# 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 and provide all required information.
- Following instructions given 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 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide 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 issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, 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" background investigations 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: \_\_\_\_\_

SECTION	1: PERSONAL										
1. YOUR FUL	L NAME										
LAST				FIRST				MIDDLE			
2. OTHER NA	AMES YOU HAVE US	ED OR BEEN KNOW	N BY (INCLUDE MA	IDEN NAME AND	NICKNAMES)						□ N/A
3. ADDRESS	WHERE YOU LIVE										
NUMBER /	STREET							APT / UNIT			
CITY								STATE	ZIP		
4. MAILING A	DDRESS, IF DIFFER	RENT FROM ABOVE (	FOR EXAMPLE, PO	BOX)							
5. CONTACT	`		· \				\		<u> </u>		
HOME (	)	WORK	( )	EXT		OTHER (	)		CELL	FAX	
6. CONTACT	EMAIL			7. LIST AL	LL OTHER EMAIL .	ADDRESSES (SE	EPARATED BY (	COMMAS)			
8. CITIZENSH											🗌 No
-		it alien who is elig									
	-	Y / STATE / COUNTR			· oluzonomp · ·						
10. BIRTHDAT	E (MM/DD/YYYY)	11. SOCIAL SECU	JRITY NUMBER	12. DRIVER'S	LICENSE						
		-	-	NUMBER:			STAT	E:	EXPIRES:		
	L DESCRIPTION										
HEIGHT:		WE	IGHT:		HAIR CO	LOR:		EYE CO	OLOR:		
SECTION	2: RELATIVE	S AND REFER	ENCES								
14. IMMEDIA											
Pro	vide all applicab	le information in	the spaces belo	ow. • Mar	k "Deceased,"	if appropriate	9.				
<ul> <li>Mar</li> </ul>	rk "N/A" if a cate	gory is not applic	able.	• If m	ore space is n	eeded, contin	nue on page	25 – referei	nce corre	esponding	numbers.
14.A Spous	se / Registered	Domestic Partn	er						De	eceased	□ N/A
NAME			HOME ADDRESS	(NUMBER / STRE	ET / APT)	CITY	(			STATE ZIP	>
							/				
	HOME PHONE		WORK ADDRESS	(NUMBER / STRE	ET/SUILE)	CITY	ſ			STATE ZIP	
	WORK PHONE		CELL PHONE		EMAIL						
	( )		( )								
	DATE OF MARRIAG	GE/REGISTRATION			ls thora or h	as there ever	boon a rost	training or c	tov owo	,	
	/	(MM/YYYY)				as there ever at involving yo					es 🗌 No
14.B Form	er Spouse / For	rmer Registered	Domestic Par	tner					ΠDε	eceased	N/A
NAME			HOME ADDRESS		ET / APT)	CITY	(			STATE ZIP	
	HOME PHONE		WORK ADDRESS	(NUMBER / STRE	EET / SUITE)	CITY	(			STATE ZIP	,
	( ) WORK PHONE		CELL PHONE		EMAIL						
	()		( )								
	DATE OF MARRIAG	GE/REGISTRATION	DATE OF DISSOLU	UTON							
	/	(MM/YYYY)	/	(MM/YYYY)		as there ever ct involving yo					es 🗌 No

POST 2-251 (Rev 2/2018)

SECT	ON 2: RELATIVES AND REFERE	NCES continued				
14.C P	arents / Guardians / In-laws					
Li	st ALL parents/guardians/in-laws livin	g or deceased, including bio	ological, adoptive, foste	r, step-parents, etc.		
14.C.1	Parent / Guardian / In-law: Other	ner 🗌 Father 🔲 Step-m	other Step-father	In-law Other:		Deceased
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP
	( ) WORK PHONE	CELL PHONE	EMAIL			
			EMAIL			
14.C.2 NAME	Parent / Guardian / In-law: Other	ner 🔲 Father 🔲 Step-m HOME ADDRESS (NUMBER / STF		In-law Other:	STATE	Deceased ZIP
TOUTE		HOME ADDITEOU (NOMDER) ON			OWNE	211
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP
	( )					
	WORK PHONE	CELL PHONE	EMAIL		1	
	( )	( )				
14.C.3	Parent / Guardian / In-law: Other	ner 🗌 Father 🔲 Step-m	other Step-father	In-law Other:		Deceased
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP
	( )					
	WORK PHONE	CELL PHONE	EMAIL			
14.C.4	Parent / Guardian / In-law: Other	ner 🔲 Father 🗌 Step-m HOME ADDRESS (NUMBER / STF		In-law Other:	STATE	Deceased ZIP
TOUTE		HOME REDICEOU (NOMBERT) ON			OWNE	211
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP
	( )					
	WORK PHONE	CELL PHONE	EMAIL			
	( )	( )				
14.C.5	Parent / Guardian / In-law: 🗌 Moth	her 🗌 Father 🔲 Step-m	other Step-father	In-law Other:		Deceased
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP
	( )					
	WORK PHONE	CELL PHONE	EMAIL			
	,	. ,				
14.C.6 NAME	Parent / Guardian / In-law: Other	ner  Father  Step-m HOME ADDRESS (NUMBER / STE		In-law Other:	STATE	Deceased ZIP
		TOWE ADDITESS (NUMBER / ST			UTALE	611
	HOME PHONE	MAILING ADDRESS (IF DIFFEREI	NT)	CITY	STATE	ZIP
	( )		,			
	WORK PHONE	CELL PHONE	EMAIL		1	
	( )	( )				
		1	1			

Supplemental relatives information included on page 25

POST 2-251 (Rev 2/2018)

SECTI	SECTION 2: RELATIVES AND REFERENCES continued							
14.D B	rothers	/ Sisters						□ N/A
Li	st <b>ALL L</b>	IVING siblings,	including ha	lf-siblings, step-siblings, foste	er-siblings, etc.			
14.D.1	Sibling	: 🗌 Brother		Half-brother Half-siste				
NAME			AGE	HOME ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP
		HOME PHONE	I	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP
		( )						
		WORK PHONE		CELL PHONE	EMAIL			
		( )		( )				
14.D.2	Sibling	Brother	Sister	Half-brother Half-siste	er 🗌 Other:			
NAME			AGE	HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP
·		HOME PHONE		MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP
		( )						
		WORK PHONE		CELL PHONE	EMAIL	•		
		( )		( )				
14.D.3	Sibling	: 🗌 Brother	Sister [	Half-brother Half-siste	er 🗌 Other:			
NAME				HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP
L		HOME PHONE		MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL			
		()		( )				
14.D.4	Sibling	: Brother	□ Sister [	Half-brother Half-siste	er 🗌 Other:			
NAME	5			HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP
L		HOME PHONE	I	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP
		()						
		WORK PHONE		CELL PHONE	EMAIL	1	I	
		( )		( )				

Supplemental relatives information included on page 25  $\Box$ 

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.							
4.E.1 Child: Son Daughter Other:							
NAME AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)						
	ADDRESS (NUMBER / STREET / APT)	DDRESS (NUMBER / STREET / APT) CITY ST					
	CONTACT NUMBER EMAIL ( )	TACT NUMBER EMAIL )					
14.E.2 Child: Son Daughter	Other:						
NAME AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)						
	ADDRESS (NUMBER / STREET / APT)	CITY STA	TE ZIP				
	CONTACT NUMBER EMAIL ( )						

SECTION 2: RELATIVES AND REFERENCES continued										
14.E.3		🗌 Son	Daughter		Dther:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (II	F OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET / AP	T)	CITY	STATE	7IP	
					ADDICEOG (NOMBER/ OTICET / AT	")		UIALE	211	
					CONTACT NUMBER	EMAIL				
					( )					
14.E.4	Child:	Son 🗌	Daughter	r 🗌 (	Dther:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (II	F OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET / AP	Т)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					( )					
Supr	lemental r	elatives i	nformation inc	luded o	on page 25					
	Supplemental relatives information included on page 25									
					where the second s		- The followed as the set of the set of the set of the set		-1/	
•					uch as close personal relation employers, housemates, or a		nily friends, teachers, military collea	jues, an	a/or	
	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP	
15.1										
		HOME PHO	ONE		WORK ADDRESS (NUMBER / ST	FREET / SUITE)	CITY	STATE	ZIP	
		( )								
		WORK PH	ONE		CELL PHONE	EMAIL				
		( )			( )					
		How do y	ou know this per	son?			How long have you known this person?	How long have you known this person?		
	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
15.2										
		HOME PHO	ONE		WORK ADDRESS (NUMBER / ST	FREET / SUITE)	CITY	STATE	ZIP	
		() WORK PH								
		( )	ONE		CELL PHONE EMAIL ( )					
		( )								
		How do y	ou know this per	son?			How long have you known this person?	?		
15.2	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP	
15.3										
		HOME PHO	ONE		WORK ADDRESS (NUMBER / ST	REET / SUITE)	CITY	STATE	ŹIP	
		WORK PH	ONE		CELL PHONE	EMAIL				
		()	0.112		()					
		. ,			. ,					
How do you know this person?					How long have you known this person?	?				
15.4	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP	
								07475	710	
		HOME PHO	JNE		WORK ADDRESS (NUMBER / ST	IREET / SUITE)	CITY	STATE	ZIP	
		WORK PH	ONE		CELL PHONE	EMAIL				
		( )			( )					
	How do you know this person?			son?		1	How long have you known this person?			

POST 2-251 (Rev 2/2018)

SEC	TION 2:	RELATIVES AND REFERENCI	ES continued						
45.5	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.5									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		( )		1					
		WORK PHONE		EMAIL					
		( )	( )		1				
		How do you know this person?			How long have you known this person?				
	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.6									
		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?				
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.7									
	I	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?				
15.8	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET /	(APT)	CITY	STATE	ZIP		
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	(SUITE)	CITY	STATE	ZIP		
				,		0			
		WORK PHONE	CELL PHONE	EMAIL					
		( )	( )						
			( )						
		How do you know this person?			How long have you known this person?				
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.9									
	1	HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		( )							
		WORK PHONE	CELL PHONE	EMAIL		1			
		( )	( )						
		How do you know this person?			How long have you known this person?				
		EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.10									
	I	HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		( )							
		WORK PHONE	CELL PHONE	EMAIL	1	1			
		( )	( )						
		How do you know this person?		1	How long have you known this person?				

Supplemental references information included on page 25  $\Box$ 

SEC	CTION 3:	EDUCATION					
•	NOTE:		<b>hish transcripts or other pro</b> our response on page 25.	oof to support all	of your educatior	nal claims in Section	3.
16. C	HECK APPL	CABLE MM/YYYY		MM/YYYY			MM/YYYY
_		ool Diploma: /	High School Equivalency		California Higl	n School Proficiency Ce	ertificate: /
17. L	IST HIGH SC	HOOL(S) ATTENDED					
17.1	NAME OF H	GH SCHOOL				FROM (MM/YYYY)	TO (MM/YYYY)
17.1						/	/
			CITY				STATE
	NAME OF HIGH SCHOOL FROM (MM/YYYY)						TO (MM/YYYY)
17.2						/	/
	CITY						STATE
18. L		LEGES AND UNIVERSITIES ATTE	ENDED				
18.1	NAME OF C	OLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLE	_
10.1				/	/		YSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)					
		CITY			STATE ZIP	MAJOR / AREA C	JF 510D1
	NAME OF C	OLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLE	TED
18.2				/	/		YSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)				DEGREE EARNE	D
						YES N	O TYPE:
		CITY			STATE ZIP	MAJOR / AREA C	DF STUDY
							TED
18.3	NAME OF C	OLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYY)		YSTEM SEM SYSTEM
		ADDRESS (NUMBER / STREET)		/	/		
		ADDRESS (NOMBER/ STREET)					
		CITY			STATE ZIP	MAJOR / AREA C	
19.	IST ALL TRA	DE VOCATIONAL AND BUSINE	SS SCHOOLS / INSTITUTES ATTEN				
		RADE, VOCATIONAL, OR BUSINES		FROM (M	M/YYYY) TO (MM/	YYYY) DID YOU CO	OMPLETE THE COURSE?
19.1				/		/   [	Yes 🗌 No
		CITY		STAT	TE TYPE OF SCHOO	DL OR TRAINING	
Supp	olemental e	ducation information includ	ed on page 25 📋				
LIST	ALL POST E	ASIC COURSES ATTENDED					
20.	Have you	ever taken a PC832 (Arrest a	and/or Firearms) Course?				🗌 Yes 🗌 No
	IF YES, pr	ovide the following information	on:				
		A. COURSE PRESENTER NAM	E		LOCATIO	DN (CITY / STATE)	
		B. COURSE COMPLETION				COMPL	LETION DATE (MM/YYYY)
		Did you successfully o	omplete the course?			Yes 🗌 No	/

SE	CTION 3: EDUCATION continued								
21.	Have you ever attended a <b>POST</b> Basic Course/Academy: R	Regular, Modular,	Specialized Investion	ators', Reserve, or [	Dispatcher? Yes No				
	IF YES, provide the following information:	0 / /							
	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?				
21.1			/	/	🗌 Yes 🗌 No				
	LOCATION (CITY, STATE)	NAME OF TRAINING	OFFICER / ACADEMY C	OORDINATOR	CONTACT NUMBER				
					( )				
21.2	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?				
21.2			/	/					
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR							
Sup	plemental POST basic course information included on Page	25							
	2. 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?								
23.	Since the age of 18, have you cheated on an exam, or assis cheating on any POST exam?								
-	IF YES, explain circumstances.								
SEC	TION 4: RESIDENCE HISTORY								
<b>24.</b> L	IST 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 25.

	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (N	/M/YYYY)	TO (MM/YYYY)	
24.1			Present					
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWN				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMBER		
						( )		
	CITY	STATE	ZIP	EMAIL				
	Name(s) of those with whom you live:							

SEC	TION 4: RESIDENCE HISTORY continued								
24.2	FORMER ADDRESS (NUMBER / STREET / APT)					1M/YYYY)	TO (MM/YYYY)		
27.2					/		/		
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER		
						( )			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:	-							
	Reason for moving:								
24.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M		TO (MM/YYYY) /		
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CC	LLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER		
						( )			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:								
	Reason for moving:								
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY) /	TO (MM/YYYY) /		
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA		/ DLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER		
						( )			
	CITY	STATE	ZIP	EMAIL					
I	Name(s) of those with whom you lived:								
	Reason for moving:								
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY)		
	CITY	STATE	710			A DENT CO	/ DLLECTOR, OR OWNER		
						INAGER, RENT CC	ILLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMB	ER		
	CITY	STATE	ZIP	EMAIL					
	Nama(a) of these with when you lived.								
	Name(s) of those with whom you lived:								
	Reason for moving:								
	Supplemental residence information included on page 25 🗌								

POST 2-251 (Rev 2/2018)

SEC	TION 4:	RESIDENCE HISTORY continued							
<b>25.</b> L	IST OF HOL	JSEMATES							
•	Provide	e contact information for all housemates listed in Question 24 with whom you h	have	resided during the	past 10 yea	rs or si	nce age 15.		
•	Do NO	T list anyone for whom you have already provided contact information.							
•	If more	space is needed, continue your response on page 25.							
	NAME OF H	F HOUSEMATE CONTACT NUMBER							
25.1					( )				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
05.0		IOUSEMATE			CONTACT NUM				
25.2		IOUSEMATE				IDEK			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	•	( )	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
25.2	NAME OF H	I IOUSEMATE		-	CONTACT NUM	/IBER			
25.3	NAME OF H				CONTACT NUM				
25.3	NAME OF H	OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		CONTACT NUM	/BER STATE	ZIP		
25.3	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		CONTACT NUM		ZIP		
25.3	NAME OF H		CITY	EMAIL	CONTACT NUM		ZIP		
25.3		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY		( )	STATE	ZIP		
25.3		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		CONTACT NUM ( ) CONTACT NUM	STATE	ZIP		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	CITY	EMAIL	( )	STATE			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	( )	STATE			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	( )	STATE			
	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	( ) CONTACT NUM ( )	INTE MBER			
25.4	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		EMAIL	( )	INTE MBER			
	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE	CITY	EMAIL	( ) CONTACT NUM ( )	ISTATE IBER ISTATE	ZIP		
25.4	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	( ) CONTACT NUM ( )	INTE MBER	ZIP		
25.4	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	EMAIL	( ) CONTACT NUM ( )	ISTATE IBER ISTATE	ZIP		
25.4	NAME OF H	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) OUSEMATE	CITY	EMAIL	( ) CONTACT NUM ( )	ISTATE IBER ISTATE	ZIP		

Supplemental housemate information included on page 25

26.	Have you ever been evicted or asked to leave a residence?	🗌 No
27.	Have you ever left a residence owing rent, utilities, or other household expenses?	🗌 No

If you answered "YES" to Questions 26 and/or 27, explain (include when, where, and circumstances):

Page 10 of 25

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

POST 2-251 (Rev 2/2018)

#### 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 25.

	OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYY)	)
						/	/	
ADDRE	ESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT	NUMBER	EXT	
					( )			
CITY			STATE	ZIP	EMAIL			
JOB TI	TLE / RANK		- 1 - 1	TYPE OF EMPL	OYMENT (	CHECK ALL THAT APPL	.Y)	
				FT C	] PT 🗌	Temp Self-empl	oyed 🗌 Vol	unteer
DUTIES	S / ASSIGNMENTS			REASON FOR	WANTING 1	O LEAVE		
SUPER	VISOR	CONTACT NUMBER	EXT.	EMAIL				
		( )						
NAMES	S OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL				
1)		( )						
2)		( )						
Woi	uld there be a problem if we contact y	our current employer?					☐ Yes [	No
IF Y	'ES, explain:							

28.2						
20.2	Student Between jobs Lea	ve of absence	Other:		/	/
	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
28.3					/	/
Α	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER	EXT
					( )	
C	CITY		STATE 2	ZIP	EMAIL	
J	JOB TITLE / RANK			TYPE OF EMPL	OYMENT (CHECK ALL THAT APPL	.Y)
				FT C	PT Temp Self-emplo	oyed 🗌 Volunteer
C	DUTIES / ASSIGNMENTS			REASON FOR I	LEAVING	
S	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL		
		( )				
N	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL		
1	1)	( )				
2	2)	( )				
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	)			FROM (MM/YYYY)	TO (MM/YYYY)
20.4	Student Between jobs Lea	,	] Other:		/	/

POST 2-251 (Rev 2/2018)

	TION 5: EXPERIENCE AND EMPLOYN	ENT continued					_
20 E	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
28.5						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					NUMBER	EXT
					( )		
	CITY		STATE	ZIP	EMAIL		
	JOB TITLE / RANK						
	DUTIES / ASSIGNMENTS					Temp Self-emplo	oyed U Volunteer
	DUTIES / ASSIGNMENTS			REASON FOR	LEAVING		
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL			
	SUPERVISOR		EAL.	EIVIAIL			
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL			
	1)						
	·						
	2)	( )					
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
28.6	Student Between jobs Leav		Other:			/	/
28.7	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
20.7						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT	NUMBER	EXT
					( )		
	CITY		STATE	ZIP	EMAIL		
							10
	JOB TITLE / RANK						
	DUTIES / ASSIGNMENTS					Temp Self-emplo	oyea 🗋 volunteer
	DUTIES/ASSIGNMENTS			REAGONTON	LEAVING		
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL			
	SUPERVISOR	CONTACT NUMBER	EXT.	EMAIL			
		CONTACT NUMBER ( ) CONTACT NUMBER		EMAIL			
	NAMES OF CO-WORKERS	( ) CONTACT NUMBER	EXT.				
	NAMES OF CO-WORKERS 1)	( )					
	NAMES OF CO-WORKERS	( ) CONTACT NUMBER					
	NAMES OF CO-WORKERS 1)	( ) CONTACT NUMBER ( ) ( )				FROM (MM/YYYY)	ΤΟ (ΜΜ/ΥΥΥΥ)
28.8	NAMES OF CO-WORKERS 1) 2)	( ) CONTACT NUMBER ( ) ( )	EXT.			FROM (MM/YYYY)	TO (MM/YYYY) /
28.8	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Lear	( ) CONTACT NUMBER ( ) ( )	EXT.			/	/
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	( ) CONTACT NUMBER ( ) ( )	EXT.			/ FROM (MM/YYYY)	/ TO (MM/YYYY)
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT	( ) CONTACT NUMBER ( ) ( )	EXT.			/ [FROM (MM/YYYY) /	/ TO (MM/YYYY) /
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Lear	( ) CONTACT NUMBER ( ) ( )	EXT.			/ FROM (MM/YYYY)	/ TO (MM/YYYY)
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE)	( ) CONTACT NUMBER ( ) ( )	EXT.	EMAIL	( )	/ [FROM (MM/YYYY) /	/ TO (MM/YYYY) /
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT	( ) CONTACT NUMBER ( ) ( )	EXT.	EMAIL		/ [FROM (MM/YYYY) /	/ TO (MM/YYYY) /
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY	( ) CONTACT NUMBER ( ) ( )	EXT.	ZIP	() EMAIL	/ FROM (MM/YYYY) / NUMBER	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE)	( ) CONTACT NUMBER ( ) ( )	EXT.	ZIP	() EMAIL PLOYMENT (	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY	( ) CONTACT NUMBER ( ) ( )	EXT.	ZIP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK	( ) CONTACT NUMBER ( ) ( )	EXT.	EMAIL           EMAIL           ZIP           TYPE OF EMP           TYPE OF EMP           TYPE OF EMP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK	( ) CONTACT NUMBER ( ) ( )	EXT.	EMAIL           EMAIL           ZIP           TYPE OF EMP           TYPE OF EMP           TYPE OF EMP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS	( ) CONTACT NUMBER ( ) ( ) ve of absence	Contraction of the second seco	ZIP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS	( ) CONTACT NUMBER ( ) ( ) ve of absence	Contraction of the second seco	ZIP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR	( ) CONTACT NUMBER ( ) ( ) /e of absence Travel [ 	EXT.         Other:         STATE         STATE	ZIP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
28.8	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS	( ) CONTACT NUMBER ( ) ( ) ve of absence	Contraction of the second seco	ZIP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT
	NAMES OF CO-WORKERS 1) 2) PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS	( ) CONTACT NUMBER ( ) ( ) /e of absence Travel [ ////////////////////////////////////	EXT.         Other:         STATE         STATE	ZIP	( ) EMAIL PLOYMENT ( PT	/ FROM (MM/YYYY) / NUMBER CHECK ALL THAT APPL	/ TO (MM/YYYY) / EXT

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

SEC.	TION 5: EXPER	IENCE AND EMPL	OYMENT cont	inued							
28.10			,	<b>— —</b> ·					FROM (MM/YYYY)	TO (M	W/YYYY)
20.10	Student	Between jobs	Leave of abse	ence 🗌 I ravel	🗌 Ot	her:			/		/
	NAME OF EMPLOYE	R OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/	YYYY)
28.11									/		/
	ADDRESS (NUMBER	R / STREET / SUITE / OR E	ASE)					CONTACT	NUMBER	EX	Т
	CITY					STATE Z	ΊΡ	() EMAIL			
	CIT					STATE 2	.1F	EMAIL			
	JOB TITLE / RANK						TYPE OF EM	PLOYMENT	(CHECK ALL THAT APP	PLY)	
							FT C	]рт 🗌	Temp 🗌 Self-empl	oyed	Volunteer
	DUTIES / ASSIGNME	INTS					REASON FOR	RLEAVING			
	0110501/0000						5144				
	SUPERVISOR		CONTACT I	NUMBER	EXT		EMAIL				
	NAMES OF CO-WOR	RKERS	CONTACT	NUMBER	EXT		EMAIL				
	1)		( )								
	2)		( )								
	,										
28.12		Between jobs	,		🗆 Ot	hor <sup>.</sup>			FROM (MM/YYYY)	TO (MM/	/ /
									1		7
28.13	NAME OF EMPLOYE	R OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/	YYYY)
20.13									/		/
	ADDRESS (NUMBER	R / STREET / SUITE / OR E	ASE)					CONTACT	NUMBER	EX	г
	CITY					STATE Z	IP	EMAIL			
	JOB TITLE / RANK								(CHECK ALL THAT APP	,	
									Temp Self-empl	oyed	Volunteer
	DUTIES / ASSIGNME	ENTS					REASON FOR	RLEAVING			
	SUPERVISOR		CONTACT	NUMBER	EXT		EMAIL				
			( )								
	NAMES OF CO-WOR	RKERS	CONTACT	NUMBER	EXT		EMAIL				
	1)		( )								
	2)		( )								
	PERIOD OF UNEMPI	LOYMENT (CHECK APPLI	CABLE)		•		•		FROM (MM/YYYY)	TO (MM/	YYYY)
28.14	Student	Between jobs	Leave of abse	ence 🗌 Travel	🗌 Ot	her:			/		/
Sup	l plemental employ	ment information in	cluded on Page	25						1	]
29.	Have you ever be	en disciplined at wor	k? (This include	s written warnings	, forma	letters o	f counseling,				
		ensions, reductions i								Yes	🗌 No
30.	Have you ever be	en fired, released fro	m probation, or	asked to resign fro	om any	place of	employment?	?		Yes	No
	-		-		-	-					
31.	Nere you ever inv	volved in a physical/v	erbal altercation	n with a supervisor	, co-wo	rker, or c	sustomer?			Yes	🗌 No
32.	Have you ever qui	it without giving prop	er notice?							Yes	🗌 No
33.	Have you ever res	signed in lieu of term	ination?							Yes	🗌 No
		en accused of discri								Yes	🗌 No

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued					
						_
	Were you ever the subject of a written complaint at work that resulted in disciplin					
36.	Have you ever been counseled at work due to lateness or absences?				Yes	🗌 No
37.	Did you ever receive 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 far	mily n	nember?		Yes	🗌 No
	IF YES, how many sick days have you used in the past five years which were ne	ot due	e to illness? _	Days		
40.	While working (i.e. on duty), have you ever engaged in sexual intercourse or the parts of another person? (NOTE: Do not include <i>lawful</i> contact such as pat sear					□ No
41.	While working (i.e. on duty), have you ever sent photographs of yourself or othe to co-workers or other persons without prior authorization and/or consent? (NO investigative content and/or evidence pursuant to official law enforcement investion and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content and/or evidence pursuant to official law enforcement investigative content end official law enforcement investigative content and other evidence pursuant end official law enforcement end official law enforcement end official law enforcement end official end off	TE: D	o not include la	wful exchange of		No
	If you answered "YES" to any of Questions 29-41, explain (include when, when	re, and	d circumstances	s – reference corresp	onding numbers	\$).
Sun	pplemental employment information included on Page 25					
42.	In the past three years, have you missed days or been late to work due to drug				Yes	🗌 No
	If YES, how often?					
43.	Has your work performance ever been affected by your use of alcohol or drugs?	?				🗌 No
	IF YES, when? Name of employer:					
44.		nking	or drug habits a	nd their impact		🗌 No
	IF YES, when? Name of employer:					
45.	Have you ever applied for any position at this or any other law enforcement age	ency (	city, county, sta	te, or federal)?	Yes	🗌 No
	• If you answered "YES" to Question 45, list EVERY agency you have applie	ed to,	starting with th	ne most recent.		
	Give complete and accurate addresses.					
	All agencies MUST be listed regardless of the outcome or current statu	us. Cl	heck all boxes	that apply for each	agency.	
	If more space is needed, continue your response on page 25.					
45.1	NAME OF LAW ENFORCEMENT AGENCY			DATE	APPLIED (MM/YYY)	()
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIG	GATOR'S NAME (IF F	(NOWN)
	CITY		710			
	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 Polygr	raph/C	VSA 🗌 Back	ground 🔲 Chief's C	ral 🗌 Conditio	onal Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified L			er (explain)		

SECT	ION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
45.2					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL	. ,		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	ygraph/C	VSA 🗌 Back	ground 🔲 Chi	ief's Oral 🛛 Condit	ional Offer
	STATUS: 🔲 Hired 🔲 On Eligibility List 🗌 Withdrew 🔲 Disqualified 🗌	] List Fx		er (explain)		
				(oxpiairi)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
45.3					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				( )		
	POSITION APPLIED FOR		EMAIL	( )		
			2			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED. AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	vgraph/C	VSA 🗌 Back	around 🗌 Chi	ief's Oral 🔲 Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
45.4					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL	. ,		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	ygraph/C	VSA 🗌 Back	ground 🗌 Chi	ief's Oral 🛛 Condit	ional Offer
	STATUS: 🔲 Hired 🔲 On Eligibility List 🔲 Withdrew 🔲 Disqualified 🗌	List Ex	pired 🗌 Othe	er (explain)		
				· · / <u> </u>		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
45.5					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				( )		
	POSITION APPLIED FOR	1	EMAIL	1		1
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		<u> </u>			
	STEP: Application Written Physical Ability Oral Poly	ygraph/C	VSA 🗌 Back	ground 🗌 Chi	ief's Oral 🛛 Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified			er (explain)		
				х I /		

POST 2-251 (Rev 2/2018)

SECT	FION 5: EXPERIENCE AND EMPLOYMENT continued					
45.0	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	′Y)
45.6					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMB	ER	EXT
				( )		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/aranh/C			ief's Oral 🔲 Conditi	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disgualified					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	′Y)
45.7					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMB	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		·			
	STEP: Application Written Physical Ability Oral Poly	• •		-		onal Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Othe	er (explain)		
	Supplemental employment information is included on Page 25					
SEC	TION 6: MILITARY EXPERIENCE					
46.	Are you required to register for the Selective Service?				🗌 Ye	s 🗌 No
	IF YES, have you registered?				Ye	s 🗌 No
					_	_
	IF NO, explain:					
47.	Have you ever served in the military?					s 🗌 No
48	If you answered "YES" to Question 47, include the following service informat	ion <sup>.</sup>				
40.	BRANCH OF SERVICE			FROM (MM/YYY	TO (MM/YY)	(Y)
					.,	1
	TYPE OF DISCHARGE					
	Entry Level Honorable General OTH (Oth	er than	Honorable)	Bad Condu	ict 🗌 Dishonorab	ble
	Re-entry Code (1–4) if applicable – refer to your DD-214:		,	_	—	
49.	Are you currently participating in one of the following?					
	Military Reserve National Guard IF CHECKED, date obligation	on ends	(MM/DD/YY):			
	Have you ever been the subject of any judicial or non-judicial disciplinary act			•	_	. □.v
	office hours, company punishment)?				Ye	s 🗌 No
51.	Were you ever denied a security clearance, or had a clearance revoked, sus	pended	, or downgraded	d?	🗌 Ye	s 🗌 No
191.						
			'to aive away?			
	Have you ever taken military property without permission for personal use, to	o sell, or	to give away :			s 🗌 No
52.	Have you ever taken military property without permission for personal use, to If you answered "YES" to any of <b>Questions 50-52</b> , explain (include dates an					s 🛄 No
52.					Ye	s 🛄 No
52.						s 🛄 No

Supplemental military information included on Page 25

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

POST 2-251 (Rev 2/2018)

#### SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

- For each of the following questions (53A and B), fill in the amounts to the nearest dollar.
- For Question 53A: Provide your total monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For Question 53B: 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.

		A) What is your total monthly disposable income?	month
		B) How much do you spend each month?	month
54.	Have	you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	🗌 No
55.	Have	any of your bills ever been turned over to a collection agency?	🗌 No
56.	Have	you ever had purchased goods repossessed?	🗌 No
57.	Have	your wages ever been garnished?	🗌 No
58.	Have	you ever been delinquent on income or other tax payments?	🗌 No
59.	Have	you ever failed to file income tax or cheated/lied on an income tax form?	🗌 No
60.	Have	you ever had an employment bond refused?	🗌 No
61.	Have	you ever avoided paying any lawful debt by moving away?	🗌 No
62.	Have	you ever defaulted on (failed to pay) a loan?	🗌 No
63.		you ever borrowed money to pay for a gambling debt?	No No
	IF YE	S, do you currently have any outstanding debts as a result of gambling?	🗌 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.)?	🗌 No
66.	Have	you written three or more bad checks in a one-year period?	🗌 No

If you answered "YES" to any of Questions 54-66, explain (include when, where, and why - reference corresponding numbers).

POST 2-251 (Rev 2/2018)

#### **SECTION 8: LEGAL**

#### 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 25.

67.	Have you <b>EVER</b> been detained by law enforcement for investigation misdemeanor or felony offense in this state or any other legal juris of Military Justice)?	diction (including offenses	in the Uniform Code
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
67.1		/	
	DISPOSITION OR PENALTY		
_	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
67.2		/	
	DISPOSITION OR PENALTY		

#### Supplemental disclosure information included on Page 25

68.	. Have you ever been placed on court probation?	🗌 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?	No
70.	. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	🗌 No
71.	. Have the police ever been called to your home for any reason?	🗌 No
72.	. Have you or your spouse/partner ever been referred to Child Protective Services?	🗌 No
73.	. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	🗌 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?	🗌 No
75.	. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	🗌 No
76.	. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	🗌 No
77.	. Have you ever filed a false insurance or workers' compensation claim?	🗌 No
	If you answered "YES" to any of <b>Questions 68-77</b> , explain (include court case or document, dates, and circumstances – reference corresp numbers). If more space is needed, continue your response on page 25.	onding
	federal assistance?       Yes         . Have you ever filed a false insurance or workers' compensation claim?       Yes         If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – reference correspondence correspondence)	

POST 2-251 (Rev 2/2018)

SECT	ION 8: LEGAL continued				
► In	Involvement in Criminal Acts – Part 1				
78. H	lave you committed any of the following acts within the past seven (7) years? (You do NOT have to report any acts committed prior to	o age 15.)			
•	You <b>MUST</b> 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 stat relieved you from reporting the detention, arrest, or conviction that arose from it.	e law			
78.1	Animal abuse and/or neglect	□ No			
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	🗌 No			
78.3	Battery (use of force or violence upon another)	□ No			
78.4	Brandishing a weapon (any type of weapon)	🗌 No			
78.5	Carrying a concealed weapon without a permit	🗌 No			
78.6	Contributing to the delinquency of a minor	🗌 No			
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	🗌 No			
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	🗌 No			
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	🗌 No			
78.10	Filing a false police report	🗌 No			
78.11	Hit & run collision (no injuries) Yes	🗌 No			
78.12	Illegal gambling	🗌 No			
78.13	Illegal hunting and/or fishing (for example, without a license, out of season) Yes	🗌 No			
78.14	Impersonating a peace officer (pretending to be a police officer)	🗌 No			
78.15	Indecent exposure and/or lewd or obscene conduct	🗌 No			
78.16	Intentionally writing a bad check	🗌 No			
78.17	Joyriding (using a car or other vehicle without owner's permission)	🗌 No			
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	🗌 No			
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags) Yes	□ No			
78.20	Possession of alcohol as a minor (under the age of 21)	🗌 No			
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	🗌 No			
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	🗌 No			
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	🗌 No			
78.24	Reckless driving Yes	🗌 No			
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	🗌 No			
78.26	Trespassing	□ No			

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POST 2-251 (Rev 2/2018)

SECT	ECTION 8: LEGAL continued					
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) Pres No					
78.28	Any other act amounting to a misdemeanor					
•	If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 78</b> , fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 78.5) for each explanation.</i>					
•	If more space is needed, continue your response on page 25.					

Supplemental legal information included on Page 25

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)	🗌 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)	□ No						
79.3	Blackmail or extortion	🗌 No						
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	🗌 No						
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	🗌 No						
79.6	Elder abuse and/or neglect (physical and/or financial)	🗌 No						
79.7	Embezzlement (theft of money or other valuables entrusted to you)	🗌 No						
79.8	Felony drunk driving (involving injuries)	🗌 No						
79.9	Felony illegal sex acts	🗌 No						
79.10	Forcible rape	🗌 No						
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	🗌 No						
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	🗌 No						
79.13	Grand theft (value of over \$950, automobile, any firearm)	🗌 No						
79.14	Hit & run (with injuries)	🗌 No						
79.15	Hate crime	🗌 No						
79.16	Insurance fraud	🗌 No						
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	🗌 No						
79.18	Perjury (lying under oath)	🗌 No						
79.19	Possession of an explosive/destructive device	🗌 No						
79.20	Robbery (theft from another person using a weapon, force, or fear)	🗌 No						

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

SECTION 8: LEGAL continued								
79.21	Stalking Yes No							
79.22	Theft of a vehicle and/or vehicle parts							
79.23	Viewing and/or possessing child pornography							
79.24	Any other act amounting to a felony							
•	<ul> <li>If you answered "YES" to ANY of the item(s) in Question 79, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 79.3) for each explanation.</i></li> <li>If more space is needed, continue your response on page 25.</li> </ul>							
<b>N</b> III	egal Use of Drugs							
•	For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal 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 — <i>but not be limited to</i> — your use of any of the following:Amphetamines / Methamphetamines ( <i>Uppers, Speed, Crank, etc</i> )Barbiturates ( <i>Downers</i> )Cocaine / Crack CocaineCocaine / Crack CocaineDesigner Drugs ( <i>Ecstasy, Synthetic Heroin, etc.</i> )GHB ( <i>Date Rape Drug</i> )Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )Hashish / Hashish OilHeroin / OpiumColumn<							
	Within the past six months, 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:							
	Prior to the past six months:          I have never used any drug recreationally.         I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)         F YOU CHECKED BOX 2, give details including drug(s) used, most recent date used, and circumstances:							
_								

SEC	TION 8: LEGA	L continued						
82.	Have you <b>EVER</b> engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription?							
	Sold	Manufactured	Purchased	Furnished	Cultivated	Carried or Held for Another		
	IF ANY ITEM IS	CHECKED, give details in	cluding <b>drug(s) invol</b>	ved, over what ti	me period(s), and circ	umstances.		
83.	During the <i>past five years</i> , have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?							
		nformation included on Pag						
84.	Current Driver's	License:						
<u> </u>	STATE OF ISSUE	LICENSE NUMBER	EXPIRATION D	DATE (MM/DD/YYYY)	NAME UNDER WHICH LICE	NSE WAS GRANTED		
85.	List other states	where you have been licer	nsed to operate a moto	or vehicle:				
	STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICE	NSE	NAME UNDER WHICH LICE	NSE WAS GRANTED		
86.	-	een refused a driver's licer				Yes No		
	IF YES, explain	(include when, where, and	circumstances):					
87.	-	Has your driver's license ever been suspended or revoked? No FYES, explain (include when, where, and circumstances):						

POST 2-251 (Rev 2/2018)

SECTION 9: MOTOR VEHICLE INFORMATION continued								
88.	List your current liability insurance on your vehicle(s).							
88.1	TYPE OF COVERAGE	VEHICLE MAKE	VEHICLE MAKE			VEHICLE LIC	CENSE	
00.1	Insured Bonded Cash Depos	it						
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (M	M/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY		STATE ZIP			CONTACT NUMBER	
							( )	
88.2	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YYY	(YYY) VEHICLE LI		CENSE	
00.2	Insured Bonded Cash Depos	it			<u> </u>			
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (M	M/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY		STATE ZIP			CONTACT NUMBER	
							()	
88.3	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YYY	Y) [ '	VEHICLE LIC	ENSE	
00.3	Insured Bonded Cash Depos	it						
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (M	M/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
							( )	
89.	Have you received any traffic citations, excluding	parking citations with	in the past seven ve	ars 🗆 Y	es [	No If	YES, give details	below.
	NATURE OF VIOLATION	-	ON (STREET)				120, 9.10 404410	STATE
89.1								
	DATE VIOLATION OCCURRED		y 🗌 Fined		Troffic	School	Dismisse	4
	Month: Year:					School	Dismisse	STATE
89.2			()					
	DATE VIOLATION OCCURRED	ACTION TAKEN						
	Month: Year:	Not Guilt				School	Dismisse	
89.3	NATURE OF VIOLATION	LOCATI	ON (STREET)		CITY			STATE
	DATE VIOLATION OCCURRED ACTION TAKEN							
	Month:         Year:         Image: Not Guilty         Fined         Traffic School         Dismissed						d	
90.	Has a traffic citation ever resulted in a warrant or c	aused your driver's lic	ense to be withheld d	lue to the f	ollowin	g (check a	all that apply):	
		ailed to Complete Tra		ailed to Pa				
	IF CHECKED, explain circumstances:				-			
91. Have you been involved as the driver in a motor vehicle accident <i>within the past seven years</i> ?								
I	F YES, give details below.							
91.1	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE
91.1						14/4 0 7		
	POLICE REPORT LAW ENFORCEMENT AG	ENCY		AT FAULT?		_	HE ACCIDENT?	injurv
	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE
91.2	/							
		ENCY		AT FAULT?				iniur:
	Yes No			Yes			Injury 🗌 Non-	injury

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

POST 2-251 (Rev 2/2018)									
SEC		E INFORMATION continued							
91.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)		CITY			STATE		
	POLICE REPORT	LAW ENFORCEMENT AGENCY		AT FAULT?	WAS THE ACCIDE		1		
	Yes No			Yes No	🗌 Injury	Non-	injury		
92.	,	cle without auto insurance, as required	by law?			Yes	🗌 No		
	IF YES, GIVE REASON     FROM (MM/YYYY)     TO (III)       /     /								
93.	Have you ever been refused automobile liability insurance or a bond, or had them cancelled?								
	IF YES, GIVE REASON					DATE (MM	YYYY)		
	INSURANCE COMPANY								
Sup	plemental motor vehicle info	rmation included on page 25 🗌							
	TION 10: OTHER TOPICS								
94.	Have you ever been refused	a permit to carry a concealed weapon?	,			Yes	🗌 No		
95.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?								
96.	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?								
97.	Since the age of 15, have y	ou ever been involved in an anger-prov	oked physical fight, confr	ontation or other viole	nt act?	Yes	🗌 No		
98.	or any other group that advo	ver had, a tattoo signifying membership cates violence against individuals beca exual preference, or disability?	use of their race, religion,	political affiliation, et	nnic	Yes	🗌 No		
	If you answered "YES" to an	y of Questions 94–98, give details inclu	uding dates and circumsta	ances – <i>reference col</i>	responding nun	nbers).			
SEC	TION 11: CERTIFICATION	N							
99.	99. 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.

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

POST 2-251 (Rev 02/2018)

#### SUPPLEMENTAL INFORMATION

- 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. If you are filling in this page online, text will flow to additional pages automatically.