# **SECURITY CLEARANCE**

#  **PERSONAL HISTORY FORM AND INSTRUCTIONS**

The following instructions are furnished as a guide to assist you in filling out the Personal History Form. **This form, which you are required to fill out, must be complete and detailed in all respects.** It is the basis for your background investigation, which will be conducted to determine your qualifications for the position for which you have applied.

**It is highly recommended that you save a copy of this form to either your computer or CD.** The form cannot be electronically transmitted.

All the questions must be answered completely and accurately. Your Personal History Form should be completed neatly in black ink or typed on the computer form. **Falsification or failure to include information as directed will be considered just grounds for non-acceptance** or termination if already employed. Avoid errors by reading the directions carefully before making any entries on the form. Make sure your information is correct and in proper sequence before you begin. **If you do not understand any part of the form, ask for assistance from the Background Investigation Personnel at (714) 834-5311.**

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job. For example, being fired from a job or having an arrest record may not in itself be grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Remember, every item will be checked and must be verified. **An accurate and complete Personal History Form will help to expedite your consideration for appointment.**

If additional space is needed, refer to the instructions on the last page of the form. Do not attach documents such as resumes, credit reports, Department of Motor Vehicle printouts or driver’s licenses, etc. in lieu of the information requested in the Personal History Form.

**All zip codes, addresses (including city names), telephone numbers, and other pertinent information must be included** or the application cannot be processed in a timely manner. **All boxes must be filled in. If a question does not apply to you, enter “DNA” in the space provided.**

**Bring the completed form and your personal documents with you to the background interview.** This interview will last approximately four hours. This is the process that starts your background investigation. The appointment will be at the Sheriff’s Department, 320 N. Flower St. 4th floor, Santa Ana, 92703. **Parking will be at your own expense, no validation.**

Please bring the following **original forms** to the appointment. The information will be verified and noted in your folder and the originals returned to you at this time.

1. Birth Certificate **(Original or Certified Copy)** / Naturalization Papers / Resident Card
2. California Driver’s License
3. Social Security Card
4. Proof of Current Automobile Liability Insurance **(Listing you as an Insured Driver)**

Revised 09/4/20-YR

 **AUTHORIZATION TO RELEASE INFORMATION (NON-SWORN APPLICANT)**

TO WHOM IT MAY CONCERN:

|  |  |  |
| --- | --- | --- |
| I am an applicant for the position of |       | with the Orange County  |

Sheriff-Coroner Department. As a matter of department policy, my prospective employer is required to conduct a thorough investigation into my personal, medical, and psychological fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release all information which you may have concerning me, including information which may be confidential, privileged and/or derogatory in nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), medical, surgical, psychological and dental records if I am offered employment with this agency (pursuant to the Medical Information Act, Civil Code Section 56 et. Seq. and C.F.R. 1630), credit and financial information (pursuant to Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300 [b][10]), and/or any other information that you possess. By signing this form, I acknowledge that I have received notice and have provided consent for the Orange County Sheriff’s Department to use this information to conduct such a background investigation, which may include the searching of public databases, private databases, criminal justice databases, and law enforcement databases including, but not limited to, COPLINK, LINX, C-ALL, DDEX, and NDEX.

I exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, for furnishing the truthful information requested by the bearer of this authorization form.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The signing of this document authorizes its execution and acknowledges that I have received a copy of it.

**THIS RELEASE WILL EXPIRE ONE YEAR AFTER THE DATE OF SIGNATURE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL NAME: |  |  | ADDRESS: |       |
|  | (Signature to be witnessed) |  |  |  |
| PRINT NAME: |       |  | CITY/STATE: |       |
|  |  |  |  |
| DATE: |       |  | TELEPHONE: |       |
|  |
|  |
| 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, |       |  |
|  | (insert name and title of the officer) |
| personally appeared |       |  |
| 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. 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 |  | (Seal) |
|  |  |

|  |  |
| --- | --- |
| [ ]  | Contractors/Consultants  |
| [ ]  | Intern |
| [ ]  | Keeper |
| [ ]  | Legacy/Transportation |
| [ ]  | PSR |
| [ ]  | RACES |

**PERSONAL HISTORY FORM**

|  |  |
| --- | --- |
| INSTRUCTIONS: | All answers are to be completed neatly in black ink or typewritten on this form. Each question must be answered, leaving no blanks. If the question does not apply, enter “DNA” in the space provided for the answer. |

**PART I PERSONAL DESCRIPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Legal Name | Last      | First      | Middle      |
| 2. Aliases-Nicknames (List all names you have ever been known by and the circumstances)      |
| 3. Date of Birth      | 4. Place of Birth (City, County, State)      | 5. Social Security Number      |
| 6. If a Naturalized Citizen, list the City, County and State where Naturalized.      |
| 7. Sex      | Age      | Height      | Weight      | Build (Light, Medium, Heavy)      | Complexion      | Hair      | Eyes      |
| 8. Scars, tattoos, or other distinguishing marks.      |  |  |

**PART II RESIDENCE INFORMATION**

|  |
| --- |
| 9. Residence address (Number, Street, City, State, Zip Code) |
|  |
|  |
| List the telephone number(s) where you can be contacted. | E-mail Addresses: |  |
| Home #:       | Cell #:      |  Primary |       |
| secondary |       |

**PART III MARITAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| 10. Marital Status(Check one or more) | [ ]  Never Been Married[ ]  Divorced | [ ]  Married[ ]  Widowed | [ ]  Separated[ ]  Re-married |
| 11. Name of Present Spouse (First, Middle, Last Name)      |
| 12. If divorced or annulled, list prior marriages in order of occurrence. (If additional space is needed, use the blank sheet following this page.)  |
| Name of Former Spouse      |

**PART IV EMPLOYMENT INFORMATION**

|  |  |
| --- | --- |
| 13. | Begin with the most recent job and list your work history for the past 5 years in chronological order. Include in sequence, all part-time jobs, periods of employment, periods of unemployment and military service. List each duty station with complete military address including unit designation. Do not duplicate the names of persons whom you listed as references. (For the purposes of this personal history statement, volunteer work should be included as employment.) |
| From      | Employer’s Name      | Employer’s Address (Number, Street, City, State, Zip)      | Area Code/Telephone       |
| To      | Job Title      | Supervisor Name - Area Code/Telephone      |
| Duties      | Email Address      |
| From      | Employer’s Name      | Employer’s Address (Number, Street, City, State, Zip)      | Area Code/Telephone       |
| To      | Job Title      | Supervisor Name - Area Code/Telephone      |
| Duties      | Email Address      |
| From      | Employer’s Name      | Employer’s Address (Number, Street, City, State, Zip)      | Area Code/Telephone       |
| To      | Job Title      | Supervisor Name - Area Code/Telephone       |
| Duties      | Email Address      |
| From      | Employer’s Name      | Employer’s Address (Number, Street, City, State, Zip)      | Area Code/Telephone       |
| To      | Job Title      | Supervisor Name - Area Code/Telephone      |
| Duties      | Email Address      |

# **PART V COMMUNITY INFORMATION**

|  |
| --- |
| 14. List in chronological order every city or community in which you resided in the past 5 years.Begin with your present residence and work backwards. Include the state or territory applicable. |
| From | To | Address (Specify N, S, E, W, St, Dr, Pl, Ave, City and State) Include Zip Code |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**PART VI REFERENCE INFORMATION**

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| 15. Please list Names, Addresses, and Phone Numbers of three Personal Character References.  |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      | Area Code/Telephone       |
| How does this person know you?      | Email Address      |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      | Area Code/Telephone       |
| How does this person know you?      | Email Address      |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      | Area Code/Telephone       |
| How does this person know you?      | Email Address      |

**PART VII NEIGHBOR INFORMATION**

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| --- |
| 16. Please list Names, Addresses, and Phone Numbers of four neighbors in your neighborhood.  |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      |
| Area Code/Telephone      | Email Address      |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      |
| Area Code/Telephone      | Email Address      |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      |
| Area Code/Telephone      | Email Address      |
| Name (First, Middle, Last)      | Residence Address (Number, Street, City, State, Zip Code)      |
| Area Code/Telephone      | Email Address      |

**PART VIII TRAFFIC INFORMATION**

|  |  |  |
| --- | --- | --- |
| 17. Driver’s License Number and State       | Class of License      | Expiration Date      |
| 18. [ ]  Yes [ ]  No | Have you ever been detained by a law enforcement officer? If the answer is “Yes”, explain below why you were detained.  |
| 19. [ ]  Yes [ ]  No  | Have you ever been arrested and released by a misdemeanor citation? If the answer is “Yes”, what was the offense listed on the citation? Please explain. |
|       |
| 20. [ ]  Yes [ ]  No | Have you ever been arrested and booked into a jail facility? If the answer is “Yes”, what was the offense and where were you booked? Please explain. |
|  |

**PART X EDUCATION INFORMATION**

|  |
| --- |
| 21. List all colleges and universities you have attended. Include post-graduate work. |
| Name of School | Complete Address (Number, Street,City, State, Zip) | Attendance Dates | Graduate | Major Degree or Units Earned  |
| From | To | Yes | No |
|       |       |       |       | [ ]  | [ ]  |       |
|       |       |       |       | [ ]  | [ ]  |       |
|       |       |       |       | [ ]  | [ ]  |       |
|       |       |       |       | [ ]  | [ ]  |       |
| 22. List every school (High School, Trade School, or Business College) that you have attended. Start with the one you last attended. |
| Name of School | Complete Address (Number, Street,City, State, Zip) | Attendance Dates | Graduate | Major |
| From | To | Yes | No |
|       |       |       |       | [ ]  | [ ]  |       |
|       |       |       |       | [ ]  | [ ]  |       |
|       |       |       |       | [ ]  | [ ]  |       |
|       |       |       |       | [ ]  | [ ]  |       |

**PART XI MISCELLANEOUS INFORMATION**

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| 23. Is there anything else you wish to disclose that will assist us in conducting your background investigation more expeditiously? If “Yes”, please explain. |
|       |
| BACKGROUND INVESTIGATION CONSENT |
| I, the undersigned, authorize the Orange County Sheriff’s Department, and its agents, to independently research my background, character, credit and criminal record, past employment and education. This includes contacting references and other persons, reviewing records maintained by any of these persons, both public and private organizations. This may include investigating whether you have been involved in any insurance, unemployment or worker’s compensation related fraud. |
|  | Date |  |  | Signed |  |  |
|  |  |  |  |  |  |  |

REV.9/3/20-YR

PLEASE START AT THIS END

 Use this sheet for additional space in answering questions from the previous pages that require detailed information.

 Number each answer with the corresponding number from the question on the previous pages.

 Should more space be necessary than is provided here, attach a white sheet of 8 ½” x 11” paper to this sheet.