



INSTRUCTIONS, AUTHORIZATION AND
PERSONAL HISTORY STATEMENT 4

ORANGE COUNTY SHERIFF'S DEPARTMENT

CALIFORNIA

SHERIFF-CORONER DON BARNES

The following instructions are provided as a guide and assist you. **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. It is highly recommended that you save a copy. This form cannot be electronically transmitted. **The Personal History Statement must be typed on single sided.**

It is to your advantage to respond openly. Any negative factor in your background will be evaluate in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to this volunteer position. 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 this volunteer position.

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 Personal History Form 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 2 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. Your originals will be returned to you.

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**)
5. Authorization to Release Information (**We do not notarize**)

If you do not understand any part of the form, ask for assistance; call the Background Unit at, (714) 834-5311.



**AUTHORIZATION TO RELEASE INFORMATION & WAIVER
(NON-PEACE OFFICER)**

ORANGE COUNTY SHERIFF'S DEPARTMENT

CALIFORNIA

SHERIFF-CORONER DON BARNES

To Whom It May Concern:

As a candidate for a position with the Orange County Sheriffs' Department ("OCSD"), I am required to furnish information for use in determining my qualifications.

I hereby authorize and direct you, your organization, its custodian of records, and/or persons in your employ to furnish and release to any authorized representative of OCSD bearing this release, or any copy thereof, any and all information you have concerning me, including but not limited to: information pertaining to my employment, performance evaluations, attendance records, academic transcripts, degrees conferred, background investigations, local criminal history information, internal affairs investigations, disciplinary actions, polygraph results, eligibility for rehire, educational records, and/or any other information that you possess about me, including any and all files otherwise deemed confidential or privileged.

I hereby release, discharge, and exonerate you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or equity, for furnishing records in compliance with this authorization and request to release information. Truthful responses are protected, even if unsolicited, by the absolute privilege of California Civil Code §47. I also hereby waive any and all right and/or opportunity to review, inspect, and/or obtain OCSD's background investigation report and/or any confidential information provided during the background investigation. This release shall be binding on my legal representatives, heirs, and assigns.

This authorization to release my records is valid for one year from the date of signature.

I have had adequate time to review all the terms above, and I understand their meaning and purpose.

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)



**CONSENT & HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT
BACKGROUND INVESTIGATION DATA (NON-PEACE OFFICER)**

ORANGE COUNTY SHERIFF'S DEPARTMENT

CALIFORNIA

SHERIFF-CORONER DON BARNES

I understand that I am authorizing an intensive investigation into my background for employment-related purposes. The investigation will include, for example, verification of any and all information contained in my application, background questionnaires, and/or any information supplied by me or others about me to the Orange County Sheriff's Department ("OCSD"), review of documents from third parties, and contacting persons and/or organizations that have or may have information relating to me and my suitability for employment with the OCSD, as well as a search of public and private databases, including criminal justice and law enforcement databases such as COPLINK, LINX, C-ALL, DDEX, NDEX.

I understand that those persons and/or organizations that are contacted or otherwise provide information in the course of my background investigation may feel inhibited about furnishing information concerning my suitability for employment with OCSD unless confidentiality of their information can be guaranteed on a permanent basis. I further recognize that although some of the information in OCSD's background investigation report could come from a public record or otherwise be accessible to me, this information may be inextricably interwoven with other confidential data to which I otherwise would not be privy. I understand that I will not be permitted to access or review information communicated by persons and/or organizations about my suitability for OCSD employment. I further understand that, except as required by law, I will not receive feedback about the conclusion of my background investigation except for notification that I "passed" or "did not pass." In addition, I waive any and all rights to review and/or obtain the background investigation report and/or any information provided to OCSD during the background investigation. I also understand that truthful responses by current and former employers are protected, even if unsolicited, by the absolute privilege of California Civil Code §47.

Those persons contacted must be able to communicate freely and openly with a background investigator about my qualifications and suitability for employment without fear that their statements might subject them to liability or become known to me. Therefore, I exonerate, release, and discharge the person(s) contacted by OCSD or its representative(s), together with OCSD and the County of Orange, and their officers, agents, or assigns, from any claim for liability or damages of any kind, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their communications about my suitability for employment, and for any refusal to make available to me any confidential information contained in OCSD's background investigation, including but not limited to 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, and from any other compliance with this authorization or attempts to comply with it.

I have had adequate time to review this form, and understand its meaning and purpose. If I do not understand the above terms, I will seek competent advice before signing.

SEE NEXT PAGE



**CONSENT & HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT
BACKGROUND INVESTIGATION DATA (NON-PEACE OFFICER)**

ORANGE COUNTY SHERIFF'S DEPARTMENT

CALIFORNIA

SHERIFF-CORONER DON BARNES

CONTINUATION

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

SIGNATURE: (Full Legal Signature)	_____	(Signature to be witnessed)	ADDRESS:	_____
PRINT NAME:	_____		CITY:	_____
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)



ORANGE COUNTY SHERIFF'S DEPARTMENT

CALIFORNIA

SHERIFF-CORONER DON BARNES

- CAC/CTAC/HSAC
- ONSITE CONTRACTORS/INTERNS/CONSULTANTS
- ONE LEGACY-TRANSPORTATION
- PSR/CHAPLAINS/RACES/KEEPERS

PERSONAL HISTORY STATEMENT FORM 4

INSTRUCTIONS: Please type. Each question must be answered. 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 <u>all</u> 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	<input type="checkbox"/> Never Been Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
(Check one or more)	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> 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 back of this page)			
Name and addresses of former Spouses			



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PART VI REFERENCE INFORMATION

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 TRAFFIC INFORMATION

17. Driver's License Number and State	Class of License	Expiration Date
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PART VIII ARREST INFORMATION

18. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been detained by a law enforcement officer? If the answer is "Yes", explain below why you were detained.
19. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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.



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PART IX MISCELLANEOUS INFORMATION

23. Is there anything else you wish to disclose that will assist us in conducting your background investigation more expeditiously? If "Yes", please explain.

[Empty box for miscellaneous information]

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 _____