicted, and committed to a state institution as provided in Section 3051 of the Welfare and Institutions Code? ☐ YES ☐ NO
- 66.9 Following exhaustion of all available appeals, have you ever been convicted of, or adjudicated through an administrative, military, or civil judicial process committed, any act that is a violation of Section 115, 115.3, 116, 116.5, or 117 of, or of any offense described in Chapter 1 (commencing with Section 92), Chapter 5 (commencing with Section 118), Chapter 6 (commencing with Section 132), or Chapter 7 (commencing with Section 142) of Title 7 of Part 1 of the Penal Code, including any act committed in another jurisdiction that would have been a violation of any of those sections if committed in this state? ☐ YES ☐ NO
- 66.10 Have you ever been issued a certification described in Section 13510.1 of the Penal Code, and had that certification revoked by the Commission on Peace Officer Standards and Training, voluntarily surrendered that certification pursuant to subdivision (f) of Section 13510.8, or having met the minimum requirement for issuance of certification, been denied issuance of certification? ☐ YES ☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *(continued)*

- 66.11** Have you ever had your name listed in the National Decertification Index of the International Association of Directors of Law Enforcement Standards and Training or any other database designated by the federal government? ☐ YES ☐ NO
- 66.12** Have you ever had your certification as a law enforcement officer in any jurisdiction suspended or revoked?..... ☐ YES ☐ NO
- 66.13** While employed as a law enforcement officer, have you ever engaged in serious misconduct that would have resulted in your certification being revoked by the commission if employed as a peace officer in this state? ☐ YES ☐ NO

- If you answered "YES" to **ANY** of the item(s) in **Question 66**, fully explain circumstances, including dates and resolution. *Reference the corresponding number (e.g., 66.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

Supplemental disqualification information provided on Page 33 ☐**► Disclosure of Arrests and Convictions**

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on Page 33.*

- 67.** Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ YES ☐ NO

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
67.1		/	
	DISPOSITION OR PENALTY		
67.2		/	
	DISPOSITION OR PENALTY		

Supplemental disclosure information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 1/2024)

SECTION 8: LEGAL *(continued)*

68. Have you ever been placed on court probation? ☐ YES ☐ NO
69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ YES ☐ NO
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ YES ☐ NO
71. Have the police ever been called to your home for any reason? ☐ YES ☐ NO
72. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ YES ☐ NO
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ YES ☐ NO
74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ YES ☐ NO
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ YES ☐ NO
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? ☐ YES ☐ NO
77. Have you ever filed a false insurance or workers' compensation claim? ☐ YES ☐ NO

If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on Page 33.

Supplemental legal information provided on Page 33 ☐

► Involvement in Criminal Acts – Part 1

78. Have you committed any of the following acts **within the past seven (7) years?** (You do NOT have to report any acts committed **prior to age 15.**)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- | | | | |
|------|--|------------------------------|-----------------------------|
| 78.1 | Animal abuse and/or neglect | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.3 | Battery (use of force or violence upon another) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.4 | Brandishing a weapon (any type of weapon) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.5 | Carrying a concealed weapon without a permit | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.6 | Contributing to the delinquency of a minor | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL (continued)

78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.10	Filing a false police report	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.11	Hit & run collision (no injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.12	Illegal gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.16	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.17	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) ...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.18	Petty theft (value up to \$950, including shoplifting/switching price tags)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.19	Possession of alcohol as a minor (under the age of 21)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.20	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.21	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.22	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.23	Reckless driving	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.24	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.25	Trespassing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.26	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.27	Any other act amounting to a misdemeanor	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- If you answered "YES" to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.5) for each explanation.*
- **If more space is needed, continue your response on Page 33.**

Supplemental legal information provided on Page 33 ☐

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *(continued)***► Involvement in Criminal Acts – Part 2**79. **At any time in your life**, have you **EVER** committed any of the following acts?**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

79.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.3	Blackmail or extortion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.9	Felony illegal sex acts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.10	Forcible rape	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.13	Grand theft (value of over \$950, automobile, any firearm)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.14	Hit & run (with injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.15	Hate crime	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.16	Insurance fraud	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.18	Perjury (lying under oath)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.19	Possession of an explosive/destructive device	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.21	Stalking (including, but not limited to, electronic communication)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.23	Viewing and/or possessing child pornography	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.24	Any other act amounting to a felony	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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- If you answered “YES” to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

Supplemental legal information provided on Page 33 ☐

- For the purpose of responding to the following questions, “illegal drugs” include use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
 - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc.*)
 - ▶ Barbiturates (*Downers*)
 - ▶ Cocaine / Crack Cocaine
 - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
 - ▶ Fentanyl
 - ▶ GHB (*Date Rape Drug*)
 - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
 - ▶ Hashish / Hashish Oil
 - ▶ Heroin / Opium
 - ▶ Mescaline
 - ▶ Morphine
 - ▶ PCP / Angel Dust
 - ▶ Quaaludes
 - ▶ Steroids
 - ▶ Glue, paint, aerosol, or any substance containing toluene

80. **Within the past six months**, excluding the use of cannabis off the job and away from the workplace, have you used any drug(s) as indicated above? ☐ YES ☐ NO

IF YES, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL *(continued)***81. Prior to the past six months:**☐ I have **never** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)☐ **Excluding any use of cannabis**, I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances**:**82.** Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, excluding the use of cannabis off the job and away from the workplace? ☐ YES ☐ NO**If YES, indicate which activities (mark all that apply):**☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for AnotherIF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s)**, and **circumstances**.**83.** During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications, excluding the use of cannabis off the job and away from the workplace? ☐ YES ☐ NO**IF YES, explain:****Supplemental drug information provided on Page 33** ☐**SECTION 9: MOTOR VEHICLE INFORMATION****84. Current Driver's License:**

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

85. List other states where you have been licensed to operate a motor vehicle.

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 9: MOTOR VEHICLE INFORMATION *(continued)*86. Have you ever been refused a driver's license by any state? ☐ YES ☐ NO**IF YES, explain** (include when, where, and circumstances):

87. Has your driver's license ever been suspended or revoked? ☐ YES ☐ NO**IF YES, explain** (include when, where, and circumstances):

88. List your current liability insurance on your vehicle(s).

88.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /			
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	
88.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /			
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	

89. Have you received any traffic citations, excluding parking citations, **within the past seven years?** ☐ YES ☐ NO**If YES, give details below.**

89.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed				
89.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed				
89.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed				

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 9: MOTOR VEHICLE INFORMATION *(continued)*

90. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

91. Have you been involved as the driver in a motor vehicle accident ***within the past seven years?*** ☐ YES ☐ NO***IF YES, give details below.***

91.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

92. Have you ever driven a vehicle without auto insurance, as required by law? ☐ YES ☐ NO

IF YES, GIVE REASON

FROM (MM/YYYY)

TO (MM/YYYY)

/

/

93. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ YES ☐ NO

IF YES, GIVE REASON

DATE (MM/YYYY)

/

INSURANCE COMPANY

Supplemental motor vehicle information provided on Page 33 ☐**SECTION 10: OTHER TOPICS**94. Have you ever applied for a concealed carry weapon (CCW) permit?..... ☐ YES ☐ NOIf YES, have you ever been refused a CCW permit? ☐ YES ☐ NO95. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? ☐ YES ☐ NO96. ***Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ YES ☐ NO97. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, law enforcement gang, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? ☐ YES ☐ NO98. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, law enforcement gang, hate group, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability?..... ☐ YES ☐ NO99. Are you or have you ever engaged in membership in a hate group, participation in any hate group activity, or advocacy of public expressions of hate, as defined in Section 13680 of the Penal Code? ☐ YES ☐ NO

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 10: OTHER TOPICS *(continued)*

100. Have you ever made postings, statements or endorsements advocating discrimination, genocide, or violence against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? ☐ YES ☐ NO

101. Have you ever expressed or exhibited bias against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? ☐ YES ☐ NO

If you answered "YES" to any of **Questions 94–101**, give details including dates and circumstances – *reference corresponding numbers*).

If more space is needed, continue your response on Page 33.

Supplemental other topics information provided on Page 33 ☐

SECTION 11: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

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- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.
- You may print copies of this page as needed.

Print your name

In your own PRINTING, please write an autobiography and state your reasons for wanting to become a San Diego Police Officer. Do not go beyond this page.

[illegible]