The following instructions are provided as a guide 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.

The Personal History Statement can be found on the Orange County Sheriff’s Department website at **OCSHERIFF.GOV** click on **Join OCSD,** **then** **click on Personal History Statement for New Applicants, and go to PHS-2.** It is highly recommended that you save a copy. This form cannot be electronically transmitted. **Personal History Statement must be typed on single sided**

**If you do not understand any part of the form, ask for assistance from the Background Investigation Personnel at**

**(714) 834-5311.** **When filling out the Personal History Statement Form please use Microsoft Word ONLY.**

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.

**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.**

Please bring the following **original forms,** one set of copies and notarized authorization form to the appointment. The information will be verified and noted in your folder and the originals returned to you, at this time, except the official transcripts.

1. Birth Certificate **(Original or Certified Copy)** / Naturalization Papers / Resident Card
2. California Driver’s License

**ON THE SAME PAGE, 2 COPIES**

1. Social Security Card
2. Proof of Current Automobile Liability Insurance **(Listing you as an Insured Driver)**
3. Dissolution of Marriage Verification (Child Custody Paperwork, if applicable)
4. Complete Bankruptcy Paperwork
5. High School, College Diploma and Official Transcripts. **(Sealed envelopes – DO NOT open)**
6. Selective Service / Draft Registration **(Males with birth dates after January 1, 1960)**
7. Veteran’s Discharge and DD-214 Form (Page four preferred) - to obtain Military records online, go to <http://www.archives.gov/veterans/military-service-records/>, then click on Launch the eVetRecs System
8. Most recent Performance Evaluations **(Last Two)**
9. California Department of Consumer Affairs License (i.e. LVN, RN, etc.)
10. Proof of Legal Name Change (Does Not Apply Towards Marriages)

To obtain your selective service verification, call 1-847-688-6888 or via the Internet at [www.sss.gov](http://www.sss.gov).

**\*COLLEGE & HIGH SCHOOL TRANSCRIPTS ARE REQUIRED, ONLY IF YOU EARNED A COLLEGE DEGREE OR HS DIPLOMA \***

Sheriff’s Department, 320 N. Flower St. 4th floor,

Santa Ana, 92703.

**Parking will be at your own expense, no validation.**

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) | | | | | | |
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| --- | --- |
| INSTRUCTIONS: | All answers are to be 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. |
|  |  |
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**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. Explain the type and location for each. | | | | | | | | |  | |  |

**PART II RESIDENCE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9. Residence address (Number, Street, City, State, Zip Code) | | | | Own |
|  | | | | Rent |
|  | | | | Visiting |
| List the telephone number(s) where you can be contacted. | | E-mail Addresses: |  | |
|  |  | Residence |  | |
| Hours you can be contacted: | Hours you can be contacted: | Business |  | |
| 10. With whom do you live? | | Relationship | | |
|  | Length of time at present residence: | Years | Months | |

**PART III MARITAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11. Marital Status  (Check one or more) | Never Been Married  Divorced | | | | Married  Widowed | | | Separated  Re-married | |
| 12. Name of Present Spouse | (First, Middle, Last Name) | | | | | | Age | | Date of Birth |
| 13. Other names spouse has used | | Place of Marriage (City, County, State) | | | | | | | Date of Marriage |
| 14. Spouse’s Address if different than Applicant’s | | | | | | | | Area Code/Telephone Number | |
| 15. Spouse’s Employer’s Name and Address, Include Zip Code | | | | | | | | Hours During Employment | |
| 16. Spouse’s Position or Title | | Length of Time Spouse Employed  by Present Employer | | | | | | Area Code/Telephone Number | |
| 17. 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 | | | | Date of Birth | | Date of Marriage  Date of Divorce | | | |
| Last Known Address of Former Spouse (Include Zip Code) | | | | | | | | Area Code/Telephone Number | |
| Name of Former Spouse | | | | Date of Birth | | Date of Marriage  Date of Divorce | | | |
| Last Known Address of Former Spouse (Include Zip Code) | | | | | | | | Area Code/Telephone Number | |
| Amount of Child Support or Alimony Ordered  $ | | | Have you ever been delinquent on payments?  If yes, explain in detail on the blank sheet following. | | | | | Yes  No | |

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PLEASE START AT THIS END

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

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

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

**PART III MARITAL INFORMATION (Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| 18. List below all children born to you, step-children, adopted children and other dependents, whether residing with you or not. | | | |
| Name | Address  (Number, Street, City, State, Zip Code) | Relationship | Date of Birth |
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**PART IV RELATIVES**

|  |  |  |
| --- | --- | --- |
| During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position for which you applied. Inquiries will be confined to job-relevant matters. | | |
| 19. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in “DNA.” | | |
| Name | Address where person can be contacted  (Number, Street, City, State, Zip Code) | Telephone where person  can be contacted |
| Father | Home | Home  Work  Cell |
| Mother | Home | Home  Work  Cell |
| Father-In-Law | Home | Home  Work  Cell |
| Mother-In-Law | Home | Home  Work  Cell |

|  |  |  |
| --- | --- | --- |
| Name | Address where person can be contacted  (Number, Street, City, State, Zip Code) | Telephone where person  can be contacted |
| Brother(s) and Sister(s) | Home | Home  Work  Cell |
|  | Home | Home  Work  Cell |
|  | Home | Home  Work  Cell |
|  | Home | Home  Work  Cell |
| Step-Father | Home | Home  Work  Cell |
| Step-Mother | Home | Home  Work  Cell |
| Step-Brother(s) and Step-Sister(s) | Home | Home  Work  Cell |
|  | Home | Home  Work  Cell |
|  | Home | Home  Work  Cell |
|  | Home | Home  Work  Cell |

Revised 04/23/19 ***MARITAL – RELATIVES*** PAGE 2 of 13

**PART IV RELATIVES (Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| Other relatives with whom you have a close personal relationship. | | | |
| Name | Relationship | Address where person can be contacted  (Number, Street, City, State, Zip Code) | Telephone where person  can be contacted |
|  |  | Home | Home  Work  Cell |
|  |  | Home | Home  Work  Cell |
|  |  | Home | Home  Work  Cell |
|  |  | Home | Home  Work  Cell |
|  |  | Home | Home  Work  Cell |
|  |  | Home | Home  Work  Cell |
|  |  | Home | Home  Work  Cell |

**PART V EMPLOYMENT INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 20. | 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. When listing military service, substitute for “Name and Address of Supervisor,” the name, rank, and addresses of the last commissioned officer who was your immediate commissioned superior, and substitute for the “Name and Address of Co-worker,” the name, rank, and address of a superior non-commissioned officer with whom you served. 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 | Local Law Enforcement Agency |
| To | | Job Title | Duties | | | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Supervisor’s email address |
|  | | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Co-worker’s email address |
| If a contact was made at this time with this employer,  would it jeopardize your position? | | | | Yes  No | Comment: | | |
| From | | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Local Law Enforcement Agency |
| To | | Job Title | Duties | | | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Supervisor’s email address |
|  | | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Co-worker’s email address |
| From | | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Local Law Enforcement Agency |
| To | | Job Title | Duties | | | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Supervisor’s email address |
|  | | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Co-worker’s email address |
| From | | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Local Law Enforcement Agency |
| To | | Job Title | Duties | | | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Supervisor’s email address |
|  | | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | | | Area Code/Telephone | Co-worker’s email address |

Revised 04/23/19 ***RELATIVES – EMPLOYMENT*** PAGE 3 of 13

**PART V EMPLOYMENT INFORMATION (Continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Co-worker’s email address |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone. | Co-worker’s email address |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Co-worker’s email address |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Co-worker’s email address |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Co-worker’s email address |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Co-worker’s email address |
| From | Employer’s Name | Employer’s Address (Number, Street, City, State, Zip) | Area Code/Telephone | Local Law Enforcement Agency |
| To | Job Title | Duties | Reason for Leaving | Hours Worked During Employment    Full Time  Part Time |
| Total Yrs | Supervisor’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Supervisor’s email address |
|  | Co-Worker’s Name | Residence Address (Number, Street, City, State, Zip) | Area Code/Telephone | Co-worker’s email address |

Revised 04/23/19 ***EMPLOYMENT*** PAGE 4 of 13

**PART V EMPLOYMENT INFORMATION (Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| 21. If you have no prior employment, please explain below. | | | |
|  | | | |
| 22. Have you ever been disciplined at work?  Yes  No  If the answer is “Yes,” explain in detail below. *This includes written warnings, formal letters of counseling, reduction in pay, reassignment or demotion.* | | | |
|  | | | |
| 23. Were you ever discharged, fired, or forced to resign from any position of employment?  Yes  No  If the answer is “Yes,” explain incident in detail below. | | | |
|  | | | |
| 24. List below all applications you have made with other law enforcement agencies. | | | |
| Agency | Date Applied | Title or Position Applied For | Current Status of Application |
|  |  |  |  |
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Revised 04/23/19 ***EMPLOYMENT*** PAGE 5 of 13

PLEASE START AT THIS END

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

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

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

**PART VI COMMUNITY INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 25. 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 | Name of Local Law Enforcement Agency | Person(s) lived with & Relationship |
|  |  |  |  |  |
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**PART VII ARREST INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 26.  Yes  No | | Either as an adult or a juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted or arrested by any law enforcement agency or military authority?  Include arrests for which the record was sealed, expunged, dismissed or pardoned. | | | | |
| 27.  Yes  No | | Were you ever required to appear before a juvenile court for an act that would have been a crime if committed as an adult? | | | | |
| 28.  Yes  No | | Have you ever been reported to a law enforcement agency as a missing person or a runaway? | | | | |
| 29.  Yes  No | | Have you ever been arrested (except for a citation) for any traffic violation? | | | | |
| 30.  Yes  No | | Have you ever been placed on court probation as an adult? | | | | |
| 31.  Yes  No | | While in the military service, were you ever the subject of any disciplinary action such as Court Martial, Captain’s Mast, office hours, company punishment or other? | | | | |
| **If the answer to any of the above questions is “Yes,” list the information requested below and use the blank sheet following to write a short narrative account of each.** | | | | | | |
| Date | Charge | | | | Arresting or Detaining Agency | Disposition or Penalty |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
| 32.  Yes  No | | Has any member of your immediate family ever been arrested or detained for a charge other than a traffic violation?  If the answer is “Yes,” list the circumstances below. | | | | |
|  | | | | | | |
| 33.  Yes  No | | Have you ever applied for a permit to carry a concealed weapon?  If “Yes,” please provide the following information: | | | | |
| Permit Granted?  Yes  No | | | Date | Name of Law Enforcement Agency | | |
| Purpose | | | | | | |

Revised 04/23/19 ***COMMUNITY – ARREST*** PAGE 6 of 13

PLEASE START AT THIS END

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

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

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

**PART VIII REFERENCE INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 34. List five references, other than relatives or past employers, who know you well enough to give information about you. | | | | | | | |
| Name (First, Middle, Last) | | Residence Address (Number, Street, City, State, Zip Code) | | | | | |
| Reference Email | | | | Area Code/Telephone | | | Years Known |
| Name (First, Middle, Last) | | Residence Address (Number, Street, City, State, Zip Code) | | | | | |
| Reference Email | | | | Area Code/Telephone | | | Years Known |
| Name (First, Middle, Last) | | Residence Address (Number, Street, City, State, Zip Code) | | | | | |
| Reference Email | | | | Area Code/Telephone | | | Years Known |
| Name (First, Middle, Last) | | Residence Address (Number, Street, City, State, Zip Code) | | | | | |
| Reference Email | | | | Area Code/Telephone | | | Years Known |
| Name (First, Middle, Last) | | Residence Address (Number, Street, City, State, Zip Code) | | | | | |
| Reference Email | | | | Area Code/Telephone | | | Years Known |
| 35. List members of law enforcement agencies that you are acquainted with, type of relationship: (Relative, Close Friend, Neighbor, Co-Worker),  and years known. | | | | | | | |
| Name and Title | Address (Number, Street, City, State, Zip Code) | | | | Area Code/Telephone | | |
| Department | Email | | Relationship | | | Years Known | |
| Name and Title | Address (Number, Street, City, State, Zip Code) | | | | Area Code/Telephone | | |
| Department | Email | | Relationship | | | Years Known | |
| Name and Title | Address (Number, Street, City, State, Zip Code) | | | | Area Code/Telephone | | |
| Department | Email | | Relationship | | | Years Known | |

**PART IX FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| The management of personal finances is relevant to an individual’s qualifications for the position applied for. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. ***If the answers to any of the below questions are YES, explain in detail on the blank sheet following. Include dates, locations and other pertinent data*** | |
| 36. Have you, your spouse or ex-spouses: | |
| Yes  No | Ever had your wages attached? |
| Yes  No | Ever been a defendant to a small claims or other civil court action? |
| Yes  No | Ever had a judgment rendered against you? |
| Yes  No | Any immediate civil action pending against you? |
| Yes  No | Ever filed bankruptcy or been declared bankrupt? If YES, state Chapter Seven, Eleven or Thirteen. |
| Yes  No | Ever been refused credit? |
| Yes  No | Ever had any of your bills turned over to a collection agency? |
| Yes  No | Ever had any of your property repossessed? |
| Yes  No | Ever had a life, automobile, health or any other type of insurance policy cancelled or refused issuance? |
| Yes  No | Ever been delinquent in your taxes? |
| Yes  No | If employed by this department, do you anticipate any income other than your county salary?  What:       Amount per month: |
| Yes  No | Do you have any income other than your present salary?  What:       Amount per month: |
| Yes  No | Do you currently have collections? Amount: |
| Yes  No | What is your total indebtedness? Amount: |
|  | |

Revised 04/23/19 **REFERENCE - FINANCIAL** PAGE 7 of 13

PLEASE START AT THIS END

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

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

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

**PART X TRAFFIC INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 39. California Driver’s License Number | | | | Class of License | | | | | Expiration Date | | |
| 40. List below every Motor Vehicle Operator’s License you have possessed. Do not repeat above CDL number. | | | | | | | | | | | |
| State | | | Number | | | | Approximate Date of Issue | | | Approximate Expiration Date | |
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| 41.  Yes  No | | Has your driver’s license ever been suspended, revoked, or have you received a warning notice from the state that issued your license? If the answer is “Yes,” explain below. | | | | | | | | | |
|  | | | | | | | | | | | |
| 42. List the total number of parking citations you have received. | | | | | | | | | | | |
| 43. List every citation you have received for a moving or equipment violation within the last 5 years. Also list any citations you have failed to appear on or that have gone to warrant. | | | | | | | | | | | |
| Date | Charge | | | | | Department or Agency | | | | Disposition or Penalty | |
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| 44. List below the description of any vehicles you own or drive frequently and list your current liability insurance on those vehicles. | | | | | | | | | | | |
| Year | | Make | | | Model | | | Body Style | | | License Number |
| Insured | | | | | | | Policy Number | | | Expiration Date | |
| Insurance Company and Address | | | | | | | | | | Area Code/Telephone No. | |
| Year | | Make | | | Model | | | Body Style | | | License Number |
| Insured | | | | | | | Policy Number | | | Expiration Date | |
| Insurance Company and Address | | | | | | | | | | Area Code/Telephone No. | |
| Year | | Make | | | Model | | | Body Style | | | License Number |
| Insured | | | | | | | Policy Number | | | Expiration Date | |
| Insurance Company and Address | | | | | | | | | | Area Code/Telephone No. | |

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**PART X TRAFFIC INFORMATION (Continued)**

|  |  |  |
| --- | --- | --- |
| 45. Have you been involved, as a driver, in a motor vehicle accident within the past 5 years?  Yes  No If Yes, give details for each accident. | | |
| Date | Location | Injury  Non-injury |
| Police Investigation?  Yes  No | Name of Police Agency | |
| Date | Location | Injury  Non-injury |
| Police Investigation?  Yes  No | Name of Police Agency |  |
| Date | Location | Injury  Non-injury |
| Police Investigation?  Yes  No | Name of Police Agency | |
| 46. If there is anything you wish to discuss about your driving record, please use the space below. | | |
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Revised 04/23/19 ***TRAFFIC*** PAGE 9 of 13***PART XI MILITARY INFORMATION***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 47. List all enlistments in the armed forces of the United States. | | | | | |
| Enlistment Date | Branch of Service | | Unit (Tank Corps, Engineers, Medics, etc.) | | Service Number |
| Discharge Date | Highest Rank Attained | | Rank at Discharge | | Type of Discharge |
| Total Service | Length/Place of Overseas Duty | | | Length/Place of Combat Duty | |
| Enlistment Date | Branch of Service | | Unit (Tank Corps, Engineers, Medics, etc.) | | Service Number |
| Discharge Date | Highest Rank Attained | | Rank at Discharge | | Type of Discharge |
| Total Service | Length/Place of Overseas Duty | | | Length/Place of Combat Duty | |
| 48.  Yes  No | | Have you ever been the subject of any judicial or non-judicial disciplinary action?  If Yes, give details below. | | | |
| Approximate Date | | Branch of Service | | | |
| Explain Circumstances | | | | | |
| 49. If you received a discharge other than Honorable, a General Discharge under Honorable Conditions, or a Discharge Under Conditions other than Honorable, explain in detail below. | | | | | |
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| 50. List all medals and decorations awarded during military service. | | | | | |
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| 51. List all military specialties. | | | | | |
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| 52.  Yes  No | | Have you ever served as a member of the armed forces of any nation other than the United States?  If Yes, list the nation, branch of service, dates of service and rank held at time of discharge. | | | |
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**PART XI MILITARY INFORMATION (Continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 53. List your Military Reserve Status.  Active  Inactive  None | | | | | |
| Branch of Service | Unit | | Unit Address (Number, Street, City, State, Zip Code) | | Area Code/Phone No. |
| Date of Enlistment | End of Enlistment | | Rank | Commanding Officer | |
| 54. List your Military Reserve obligations below. | | | | | |
|  | | | | | |
| 55.  Yes  No | | Have you ever asked for or received deferment from Military Service?  If Yes, give board number, dates and full details below. | | | |
|  | | | | | |
| 56. If you have had no Military Service, give a brief explanation why. | | | | | |
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**PART XII EDUCATION INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| 57. Check highest grade completed: 8 9 10 11 12 AA Bach Masters | | | | | | |
| 58. 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 |
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| 59. 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 |
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**PART XII EDUCATION INFORMATION (Continued)**

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| 60. If you have obtained a G.E.D. (General Education Development) High School Level Equivalent indicate your test scores (Standard Score)  and U.S. Percentile. | | | | | | | | | | | |
|  | | | | | | | | Standard | | | U.S. Percentile |
| Correctness and Effectiveness of Expression | | | | | | | |  | | |  |
| Interpretation of Reading Materials in Social Studies | | | | | | | |  | | |  |
| Interpretation of Reading Materials in Natural Sciences | | | | | | | |  | | |  |
| Interpretation of Library Materials | | | | | | | |  | | |  |
| General Mathematical Ability | | | | | | | |  | | |  |
| Average | | | | | | | |  | | |  |
| Where Taken | | | | | | | | From | | | When Taken |
| 61.  Yes  No Have you ever been expelled from any school? If Yes, explain below. | | | | | | | | | | | |
| Name of School | | | | Disciplinary Action Taken | | | | | | Person Administering Action | |
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| 62. List all police training courses you have taken, i.e. Reserve Academy, P.C. 832 Course, etc. | | | | | | | | | | | |
| Subject | Attendance Dates | | Total  Hours | | Units/  Credits | Grade | Instructor | | School Name and Address  (Number, Street, City, State, Zip) | | |
| From | To |
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| 63. List any certificates or licenses of professional or vocational competence. | | | | | | | | | | | |
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| 64.  Yes  No Do you type using the regular Touch System? How many correct words per minute can you type using any system? | | | | | | | | | | | |

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**XIII MISCELLANEOUS INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 65. In your own words, describe your use of intoxicating liquors, or present use of illegal drugs (which includes marijuana). Alcohol use should be described in terms of amount used in an average week. | | | | | | | |
|  | | | | | | | |
| 66. List any special awards you have received, honors that have been bestowed upon you, or qualifications you may possess which have not been mentioned. | | | | | | | |
|  | | | | | | | |
| 67. List any hobbies or any areas of interest not covered by this application. | | | | | | | |
|  | | | | | | | |
|  | I understand that any appointment tendered me will be contingent upon the results of a thorough character and fitness investigation, and I am aware any false statement made on this questionnaire will cause my name to be removed from the eligible list, or be cause for immediate dismissal if an appointment was made. | | | | | |  |
|  | Date |  |  | Signed |  |  |  |
|  |  |  |  |  |  | |  |

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PLEASE START AT THIS END

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

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

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