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

# Instructions to the Applicant

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

- It is your responsibility to complete this form in its entirety and provide accurate and truthful responses.
- Typed recommended or neatly print in black ink.
- E-Mail addresses are required for ALL REFERENCES (if applicable)
- 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 34) and identify the additional information by the question number.
- Submit the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

#### Disqualification

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

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

#### **Disclosure of Medically-Related Information**

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

| I have read and I understand the above instructions. |       |
|--|-------|
| Signature:   | Date: |

| SECTION 1: PERSONAL   |               |                      |                    |                                 |                |               |              |         |
|---|---------------|----------------------|--------------------|---------------------------------|----------------|---------------|--------------|---------|
| 1. YOUR FULL NAME   |               |                      |                    |                                 |                |               |              |         |
| LAST  |               | FIRST                |                    |                                 | М              | IDDLE         |              |         |
| 2. OTHER NAMES YOU HAVE U   | JSED OR BE    |                      | CLUDE MAID         | EN NAME AND N                   | IICKNAMES)     |               |              |         |
|   |               | ,                    |                    |                                 | ,              |               |              | □ N/A   |
| 3. ADDRESS WHERE YOU LIVE   | =             |                      |                    |                                 |                |               |              |         |
| NUMBER / STREET   |               |                      |                    |                                 |                | APT / UNIT    |              |         |
| CITY  |               |                      |                    |                                 |                | STATE         | ZIP          |         |
| 4. MAILING ADDRESS, IF DIFFE  | ERENT FRO     | M ABOVE (FOR EXA     | AMPLE, PO B        | iOX)                            |                |               |              |         |
|   |               |                      |                    |                                 |                |               |              |         |
| 5. CONTACT NUMBERS  |               |                      |                    |                                 |                |               |              |         |
| HOME ( )  | WORK (        | )                    | EXT                | OTHE                            | ER ( )         |               |              | FAX     |
| 6. CONTACT EMAIL  |               | 7. LI                | ST <b>ALL</b> OTHE | ER EMAIL ADDRE                  | ESSES (SEPAF   | RATED BY CO   | MMAS)        |         |
|   |               |                      |                    |                                 |                |               |              |         |
|   |               |                      |                    |                                 |                |               |              |         |
| 8. EMPLOYMENT ELIGIBILITY   |               |                      |                    |                                 |                |               |              |         |
| Are you legally authorized t  | o work in th  | e United States ur   | nder federal       | law?                            |                |               |              | □ No    |
| 9. BIRTH PLACE (CITY / COUN   |               |                      |                    |                                 |                |               |              |         |
|   |               |                      |                    |                                 |                |               |              |         |
| 10. BIRTHDATE (MM/DD/YYYY)  | 11. SOCIA     | L SECURITY NUME      | BER                | 12. DRIVER'S L                  | ICENSE         |               |              |         |
|   |               |                      |                    | NUMBER:                         |                | STATE:        | EXPIRE       | is:     |
| 13. PHYSICAL DESCRIPTION  |               |                      |                    |                                 |                |               |              |         |
| HEIGHT: V   | VEIGHT:       | HAIR C               | OLOR:              |                                 | 1              | EYE COLOR:    |              |         |
| CECTION OF DELATIVES AND  | DEEEDEN       | 252                  |                    |                                 |                |               |              |         |
| SECTION 2: RELATIVES AND  14. IMMEDIATE FAMILY  | REFEREN       | CES                  |                    |                                 |                |               |              |         |
| 14. ININIEDIATETAMIET   |               |                      |                    |                                 |                |               |              |         |
| <ul><li>Provide all applicable infor</li><li>Mark "N/A" if a category is</li></ul>              |               |                      |                    | Mark "Deceased If more space is |                |               | ao 31 – rofo | ranca   |
| Walk 14/7 il a dategory is  | пот аррпоат   |                      |                    | corresponding                   |                | illiac on r a | gc 04 – 1616 | Terree  |
| 14.A Spouse / Registered Don  | nestic Partne | er                   |                    |                                 |                |               | Deceased     | □ N/A   |
| NAME  |               | HOME ADDRESS         | (NUMBER / S        | TREET / APT)                    | CITY           |               | STATE        | ZIP     |
|   |               |                      |                    |                                 |                |               |              |         |
| HOME PHONE  | WORK ADD      | RESS (NUMBER / S     | STREET / AP        | Т)                              | CITY           |               | STATE        | ZIP     |
| ( )   |               |                      |                    |                                 |                |               |              |         |
| WORK PHONE  | CELL PHO      | NE                   | EMAIL              |                                 |                |               |              |         |
| ( )   | ( )           |                      |                    |                                 |                |               |              |         |
| DATE OF MARRIAGE/REGIST   | RATION        | Is there, or has the | ere ever beer      | n. a restraining o              | r stav-awav or | der           |              |         |
| Is there, or has there ever been, a restraining of in effect involving you and this individual? |               |                      |                    |                                 |                |               | 🗆 Ye         | es 🗌 No |

| SECTION 2: RELATIVES AND         | REFERE           | NCES continued                 |                  |                         |                         |           |           |              |
|----------------------------------|------------------|--------------------------------|------------------|-------------------------|-------------------------|-----------|-----------|--------------|
| 14.B Former Spouse / Former      | Registered       | I Domestic Partner             |                  |                         |                         | Пре       | ceased    | □ N/A        |
| NAME                             |                  | HOME ADDRESS                   | (NUMBER / ST     | REET / APT)             | CITY                    |           | STATE     | ZIP          |
|                                  |                  |                                |                  |                         |                         |           |           |              |
| HOME PHONE                       | WORK AI          | DDRESS (NUMBER /               | STREET / APT)    | )                       | CITY                    |           | STATE     | ZIP          |
| ( )                              |                  |                                |                  |                         |                         |           |           |              |
| WORK PHONE                       | CELL PH          | ONE                            | EMAIL            |                         |                         |           |           |              |
| ( )                              | (                | )                              |                  |                         |                         |           |           |              |
| DATE OF MARRIAGE/REGIST          | RATION           | DATE OF DISSOLUT               | TON              | Is there, or has there  | a ever been a re        | etraining | or etay a |              |
| / (MM                            | /YYYY)           | 1                              | (MM/YYYY)        | order in effect involvi |                         |           |           |              |
| 14.C Parents / Guardians / In-la | aws              |                                |                  |                         | 9 ,                     |           |           |              |
| List <b>ALL</b> parents/guardiar |                  | living or deceased, ir         | ncluding biologi | ical, adoptive, foster, | step-parents, etc       |           |           |              |
| 14.C.1 Parent / Guardian / In-la | aw: 🗆 Mot        | her 🗌 Father 🔲                 | Step-mother      | ☐ Step-father ☐ In-     | -law   Other: _         |           |           | Deceased     |
| NAME                             |                  | HOME ADDRESS                   | (NUMBER / ST     | REET / APT)             | CITY                    |           | STATE     | ZIP          |
|                                  |                  |                                |                  |                         |                         |           |           |              |
| HOME PHONE                       | MAILING          | ADDRESS (IF DIFFE              | RENT)            |                         | CITY                    |           | STATE     | ZIP          |
| ( )                              |                  |                                |                  |                         |                         |           |           |              |
| WORK PHONE                       | CELL PH          | ONE                            | EMAIL            |                         |                         |           |           |              |
| ( )                              | (                | )                              |                  |                         |                         |           |           |              |
| 14.C.2 Parent / Guardian / In-la | u<br>aw: ☐ Mot   | her                            | Step-mother      | ☐ Step-father ☐ In-     | -law □ Other            |           |           | Deceased     |
| NAME                             |                  | HOME ADDRESS                   |                  | <del>.</del>            | CITY                    |           | STATE     | ZIP          |
|                                  |                  |                                |                  |                         |                         |           |           |              |
| HOME PHONE                       | MAILING          | ADDRESS (IF DIFFE              | RENT)            |                         | CITY                    |           | STATE     | ZIP          |
| ( )                              |                  |                                |                  |                         |                         |           |           |              |
| WORK PHONE                       | CELL PH          | ONE                            | EMAIL            |                         |                         |           |           |              |
| ( )                              | (                | )                              |                  |                         |                         |           |           |              |
| 14.C.3 Parent / Guardian / In-la | w. $\square$ Mot | her $\square$ Father $\square$ | Sten-mother      | ☐ Step-father ☐ In-     | law D Other:            |           |           | Deceased     |
| NAME                             | 200. 🗀 10100     | HOME ADDRESS                   |                  |                         | CITY                    |           | STATE     | ZIP          |
|                                  |                  |                                |                  |                         |                         |           |           |              |
| HOME PHONE                       | MAILING          | <br>ADDRESS (IF DIFFE          | RENT)            |                         | CITY                    |           | STATE     | ZIP          |
| ( )                              |                  | ,                              | ,                |                         |                         |           |           |              |
| WORK PHONE                       | CELL PH          | ONE                            | EMAIL            |                         |                         |           |           |              |
| ( )                              | (                |                                |                  |                         |                         |           |           |              |
|                                  |                  |                                | 21 11            |                         |                         |           | TE        | 1.5          |
| 14.C.4 Parent / Guardian / In-la | aw: L Mot        | HOME ADDRESS                   |                  |                         | -law □ Other: _<br>CITY |           | STATE     | Deceased ZIP |
| IVAIVIL                          |                  | HOWE ADDITEOU                  | (NOWDERY) OT     | NEET / ALT)             |                         |           | OIAIL     | 211          |
| HOME PHONE                       | MAILING          | ADDRESS (IF DIFFE              | DENT)            |                         | CITY                    |           | STATE     | ZIP          |
|                                  | IVIAILING        | ADDRESS (IF DIFFE              | INCINI)          |                         | CITT                    |           | SIAIE     | ZIF          |
| ( )                              | OFIL DI          | ONE                            | FNANH            |                         |                         |           |           |              |
| WORK PHONE                       | CELL PH          |                                | EMAIL            |                         |                         |           |           |              |
| ( )                              | (                | )                              |                  |                         |                         |           |           |              |

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| SECTION 2: RELATIVES AND                | SECTION 2: RELATIVES AND REFERENCES continued |                          |   |                 |       |          |
|---|---|--------------------------|---|-----------------|-------|----------|
| 14.C Parents / Guardians / In           | -laws contin                                  | ued                      |   |                 |       |          |
| 14.C.5 Parent / Guardian / In-l         | aw:   Mothe                                   | r 🗌 Father 🗌 St          | ep-mother $\square$ Step-father $\square$ | In-law 🗌 Other: |       | Deceased |
| NAME                                    |   | HOME ADDRESS (N          | UMBER / STREET / APT)                     | CITY            | STATE | ZIP      |
|   |   |                          |   |                 |       |          |
| HOME PHONE                              | MAILING AD                                    | DDRESS (IF DIFFERE       | NT)                                       | CITY            | STATE | ZIP      |
| ( )                                     |   |                          |   |                 |       |          |
| WORK PHONE                              | CELL PHON                                     | IE                       | EMAIL                                     |                 |       |          |
| ( )                                     | ( )   |                          |   |                 |       |          |
| 14.C.6 Parent / Guardian / In-l         | aw:  Mothe                                    | r 🗌 Father 🔲 Sto         | ep-mother   Step-father                   | In-law   Other: |       | Deceased |
| NAME                                    |   | HOME ADDRESS (N          | UMBER / STREET / APT)                     | CITY            | STATE | ZIP      |
|   |   |                          |   |                 |       |          |
| HOME PHONE                              | MAILING AD                                    | DRESS (IF DIFFERE        | NT)                                       | CITY            | STATE | ZIP      |
| ( )                                     |   |                          |   |                 |       |          |
| WORK PHONE                              | CELL PHON                                     | IE                       | EMAIL                                     |                 |       |          |
| ( )                                     | ( )   |                          |   |                 |       |          |
| Supplemental relatives info             | rmation pro                                   | ovided on Page 34        | П   |                 | ·     |          |
| ouppiemental relatives into             | mation pro                                    |                          |   |                 |       |          |
| 14.D Brothers / Sisters                 |   |                          |   |                 |       | □ N/A    |
| List ALL LIVING siblings,               | including ha                                  | lf-siblings, step-siblin | gs, foster-siblings, etc.                 |                 |       |          |
| 14.D.1 Sibling:   Brother               | ☐ Sister ☐                                    | Half-brother ☐ Ha        | lf-sister ☐ Other:                        |                 |       |          |
| NAME                                    | AGE   |                          | (NUMBER / STREET / APT)                   | CITY            | STATE | ZIP      |
|   |   |                          |   |                 |       |          |
| HOME PHONE                              | MAILING AD                                    | DDRESS (IF DIFFERE       | NT)                                       | CITY            | STATE | ZIP      |
| ( )                                     |   |                          |   |                 |       |          |
| WORK PHONE                              | CELL PHON                                     | <br>IE                   | EMAIL                                     |                 |       |          |
| ( )                                     | ( )   |                          |   |                 |       |          |
|   |   | ) Half brother           | If alatan Dothan                          |                 |       |          |
| <b>14.D.2 Sibling:</b> ☐ Brother ☐ NAME | _ Sister ∟<br>AGE                             | Half-brother HA          | (NUMBER / STREET / APT)                   | CITY            | STATE | ZIP      |
|   | 7102  | 1101112712211233         | (11011152117161112117111117               |                 |       |          |
| HOME PHONE                              | MAILING AF                                    | DDRESS (IF DIFFERE       | NT)                                       | CITY            | STATE | ZIP      |
| ( )                                     | WAILINGAL                                     | DDREGG (III DII I EIRE   |   | OTT             | OIAIL | ZII      |
| WORK PHONE                              | CELL PHON                                     | <u> </u>                 | EMAIL                                     |                 |       |          |
|   |   | IC .                     | EIVIAIL                                   |                 |       |          |
| ( )                                     | ( )   |                          |   |                 |       |          |
|   |   | Half-brother             |   |                 | _     |          |
| NAME                                    | AGE   | HOME ADDRESS             | (NUMBER / STREET / APT)                   | CITY            | STATE | ZIP      |
|   |   |                          |   |                 |       |          |
| HOME PHONE                              | MAILING AD                                    | DRESS (IF DIFFERE        | NT)                                       | CITY            | STATE | ZIP      |
| ( )                                     |   |                          |   |                 |       |          |
| WORK PHONE                              | CELL PHON                                     | IE                       | EMAIL                                     | •               |       |          |
| ( )                                     | ( )   |                          |   |                 |       |          |

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

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| SECTION 2: RELATIVES AND REFERENCES continued |         |          |                  |                  |                   |                            |             |       |
|---|---------|----------|------------------|------------------|-------------------|----------------------------|-------------|-------|
| <b>14.D.4 Sibling:</b> ☐ Brother ☐            | Sister  | □ На     | alf-brother      | If-sister        | er:               |                            |             |       |
| NAME  |         | AGE      | HOME ADDRESS     | (NUMBER / STR    | EET / APT)        | CITY                       | STATE       | ZIP   |
|   |         |          |                  |                  |                   |                            |             |       |
| HOME PHONE                                    | MAILIN  | IG ADDR  | RESS (IF DIFFERE | NT)              |                   | CITY                       | STATE       | ZIP   |
|   |         |          |                  |                  |                   |                            |             |       |
| WORK PHONE                                    | CELL P  | PHONE    |                  | EMAIL            |                   |                            |             |       |
| ( )   | (       | )        |                  |                  |                   |                            |             |       |
| Supplemental relatives info                   | rmotion | n provid | dod on Bogo 24   |                  |                   |                            |             |       |
| Supplemental relatives info                   | rmauor  | ι ριονια | ded on Page 34   |                  |                   |                            |             |       |
| 14.E Children                                 |         |          |                  |                  |                   |                            |             | □ N/A |
| List <b>ALL LIVING</b> children               | includi | na natur | al adopted step  | and/or foster ca | re Include any of | ther children who reside y | with you    |       |
| Provide the name and co                       |         |          |                  |                  |                   |                            | with you.   |       |
| 14.E.1 Child: Son Date                        | ughtor  | ☐ Othe   |                  |                  |                   |                            |             |       |
| NAME  | ugnier  | AGE      |                  | RENT/GUARDIA     | N (IF OTHER THA   | N YOU)                     |             |       |
|   |         |          |                  |                  | (                 |                            |             |       |
|   |         |          | ADDRESS (NUM     | /BER / STREET    | / APT)            | CITY                       | STATE       | ZIP   |
|   |         |          | ABBITECO (NOI    | MDERY OTREET     | 7 u 1)            | 0111                       | OITHE       | 211   |
|   |         |          | CONTACT NUM      | DED              | EMAIL             |                            |             |       |
|   |         |          | CONTACT NOW      | DER              | EIVIAIL           |                            |             |       |
|   |         |          |                  |                  |                   |                            |             |       |
| 14.E.2 Child: Son Date                        | ughter  | Othe     |                  |                  |                   |                            |             |       |
| NAME  |         | AGE      | CUSTODIAL PA     | RENT/GUARDIA     | N (IF OTHER THA   | N YOU)                     |             |       |
|   |         |          |                  |                  |                   |                            |             |       |
|   |         |          | ADDRESS (NUM     | MBER / STREET    | APT)              | CITY                       | STATE       | ZIP   |
|   |         |          |                  |                  |                   |                            |             |       |
|   |         |          | CONTACT NUM      | BER              | EMAIL             |                            |             |       |
|   |         |          |                  |                  |                   |                            |             |       |
| 14.E.3 Child: ☐ Son ☐ Date                    | ughter  | ☐ Othe   | er:              |                  |                   |                            |             |       |
| NAME  |         | AGE      | CUSTODIAL PA     | RENT/GUARDIA     | N (IF OTHER THA   | N YOU)                     |             |       |
|   |         |          |                  |                  |                   |                            |             |       |
|   |         |          | ADDRESS (NUM     | MBER / STREET    | APT)              | CITY                       | STATE       | ZIP   |
|   |         |          |                  |                  |                   |                            |             |       |
|   |         |          | CONTACT NUM      | BER              | EMAIL             |                            |             |       |
|   |         |          |                  |                  |                   |                            |             |       |
| 14.E.4 Child: ☐ Son ☐ Date                    | uahter  | ☐ Othe   |                  |                  |                   |                            |             |       |
| NAME  |         | AGE      |                  | RENT/GUARDIA     | N (IF OTHER THA   | N YOU)                     |             |       |
|   |         |          |                  |                  |                   |                            |             |       |
|   |         |          | ADDRESS (NUN     | /BER / STREFT    | (APT)             | CITY                       | STATE       | ZIP   |
|   |         |          |                  |                  | .,                |                            | ,, <b>-</b> |       |
|   |         |          | CONTACT NUM      | RER              | EMAIL             |                            |             |       |
|   |         |          | SONTACT NOW      | DEIX             | LIVIAIL           |                            |             |       |
|   |         |          |                  |                  |                   |                            |             |       |

Supplemental relatives information provided on Page 34 $\square$ 

| 5 | SECT              | SECTION 2: RELATIVES AND REFERENCES continued |           |                    |                                |                       |                    |           |  |
|---|-------------------|---|-----------|--------------------|--------------------------------|-----------------------|--------------------|-----------|--|
| 1 | 5. L              | IST OF REFERENCES                             |           |                    |                                |                       |                    |           |  |
|   |                   |   |           |                    | l relationships, social and fa |                       | military colleague | s, and/or |  |
|   |                   | NAME OF REFERENCE                             |           | HOME ADDRESS (N    | IUMBER / STREET / APT)         | CITY                  | STATE              | ZIP       |  |
| 1 | 5.1               |   |           |                    |                                |                       |                    |           |  |
|   | HOI               | ME PHONE                                      | WORK ADD  | DRESS (NUMBER / ST | REET / SUITE)                  | CITY                  | STATE              | ZIP       |  |
|   | (                 | )   |           |                    |                                |                       |                    |           |  |
|   | WO                | RK PHONE                                      | CELL PHON | NE                 | EMAIL                          |                       |                    |           |  |
|   | (                 | )   | ( )       |                    |                                |                       |                    |           |  |
|   | <u> </u>          | v do you know this person?                    |           |                    |                                | How long have you kno | own this person?   |           |  |
|   | пои               | NAME OF REFERENCE                             |           | LOME ADDRESS (N    | IIIMDED / STDEET / ADT)        | How long have you kno | STATE              | ZIP       |  |
| 1 | 5.2               | NAME OF REFERENCE                             |           | HOME ADDRESS (N    | IUMBER / STREET / APT)         | CITY                  | SIAIE              | ZIP       |  |
|   |                   | AE BUONE                                      | TWODY ADE |                    | DEET (OUTE)                    | OLTY                  | 07475              | 710       |  |
|   | HOI               | ME PHONE                                      | WORK ADD  | DRESS (NUMBER / ST | KEET / SUITE)                  | CITY                  | STATE              | ZIP       |  |
|   | (                 | )   |           |                    |                                |                       |                    |           |  |
|   | WO                | RK PHONE                                      | CELL PHON | NE                 | EMAIL                          |                       |                    |           |  |
|   | (                 | )   | ( )       |                    |                                |                       |                    |           |  |
|   | Нои               | v do you know this person?                    | ,         |                    |                                | How long have you kno | own this person?   |           |  |
|   | NAME OF REFERENCE |   |           | HOME ADDRESS (N    | IUMBER / STREET / APT)         | CITY                  | STATE              | ZIP       |  |
| 1 | 5.3               |   |           |                    |                                |                       |                    |           |  |
|   | HOI               | ME PHONE                                      | WORK ADD  | DRESS (NUMBER / ST | REET / SUITE)                  | CITY                  | STATE              | ZIP       |  |
|   | (                 | )   |           |                    |                                |                       |                    |           |  |
|   | WO                | RK PHONE                                      | CELL PHON | NE                 | EMAIL                          |                       |                    |           |  |
|   | (                 | )   | ( )       |                    |                                |                       |                    |           |  |
|   | Hov               | w do you know this perso                      | n2        |                    |                                | How long have you ki  | nown this parsar   |           |  |
|   | HOV               | NAME OF REFERENCE                             |           | LOME ADDRESS (N    | IUMBER / STREET / APT)         | CITY                  | STATE              | ZIP       |  |
| 1 | 5.4               | NAME OF REFERENCE                             |           | HOME ADDRESS (N    | IUMBER / STREET / APT)         | CITY                  | SIAIE              | ZIP       |  |
|   | LIC:              | ME DUONE                                      | TWORK ASS |                    | DEET / OURTE                   | OLT) (                | 07475              | 710       |  |
|   |                   | ME PHONE                                      | WORK ADD  | DRESS (NUMBER / ST | KEET / SUITE)                  | CITY                  | STATE              | ZIP       |  |
|   | (                 | )   | 0511 511  |                    | T =                            |                       |                    |           |  |
|   | WO                | RK PHONE                                      | CELL PHON | NE                 | EMAIL                          |                       |                    |           |  |
|   | (                 | )   | ( )       |                    |                                |                       |                    |           |  |
|   | Нои               | v do you know this person?                    | <b>,</b>  |                    |                                | How long have you kno | own this person?   |           |  |
|   |                   | NAME OF REFERENCE                             |           | HOME ADDRESS (N    | IUMBER / STREET / APT)         | CITY                  | STATE              | ZIP       |  |
| 1 | 5.5               |   |           |                    |                                |                       |                    |           |  |
|   | HOI               | ME PHONE                                      | WORK ADD  | DRESS (NUMBER / ST | REET / SUITE)                  | CITY                  | STATE              | ZIP       |  |
|   | (                 | )   |           |                    |                                |                       |                    |           |  |
|   | WO                | RK PHONE                                      | CELL PHON | NE                 | EMAIL                          |                       |                    |           |  |
|   | (                 | )   | ( )       |                    |                                |                       |                    |           |  |
|   | Нои               | v do you know this person?                    | <b>,</b>  |                    | 1                              | How long have you kno | own this person?   |           |  |
|   |                   |   |           | <del></del>        |                                |                       |                    |           |  |

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| NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT) CITY STATE   ZIP  | SEC   | TION 2: RELATIVES AND      | REFEREN   | CES continued      |                        |                                      |                                      |     |  |  |
|--|-------|----------------------------|-----------|--------------------|------------------------|--------------------------------------|--------------------------------------|-----|--|--|
| HOME PHONE   |       |                            | **        |                    | IUMBER / STREET / APT) | CITY                                 | STATE                                | ZIP |  |  |
| CELL PHONE   | 15.6  |                            |           |                    |                        |                                      |                                      |     |  |  |
| WORK PHONE ( ) ( )  HOW do you know this person?  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  WORK PHONE ( )  HOW do you know this person?  HOME ADDRESS (NUMBER / STREET / SUITE)  ( )  WORK PHONE ( )  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  WORK PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  HOW do you know this person?  HOME ADDRESS (NUMBER / STREET / APT)  WORK PHONE ( )  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  HOW do you know this person?  HOME PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  WORK PHONE ( )  HOW PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  STATE  ZIP  TIS.10  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  WORK PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  WORK PHONE ( )  WORK PHONE ( )  CITY  STATE  ZIP  TIS.10  | НС    | ME PHONE                   | WORK ADD  | RESS (NUMBER / ST  | REET / SUITE)          | CITY                                 | STATE                                | ZIP |  |  |
| Comparison   Com   | (     | )                          |           |                    |                        |                                      |                                      |     |  |  |
| How do you know this person?   | W     | ORK PHONE                  | CELL PHOI | NE                 | EMAIL                  |                                      |                                      |     |  |  |
| NAME OF REFERENCE  | (     | )                          | ( )       |                    |                        |                                      |                                      |     |  |  |
| HOME PHONE   | Но    | w do you know this person? | •         |                    |                        | How long have you known              | How long have you known this person? |     |  |  |
| HOME PHONE   |       | NAME OF REFERENCE          |           | HOME ADDRESS (N    | IUMBER / STREET / APT) | CITY                                 | STATE                                | ZIP |  |  |
| Comparison   Com   | 15.7  |                            |           |                    |                        |                                      |                                      |     |  |  |
| How do you know this person?   | HC    | OME PHONE                  | WORK ADD  | DRESS (NUMBER / ST | REET / SUITE)          | CITY                                 | STATE                                | ZIP |  |  |
| How do you know this person?   | (     | )                          |           |                    |                        |                                      |                                      |     |  |  |
| How do you know this person?   | W     | ORK PHONE                  | CELL PHOI | NE                 | EMAIL                  |                                      |                                      |     |  |  |
| 15.8   | (     | )                          | ( )       |                    |                        |                                      |                                      |     |  |  |
| HOME PHONE   | Но    | w do you know this person? | •<br>     |                    |                        | How long have you known              |                                      |     |  |  |
| HOME PHONE   WORK ADDRESS (NUMBER / STREET / SUITE)   CITY   STATE   ZIP    WORK PHONE   CELL PHONE   EMAIL  | 45.0  | NAME OF REFERENCE          |           | HOME ADDRESS (N    | IUMBER / STREET / APT) | CITY                                 | STATE                                | ZIP |  |  |
| WORK PHONE ( )  How do you know this person?  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  How do you know this person?  HOME PHONE ( )  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE)  WORK PHONE ( )  How do you know this person?  How long have you known this person?  TITY  STATE  S | 15.8  |                            |           |                    |                        |                                      |                                      |     |  |  |
| WORK PHONE ( ) ( )  How do you know this person?  NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( ) ( )  WORK PHONE ( ) ( )  WORK PHONE ( ) ( )  How do you know this person?  HOME ADDRESS (NUMBER / STREET / SUITE)  EMAIL ( ) ( )  How do you know this person?  How long have you known this person?  How long have you known this person?  Home PHONE ( ) ( )  HOME PHONE ( ) ( )  WORK ADDRESS (NUMBER / STREET / APT)  CITY  STATE  ZIP  HOME PHONE ( ) ( )  WORK PHONE ( ) ( )  WORK PHONE ( ) ( )  WORK PHONE ( ) ( )  | НС    | DME PHONE                  | WORK ADD  | DRESS (NUMBER / ST | REET / SUITE)          | CITY                                 | STATE                                | ZIP |  |  |
| How do you know this person?   | (     | )                          |           |                    |                        |                                      |                                      |     |  |  |
| How do you know this person?   | W     | ORK PHONE                  | CELL PHOI | NE                 | EMAIL                  |                                      |                                      |     |  |  |
| NAME OF REFERENCE  | (     | )                          | ( )       |                    |                        |                                      |                                      |     |  |  |
| HOME PHONE   | Но    | w do you know this person? | )         |                    |                        | How long have you known this person? |                                      |     |  |  |
| HOME PHONE ( )  WORK PHONE ( )  WORK PHONE ( )  How do you know this person?  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  WORK PHONE ( )  EMAIL ( )  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  CITY  STATE  ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  WORK PHONE ( )  WORK PHONE ( )  EMAIL ( )   |       | NAME OF REFERENCE          |           | HOME ADDRESS (N    | IUMBER / STREET / APT) | CITY                                 | STATE                                | ZIP |  |  |
| ( ) WORK PHONE ( ) How do you know this person?  How long have you known this person?  How long have you known this person?    How long have you known this person?  | 15.9  |                            |           |                    |                        |                                      |                                      |     |  |  |
| WORK PHONE ( )  How do you know this person?  How long have you known this person?  The state of | НС    | ME PHONE                   | WORK ADD  | DRESS (NUMBER / ST | REET / SUITE)          | CITY                                 | STATE                                | ZIP |  |  |
| ( )   How do you know this person?   How long have you known this person?    15.10   NAME OF REFERENCE   | (     | )                          |           |                    |                        |                                      |                                      |     |  |  |
| How do you know this person?  NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  WORK PHONE ( )  CITY  STATE ZIP  CITY  STATE ZIP  WORK PHONE ( )  | W     | ORK PHONE                  | CELL PHO  | NE                 | EMAIL                  |                                      |                                      |     |  |  |
| NAME OF REFERENCE  | (     | )                          | ( )       |                    |                        |                                      |                                      |     |  |  |
| HOME PHONE   | Но    | w do you know this person? | •         |                    |                        | How long have you known              | this person?                         |     |  |  |
| HOME PHONE ( )  WORK PHONE ( )  CELL PHONE ( )   |       |                            |           | HOME ADDRESS (N    | IUMBER / STREET / APT) | CITY                                 | STATE                                | ZIP |  |  |
| WORK PHONE CELL PHONE EMAIL  ( )   | 15.10 |                            |           |                    |                        |                                      |                                      |     |  |  |
| WORK PHONE CELL PHONE EMAIL  ( )   | НС    | ME PHONE                   | WORK ADD  | RESS (NUMBER / ST  | REET / SUITE)          | CITY                                 | STATE                                | ZIP |  |  |
|  | (     | ,                          |           |                    |                        |                                      |                                      |     |  |  |
|  | W     | ORK PHONE                  | CELL PHOI | NE .               | EMAIL                  |                                      |                                      |     |  |  |
| How do you know this person?  How long have you known this person?   | (     | )                          | ( )       |                    |                        |                                      |                                      |     |  |  |
|  | Но    | w do you know this person? | )         |                    |                        | How long have you known              | this person?                         |     |  |  |

Supplemental references information provided on Page 34  $\square$ 

| S | SECTION 2.5: NEIGHBOR REFERENCES |  |             |                        |                                 |                                      |                          |          |     |
|---|----------------------------------|--|-------------|------------------------|---------------------------------|--------------------------------------|--------------------------|----------|-----|
| 1 | 5. LI                            | IST OF REFERENCES  |             |                        |                                 |                                      |                          |          |     |
|   |                                  | List <b>2-5</b> Current Neighbors<br>Must include E-mail add |             | nclude housemates o    | or any individuals listed e     | elsewhe                              | ere.                     |          |     |
|   |                                  | NAME OF NEIGHBOR   |             | HOME ADDRESS (N        | NUMBER / STREET / APT)          |                                      | CITY                     | STATE    | ZIP |
| 1 | 5.11                             |  |             |                        |                                 |                                      |                          |          |     |
|   | 10H                              | ME PHONE   | WORK ADI    | DRESS (NUMBER / ST     | rreet / suite)                  |                                      | CITY                     | STATE    | ZIP |
|   | (                                | )  |             |                        |                                 |                                      |                          |          |     |
|   | WO                               | RK PHONE   | CELL PHO    | NE                     | EMAIL                           |                                      |                          |          |     |
|   | (                                | )  | ( )         |                        |                                 |                                      |                          |          |     |
|   | Нои                              | v do you know this person?                                   | <br>?       |                        | -I                              | How long have you known this person? |                          |          |     |
|   |                                  | NAME OF NEIGHBOR   |             | HOME ADDRESS (N        | NUMBER / STREET / APT)          |                                      | CITY                     | STATE    | ZIP |
| 1 | 5.12                             |  |             |                        | ,                               |                                      |                          |          |     |
|   | HOI                              | <br>ME PHONE   | WORK ADI    | <br>DRESS (NUMBER / ST | FREET / SUITE)                  |                                      | CITY                     | STATE    | ZIP |
|   | (                                | )  |             | ,                      | ,                               |                                      |                          |          |     |
|   | WORK PHONE CELL PHONE            |  |             |                        | EMAIL                           |                                      |                          |          |     |
|   | (                                | )  | ( )         |                        |                                 |                                      |                          |          |     |
|   |                                  | v do you know this person?                                   | 2           |                        |                                 | How                                  | long have you known this | nerson?  |     |
|   |                                  |  |             | HOME ADDRESS (N        | NUMBER / STREET / APT)          | 11007                                | CITY                     | STATE    | ZIP |
| 1 | 15.13                            |  |             |                        |                                 |                                      | OIII                     | Oixil    | 211 |
|   | 10H                              | <br>ME PHONE   | WORK ADI    | <br>                   | PRESS (NUMBER / STREET / SUITE) |                                      |                          | STATE    | ZIP |
|   | (                                | )  | , WORKING E | TREES (NOMBERT) ST     | 11.2217 001127                  |                                      | CITY                     | 0 11 (12 |     |
|   | WO.                              | RK PHONE   | CELL PHO    | NF                     | IE EMAIL                        |                                      |                          |          |     |
|   | (                                | )  | ( )         |                        |                                 |                                      |                          |          |     |
|   | ·<br>Uan                         |  |             |                        |                                 | How I                                | ong have you known this  | person?  |     |
|   | пои                              | w do you know this perso  NAME OF NEIGHBOR                   | )N ?        | LOME ADDRESS (N        | NUMBER / STREET / APT)          |                                      | CITY                     | STATE    | ZIP |
| 1 | 5.14                             | NAME OF NEIGHBOR   |             | HOWE ADDRESS (N        | IUMBER / STREET / APT)          |                                      | CITT                     | SIAIE    | ZIF |
|   | НОГ                              | <br>ME PHONE   | MOBK VDI    | <br>DRESS (NUMBER / ST | FDEET / SHITE\                  |                                      | CITY                     | STATE    | ZIP |
|   | (                                | )  | WORKADE     | JILOO (NOMBER / OT     | INCET / GOITE)                  |                                      | CITT                     | SIAIL    | 211 |
|   |                                  | RK PHONE   | CELL PHO    | NF                     | EMAIL                           |                                      |                          |          |     |
|   | (                                | )  | ( )         | <b></b>                | LIVII (IL                       |                                      |                          |          |     |
|   | <u> </u>                         | ,  |             |                        |                                 | Т                                    |                          |          |     |
|   | How                              | v do you know this person?                                   | ?<br>====== | THOME ADDRESS (A)      | HIMPED (OTDEET (ADT)            | How I                                | long have you known this |          | Tab |
| 1 | 5.15                             | NAME OF NEIGHBOR   |             | HOME ADDRESS (N        | NUMBER / STREET / APT)          |                                      | CITY                     | STATE    | ZIP |
|   | 1101                             | ME DUONE   | TWODK ADI   |                        | FDEET (OURTE)                   |                                      | OLTY                     | OTATE    | 710 |
|   |                                  | ME PHONE   | WORK ADL    | DRESS (NUMBER / ST     | REET/SUITE)                     |                                      | CITY                     | STATE    | ZIP |
|   | (                                | )  | CELL DUO    | NIT                    | FMAIL                           |                                      |                          |          |     |
|   |                                  | RK PHONE   | CELL PHO    | NE                     | EMAIL                           |                                      |                          |          |     |
|   | (                                | )  | 1( )        |                        |                                 |                                      |                          |          |     |
|   | Нои                              | v do you know this person?                                   | ?<br>====== |                        |                                 | How I                                | long have you known this | person?  |     |

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| SECT  | ION 3: EDUC     | ATION                      | ION             |                                   |          |             |                       |                       |                    |                                |  |
|---|-----------------|----------------------------|-----------------|-----------------------------------|----------|-------------|-----------------------|-----------------------|--------------------|--------------------------------|--|
|   |                 | Il be required to function |                 | nscripts or other pr<br>Page 34.  | oof to s | supp        | ort all o             | f you                 | r educational clai | ms in Section 3                |  |
| <b>16.</b> CI   | HECK APPLICAL   | BLE MM/YYYY                |                 | MM                                | I/YYYY   |             |                       |                       |                    | MM/YYYY                        |  |
| □ Hiợ   | gh School Gradu | ation: /                   | ☐ High School E | quivalency Test: /                |          |             | California            | a High                | School Proficiency | Certificate: /                 |  |
| 17. L   | IST HIGH SCHO   | OOL(S) ATTENDED            |                 |                                   |          |             |                       |                       |                    |                                |  |
|   | NAME OF HIG     | H SCHOOL                   |                 |                                   |          |             |                       |                       | FROM (MM/YYYY      | Y) TO (MM/YYYY)                |  |
| 17.1  |                 |                            |                 |                                   |          |             |                       |                       | 1                  | /                              |  |
|   |                 |                            |                 | CITY                              |          |             |                       |                       |                    | STATE                          |  |
|   |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
|   | NAME OF HIG     | H SCHOOL                   |                 |                                   |          |             |                       |                       | FROM (MM/YYYY      | Y) TO (MM/YYYY)                |  |
| 17.2  |                 |                            |                 |                                   |          |             |                       |                       | /                  | 1                              |  |
|   | I               |                            |                 | CITY                              |          |             |                       |                       |                    | STATE                          |  |
|   |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
| 18. L   | IST ALL COLLE   | GES AND UNIVER             | SITIES ATTENDEI | D                                 |          |             |                       |                       |                    |                                |  |
| 18.1  | NAME OF COL     | LLEGE/UNIVERSIT            | Υ               | FROM (MM/YYYY)                    | TO (MI   | M/YY        | YYY)                  | TOTA                  | AL UNITS COMPLE    | TED                            |  |
| 18.1  |                 |                            |                 | /                                 |          | /           |                       |                       | D QTR SYSTE        | EM ☐ SEM SYSTEM                |  |
|   |                 | ADDRESS (NUME              | BER / STREET)   |                                   |          |             |                       |                       | DEGREE EARNED      |                                |  |
|   |                 |                            |                 |                                   |          |             |                       |                       | ☐YES ☐ NO          | TYPE:                          |  |
|   |                 | CITY                       |                 | STATE ZIP                         |          |             | MAJOR / AREA OF STUDY |                       |                    |                                |  |
|   |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
|   | NAME OF COL     | LEGE/UNIVERSIT             | Y               | FROM (MM/YYYY) TO (MM/YYYY) TOTAL |          |             | AL UNITS COMPLE       | TED                   |                    |                                |  |
| 18.2  |                 |                            |                 | /                                 |          | / □ QTR SYS |                       |                       |                    | TEM ☐ SEM SYSTEM               |  |
|   |                 | ADDRESS (NUME              | BER / STREET)   |                                   |          |             |                       |                       | DEGREE EARNED      |                                |  |
|   |                 |                            |                 |                                   |          |             |                       |                       | ☐ YES ☐ NO TYPE:   |                                |  |
|   |                 | CITY                       |                 |                                   | STA      | TE          | ZIP                   |                       | MAJOR / AREA O     | F STUDY                        |  |
|   |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
|   | NAME OF COL     | LEGE/UNIVERSIT             | Y               | FROM (MM/YYYY)                    | TO (MI   | M/YY        | YYY)                  | TOTA                  | AL UNITS COMPLE    | TED                            |  |
| 18.3  |                 |                            |                 | /                                 |          | /           |                       |                       | D QTR SYSTE        | EM □ SEM SYSTEM                |  |
|   |                 | ADDRESS (NUME              | BER / STREET)   |                                   |          |             |                       |                       | DEGREE EARNEI      | ס                              |  |
|   |                 |                            |                 |                                   |          |             |                       |                       | ☐YES ☐ NO          | TYPE:                          |  |
|   |                 | CITY                       |                 |                                   | STA      | ATE.        | ZIP                   |                       | MAJOR / AREA O     | F STUDY                        |  |
|   |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
| 19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES / |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
|   | NAME OF TRA     | ADE, VOCATIONAL,           | OR BUSINESS S   | CHOOL/INSTITUTE                   | FRO      | OM (        | MM/YYY                | Y) To                 | O (MM/YYYY)        | DID YOU COMPLETE THE TRAINING? |  |
| 19.1  |                 |                            |                 |                                   |          | 1           |                       |                       | 1                  | ☐ YES ☐ NO                     |  |
|   | 1               | CITY                       |                 |                                   | STA      | ATE         | TYPE C                | OF SCHOOL OR TRAINING |                    |                                |  |
|   |                 |                            |                 |                                   |          |             |                       |                       |                    |                                |  |
|   |                 |                            |                 |                                   |          |             | L                     |                       |                    |                                |  |

Supplemental education information provided on Page 34  $\square$ 

| SEC  | CTION 3: E  | DUCATION continued   |  |                                  |                      |            |           |                            |
|------|-------------|--|--|----------------------------------|----------------------|------------|-----------|----------------------------|
| LIST | TALL POST   | BASIC COURSES ATTENDED   |  |                                  |                      |            |           |                            |
|      | •           | ver taken a PC832 (Arrest and/or Fire  | arms) Course?  |                                  |                      |            |           | YES NO                     |
|      | <i>A</i>    | A. COURSE PRESENTER NAME   |  |                                  | LOCATIO              | ON (CITY / | STATE)    |                            |
|      |             |  |  |                                  |                      |            |           |                            |
|      | E           | 3. COURSE COMPLETION   |  |                                  |                      | COMPL      | ETION [   | DATE (MM/YYYY)             |
|      | [           | Did you successfully complete the cou  | rse?   | YES                              | □ NO                 |            |           | 1                          |
|      |             | ever attended a <b>POST</b> Basic Course/A   | Academy: Regular, Modular, Sp  | ecialized Inve                   | stigators',          | Reserve, o | or Dispa  | tcher? 🗌 YES 🔲 NO          |
| 21.1 |             | F COURSE PRESENTER/ACADEMY   |  | FROM (MM/                        | YYYY) T              | O (MM/YY   | YY)       | DID YOU PASS/<br>GRADUATE? |
|      | 1.004716    | N. (O.T.)  | T.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 | /                                |                      | /          |           | ☐ YES ☐ NO                 |
|      | LOCATIO     | ON (CITY, STATE)   | NAME OF TRAINING OFFICE  | ER / ACADEM                      | Y COORD              | INATOR     | (         | ACT NUMBER )               |
| 24.0 | _           | F COURSE PRESENTER/ACADEMY   |  | FROM (MM/                        | YYYY) T              | O (MM/YY   | YY)       | DID YOU PASS/<br>GRADUATE? |
| 21.2 |             |  |  | 1                                |                      | 1          |           | ☐ YES ☐ NO                 |
|      | LOCATIO     | DN (CITY, STATE)   | NAME OF TRAINING OFFICE  | ER / ACADEM                      | Y COORD              | INATOR     | CONT      | ACT NUMBER                 |
|      |             |  |  |                                  |                      |            | (         | )                          |
| Sup  | plemental   | POST basic course information  | n provided on Page 34 🗆  |                                  |                      |            |           |                            |
| 22.  | from any h  | ever been subject to any disciplinary a<br>igh school(s), college/university, busin<br>scribe in detail below. Starting with h<br>c course/academy. Include when the d | ness, trade school, or POST bas<br>igh school, list any and all discip | sic course/aca<br>linary actions | demy?<br>received ir | any scho   | ol, educa | ational institution, or    |
| 23.  | cheating or | age of 18, have you cheated on an exa<br>n any POST exam?  | •  | -                                |                      |            |           | YES NO                     |

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| 0=0=10114  | DECIDENCE INCTORY |
|------------|-------------------|
| SECTION 4: | RESIDENCE HISTORY |
|            |                   |

#### 24. LIST OF RESIDENCES

- List all residences during the last 10 years or since age 15.
- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do NOT use PO Boxes.

| U    | f the residence is a military base, identify name<br>inless you shared individual quarters. |               |         | rest city, state, and zip     | code. Do <b>N</b> 0 | <b>OT</b> list military | / barracks mates |
|------|---|---------------|---------|-------------------------------|---------------------|-------------------------|------------------|
| • 1  | f more space is needed, continue your resp  |               |         |                               | FROM                | 4 (1) 41) 41) 41)       | TO (MM/YYYY)     |
| 24.1 | ADDRESS WHERE YOU NOW LIVE (NUMBER  | /SIREEI/API   | )       |                               | FRUIV               | / (WIWI/YYYY)           | Present          |
|      | CITY  | STATE         | ZIP     | <b>IF RENTING</b> : POR OWNER | ROPERTY MA          | ANAGER, REI             | NT COLLECTOR,    |
|      | MAILING ADDRESS OF PROPERTY MANAGER<br>(NUMBER / STREET / APT / PO BOX)                     | R, RENT COLLE | CTOR, O | R OWNER                       |                     | CONTACT                 | 「NUMBER          |
|      | CITY  | STATE         | ZIP     | EMAIL                         |                     | ( )                     |                  |
|      | Name(s) of those with whom you live:  |               |         |                               |                     |                         |                  |
| 24.2 | FORMER ADDRESS (NUMBER / STREET / AP  | Γ)            |         |                               | FROM                | 1 (MM/YYYY)             | TO (MM/YYYY) /   |
|      | CITY  | STATE         | ZIP     | IF RENTED: PROWNER            | ROPERTY MA          | NAGER, REN              | T COLLECTOR, OR  |
|      | MAILING ADDRESS OF PROPERTY MANAGER<br>(NUMBER / STREET / APT / PO BOX)                     | R, RENT COLLE | CTOR, O | R OWNER                       |                     | CONTACT                 | 「NUMBER          |
|      | CITY  | STATE         | ZIP     | EMAIL                         |                     |                         |                  |
| i    | Name(s) of those with whom you lived:   |               |         |                               |                     |                         |                  |
|      | Reason for moving:  |               |         |                               |                     |                         |                  |
| 24.3 | FORMER ADDRESS (NUMBER / STREET / AP  | Γ)            |         |                               | FROM                | / (MM/YYYY)             | TO (MM/YYYY) /   |
|      | CITY  | STATE         | ZIP     | IF RENTED: PROWNER            | ROPERTY MA          | NAGER, REN              | T COLLECTOR, OR  |
|      | MAILING ADDRESS OF PROPERTY MANAGER<br>(NUMBER / STREET / APT / PO BOX)                     | R, RENT COLLE | CTOR, O | R OWNER                       |                     |                         | 「NUMBER          |
|      | CITY  | STATE         | ZIP     | EMAIL                         |                     | ( )                     |                  |
|      | Name(s) of those with whom you lived:   |               |         |                               |                     |                         |                  |
|      | Reason for moving:  |               |         |                               |                     |                         |                  |

| SECT | TON 4: RESIDENCE HISTORY continued   |                 |                 |     |                           |           |          |                |  |
|------|--|-----------------|-----------------|-----|---------------------------|-----------|----------|----------------|--|
|      | FORMER ADDRESS (NUMBER / STREET / APT)                                       |                 |                 |     |                           | FROM (N   | MM/YYYY  | ) TO (N        | /M/YYYY)                               |
| 24.4 |  |                 |                 |     |                           |           | 1        |                | 1                                      |
|      | CITY   | STATE           | ZIP             |     | RENTED: PROPER WNER       | RTY MANA  | AGER, RE | NT COL         | LECTOR, OR                             |
|      |  |                 |                 |     | VVINEIX                   |           |          |                |  |
|      | MAILING ADDRESS OF PROPERTY MANAGER, REN                                     | NT COLLE        | ECTOR, OR O     | WNE | R                         |           | CONTAC   | T NUM          | BFR                                    |
|      | (NUMBER / STREET / APT / PO BOX)   |                 |                 |     |                           |           |          | )              |  |
|      | CITY   | STATE           | ZIP             | E   | MAIL                      |           |          | ,              |  |
|      |  |                 |                 |     |                           |           |          |                |  |
|      | Name(s) of those with whom you lived:  |                 |                 |     |                           |           |          |                | III III III III III III III III III II |
|      | Reason for moving:   |                 |                 |     |                           |           |          |                |  |
| 04.5 | FORMER ADDRESS (NUMBER / STREET / APT)                                       |                 |                 |     |                           | FROM (N   | MM/YYYY  | ) TO (N        | MM/YYYY)                               |
| 24.5 |  |                 |                 |     |                           |           | /        |                | 1                                      |
|      | CITY   | STATE           | ZIP             |     | RENTED: PROPER WNER       | RTY MANA  | AGER, RE | NT COL         | LECTOR, OR                             |
|      |  |                 |                 |     |                           |           |          |                |  |
|      | MAILING ADDRESS OF PROPERTY MANAGER, REN<br>(NUMBER / STREET / APT / PO BOX) | NT COLLE        | CTOR, OR O      | WNE | :R                        |           | CONTAC   | T NUM          | BER                                    |
|      |  |                 |                 |     |                           |           | (        | )              |  |
|      | CITY   | STATE           | ZIP             | E   | MAIL                      |           |          |                |  |
|      |  |                 |                 |     |                           |           |          |                |  |
|      | Name(s) of those with whom you lived:  |                 |                 |     |                           |           |          |                |  |
|      | Reason for moving:   |                 |                 |     |                           |           |          |                |  |
| Supp | lemental residence information provided on Pa                                | ige 34□         |                 |     |                           |           |          |                |  |
| 25.  | LIST OF HOUSEMATES   |                 |                 |     |                           |           |          |                |  |
| • [  | Provide contact information for all housemates listed in                     | n <b>Questi</b> | on 24 with wh   | nom | you have resided <b>d</b> | uring the | past 10  | <b>years</b> o | r since age                            |
| 1    | 5.   |                 |                 |     | -                         | _         |          |                | -                                      |
|      | Oo <b>NOT</b> list anyone for whom you have already provid                   |                 | ect information | ۱.  |                           |           |          |                |  |
| • /  | f more space is needed, continue your response on F                          | age 34.         |                 |     |                           |           |          |                |  |
| 25.1 | NAME OF HOUSEMATE  |                 |                 |     |                           |           | CONTAC   | T NUM          | BER                                    |
|      |  |                 |                 |     |                           |           | (        | )              | 1                                      |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / S                                     | TREET /         | APT)            | CIT | Υ                         |           |          | STATE          | ZIP                                    |
|      | MATURE OF RELATIONS IN (5 2 DELATIONS  | IDI 635         | EDIENS          |     |                           |           |          |                |  |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LAN HOUSEMATE ONLY, ETC.)            | NDLORD,         | FRIEND,         |     | EMAIL                     |           |          |                |  |

| SECT  | ION 4: RESIDENCE HISTORY continued  |          |                   |       |         |          |
|-------|---|----------|-------------------|-------|---------|----------|
|       | NAME OF HOUSEMATE   |          |                   | CONTA | ACT NUM | BER      |
| 25.2  |   |          |                   | (     | )       |          |
|       | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                              | CI       | ΓΥ                |       | STATE   | ZIP      |
|       | SOURCE TYPE IN EACH (NOMBER / STREET / A )  |          |                   |       | 01,112  |          |
|       |   |          |                   |       |         |          |
|       | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)   |          | EMAIL             |       |         |          |
|       | HOUSEMAIE ONLY, ETC.)   |          |                   |       |         |          |
|       |   |          |                   | *     |         |          |
|       | NAME OF HOUSEMATE   |          |                   | CONTA | ACT NUM | BER      |
| 25.3  |   |          |                   | (     | )       |          |
|       | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                              | CIT      | ГҮ                | L     | STATE   | ZIP      |
|       | ,   |          |                   |       |         |          |
|       | NATURE OF RELATIONOUR (F.O. RELATIVE LANDLORD EDIEND                              |          |                   |       |         | <u> </u> |
|       | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)   |          | EMAIL             |       |         |          |
|       |   |          |                   |       |         |          |
|       |   |          |                   | I     |         |          |
| 25.4  | NAME OF HOUSEMATE   |          |                   | CONTA | ACT NUM | BER      |
| 20.4  |   |          |                   | (     | )       |          |
|       | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                              | CIT      | ГҮ                |       | STATE   | ZIP      |
|       |   |          |                   |       |         |          |
|       | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,                         | <u> </u> |                   |       |         |          |
|       | HOUSEMATE ONLY, ETC.)   |          | EMAIL             |       |         |          |
|       |   |          |                   |       |         |          |
|       | NAME OF HOUSEMATE   |          |                   | CONT  | ACT NUM | RER      |
| 25.5  | NAME OF HOUSEMALE   |          |                   | ,     | \<br>\  | BLIX     |
|       |   |          |                   | (     | )       |          |
|       | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                              | CIT      | ΓΥ                |       | STATE   | ZIP      |
|       |   |          |                   |       |         |          |
|       | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,                         | I        | EMAIL             |       |         |          |
|       | HOUSEMATE ONLY, ETC.)   |          | EIVIAIL           |       |         |          |
|       |   |          |                   |       |         |          |
| C     | Isomental becomes information provided on Pero 24                                 |          | <u> </u>          |       |         |          |
| Supp  | lemental housemate information provided on Page 34 🗆                              |          |                   |       |         |          |
| 26. H | lave you ever been evicted or asked to leave a residence?                         |          |                   |       | YES     | s 🗌 no   |
|       |   |          |                   |       |         |          |
| 27. F | lave you ever left a residence owing rent, utilities, or other household expenses | s?       |                   |       | YE      | s U no   |
| If    | you answered "YES" to Questions 26 and/or 27, explain (include when, where        | and      | l circumstances): |       |         |          |
|       |   |          |                   |       |         |          |
|       |   |          |                   |       |         |          |
| _     |   |          |                   |       |         |          |
| _     |   |          |                   |       |         |          |
|       |   |          |                   |       |         |          |
|       |   |          |                   |       |         |          |
| -     |   |          |                   |       |         |          |
| _     |   |          |                   |       |         |          |
|       |   |          |                   |       |         |          |
|       |   |          |                   |       |         |          |
| _     |   |          |                   |       |         |          |
|       |   |          |                   |       |         |          |

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#### SECTION 5: EXPERIENCE AND EMPLOYMENT

#### 28. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- · If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days
- MUST include E-mail addresses

| 00.4 | NAME OF CURRENT EMPLOYER OR MILITA     | RY UNIT  |          |          |    |         |        | FROM (MM/YYYY)    | TO (MM/YYYY) |
|------|--|----------|----------|----------|----|---------|--------|-------------------|--------------|
| 28.1 |  |          |          |          |    |         |        | /                 | /            |
|      | ADDRESS (NUMBER / STREET / SUITE / OR  | BASE)    |          |          |    |         | CONTA  | CT NUMBER         | EXT          |
|      |  |          |          |          |    |         | (      | )                 |              |
|      | CITY                                   |          | STATE    | ZIP      |    | EMAIL   |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      | JOB TITLE / RANK                       |          |          |          |    | TYPE OF | EMPLOY | MENT (CHECK ALL T | HAT APPLY)   |
|      |  |          |          |          |    | ☐ FT    | □рт [  | ☐ Temp ☐ Self-emp | oloyed       |
|      | DUTIES / ASSIGNMENTS                   |          |          |          |    | REASON  | FOR WA | NTING TO LEAVE    |              |
|      |  |          |          |          |    |         |        |                   |              |
|      | SUPERVISOR                             | CONTA    | CT NUM   | IBER     |    | EXT     | E      | MAIL              |              |
|      |  | (        | )        |          |    |         |        |                   |              |
|      | NAMES OF CO-WORKERS                    | CONTA    | CT NUM   | IBER     |    | EXT     | E      | MAIL              |              |
|      | 1)                                     | (        | )        |          |    |         |        |                   |              |
|      | 2)                                     | (        | )        |          |    |         |        |                   |              |
|      | Would there be a problem if we contact | your cui | rrent em | ployer?. |    |         |        |                   | ☐ YES ☐ NO   |
|      | IF YES, explain:                       | •        |          | . ,      |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
|      |  |          |          |          |    |         |        |                   |              |
| 28.2 | PERIOD OF UNEMPLOYMENT (CHECK APPL     | ICABLE   | )        |          |    |         |        | FROM (MM/YYYY)    | TO (MM/YYYY) |
| 20.2 | Student Between jobs Leave             | of absen | се 🗌     | Travel   | Ot | her:    |        | _                 | /            |

| SECT | ION 5: EXPERIENCE AND EMPLOYMENT      | continu  | ed       |               |          |                   |         |                   |        |               |
|------|---------------------------------------|----------|----------|---------------|----------|-------------------|---------|-------------------|--------|---------------|
|      | NAME OF EMPLOYER OR MILITARY UNIT     |          |          |               |          |                   |         | FROM (MM/YYYY)    | TO (   | MM/YYYY)      |
| 28.3 |                                       |          |          |               |          |                   |         | /                 |        | 1             |
|      | ADDRESS (NUMBER / STREET / SUITE / OR | BASE)    |          |               |          |                   | CONTAC  | CT NUMBER         |        | EXT           |
|      |                                       |          |          |               |          |                   | (       | )                 |        |               |
|      | CITY                                  |          | STATE    | ZIP           | EMA      | IL                |         |                   |        |               |
|      |                                       |          |          |               |          |                   |         |                   |        |               |
|      | JOB TITLE / RANK                      |          |          |               | TY       | PE OF             | EMPLOY  | MENT (CHECK ALL T | HAT A  | APPLY)        |
|      |                                       |          |          |               |          | ] <sub>FT</sub> [ | ]рт [   | ☐ Temp ☐ Self-emp | oloyed | I ☐ Volunteer |
|      | DUTIES / ASSIGNMENTS                  |          |          |               |          |                   | FOR LEA |                   |        |               |
|      |                                       |          |          |               |          |                   |         |                   |        |               |
|      | SUPERVISOR                            | CONTA    | ACT NUM  | BER           |          | EXT               | E       | MAIL              |        |               |
|      |                                       | (        | )        |               |          |                   |         |                   |        |               |
|      | NAMES OF CO-WORKERS                   | CONTA    | ACT NUM  | BER           |          | EXT               | EI      | MAIL              |        |               |
|      | 1)                                    | (        | )        |               |          |                   |         |                   |        |               |
|      | 2)                                    | (        | )        |               |          |                   |         |                   |        |               |
|      |                                       |          |          | 1             |          |                   |         |                   |        |               |
|      | PERIOD OF UNEMPLOYMENT (CHECK APPI    | ICABLE   | <u> </u> |               |          |                   |         | FROM (MM/YYYY)    | TO (   | MM/YYYY)      |
| 28.4 | ☐ Student ☐ Between jobs ☐ Leave      | of abser | ice 🗌    | Travel $\Box$ | Other:_  |                   |         | .   /             |        | 1             |
|      |                                       |          |          |               |          |                   |         |                   |        |               |
| 28.5 | NAME OF EMPLOYER OR MILITARY UNIT     |          |          |               |          |                   |         | FROM (MM/YYYY)    | TO (   | MM/YYYY)      |
| 20.5 |                                       |          |          |               |          |                   |         | 1                 |        | 1             |
|      | ADDRESS (NUMBER / STREET / SUITE / OR | BASE)    |          |               |          |                   | CONTAC  | CT NUMBER         |        | EXT           |
|      |                                       |          |          |               |          |                   | (       | )                 |        |               |
|      | CITY                                  |          | STATE    | ZIP           | EMA      | JL.               |         |                   |        |               |
|      |                                       |          |          |               | <u> </u> |                   |         |                   |        |               |
|      | JOB TITLE / RANK                      |          |          |               |          |                   |         | MENT (CHECK ALL T |        |               |
|      |                                       |          |          |               |          |                   |         | ☐ Temp ☐ Self-emp | oloyed | Volunteer     |
|      | DUTIES / ASSIGNMENTS                  |          |          |               | RE       | ASON              | FOR LEA | WING              |        |               |
|      |                                       | ,        |          |               |          |                   |         |                   |        |               |
|      | SUPERVISOR                            | CONTA    | ACT NUM  | BER           |          | EXT               | EI      | MAIL              |        |               |
|      |                                       | `        | )        |               |          |                   |         |                   |        |               |
|      | NAMES OF CO-WORKERS                   |          | ACT NUM  | BER           |          | EXT               | E       | MAIL              |        |               |
|      | 1)                                    | (        | )        |               |          |                   |         |                   |        |               |
|      | 2)                                    | (        | )        |               |          |                   |         |                   |        |               |
|      |                                       |          |          |               |          |                   |         |                   |        |               |

| SECT | TION 5: EXPERIENCE AND EMPLOYMENT     | continue | ed         |        |      |           |      |         |      |                 |       |             |
|------|---------------------------------------|----------|------------|--------|------|-----------|------|---------|------|-----------------|-------|-------------|
|      | PERIOD OF UNEMPLOYMENT (CHECK APPI    | LICABLE  | )          | **     |      |           |      |         | F    | FROM (MM/YYYY)  | TO (  | MM/YYYY)    |
| 28.6 | Student Between jobs Leave            | of absen | ice $\Box$ | Travel | ☐ Ot | her:      |      |         | _    | 1               |       | 1           |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
| 28.7 | NAME OF EMPLOYER OR MILITARY UNIT     |          |            |        |      |           |      |         | F    | FROM (MM/YYYY)  | TO (  | MM/YYYY)    |
| 20.7 |                                       |          |            |        |      |           |      |         |      | /               |       | 1           |
|      | ADDRESS (NUMBER / STREET / SUITE / OR | BASE)    |            |        |      |           |      | CONTA   | CT   | NUMBER          |       | EXT         |
|      |                                       |          |            |        |      |           |      | (       | )    |                 |       |             |
|      | CITY                                  |          | STATE      | ZIP    |      | EMAIL     | -    |         |      |                 |       |             |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
|      | JOB TITLE / RANK                      |          |            |        |      | TYPI      | E OF | EMPLOY  | ΥMΕ  | NT (CHECK ALL T | HAT A | APPLY)      |
|      |                                       |          |            |        |      | □ F       | FT [ | ] pt [  | T    | emp 🗌 Self-emp  | loyed | ☐ Volunteer |
|      | DUTIES / ASSIGNMENTS                  |          |            |        |      | REA       | SON  | FOR LEA | AVIN | NG .            |       |             |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
|      | SUPERVISOR                            | CONTA    | ACT NUM    | IBER   |      | E         | EXT  | E       | MAI  | L               |       |             |
|      |                                       | (        | )          |        |      |           |      |         |      |                 |       |             |
|      | NAMES OF CO-WORKERS                   | CONTA    | ACT NUM    | IBER   |      | E         | EXT  | Е       | MAI  | L               |       |             |
|      | 1)                                    | (        | )          |        |      |           |      |         |      |                 |       |             |
|      | 2)                                    | (        | )          |        |      |           |      |         |      |                 |       |             |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
| 20.0 | PERIOD OF UNEMPLOYMENT (CHECK APPI    | LICABLE  | )          |        |      |           |      |         | F    | FROM (MM/YYYY)  | TO (  | MM/YYYY)    |
| 28.8 | Student Between jobs Leave            | of absen | ice 🗌      | Travel | Ot   | her:      |      |         |      | 1               |       | 1           |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
| 28.9 | NAME OF EMPLOYER OR MILITARY UNIT     |          |            |        |      |           |      |         | F    | FROM (MM/YYYY)  | TO (  | MM/YYYY)    |
| 20.9 |                                       |          |            |        |      |           |      |         |      | 1               |       | 1           |
|      | ADDRESS (NUMBER / STREET / SUITE / OR | BASE)    |            |        |      |           |      | CONTA   | CT   | NUMBER          |       | EXT         |
|      |                                       |          |            |        |      |           |      | (       | )    |                 |       |             |
|      | CITY                                  |          | STATE      | ZIP    |      | EMAIL     | -    |         |      |                 |       |             |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
|      | JOB TITLE / RANK                      |          |            |        |      | TYPI      | E OF | EMPLOY  | YME  | NT (CHECK ALL T | HAT A | APPLY)      |
|      |                                       |          |            |        |      | F         | FT [ | □рт [   | T    | emp 🗌 Self-emp  | loyed | ☐ Volunteer |
|      | DUTIES / ASSIGNMENTS                  |          |            |        |      | REA       | SON  | FOR LEA | AVIN | IG              |       |             |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |
|      | SUPERVISOR                            | CONTA    | ACT NUM    | IBER   |      | E         | EXT  | E       | MAI  | L               |       |             |
|      |                                       | (        | )          |        |      |           |      |         |      |                 |       |             |
|      | NAMES OF CO-WORKERS                   | CONTA    | ACT NUM    | IBER   |      | EXT EMAIL |      |         |      |                 |       |             |
|      | 1)                                    | (        | )          |        |      |           |      |         |      |                 |       |             |
|      | 2)                                    | (        | )          |        |      |           |      |         |      |                 |       |             |
|      |                                       |          |            |        |      |           |      |         |      |                 |       |             |

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| SECT  | ION 5: EXPE   | RIENCE AND EMF    | PLOYMENT   | continue | ed       |        |   |               |        |         |           |                  |         |             |
|-------|---------------|-------------------|------------|----------|----------|--------|---|---------------|--------|---------|-----------|------------------|---------|-------------|
|       | PERIOD OF U   | JNEMPLOYMENT (    | CHECK APPL | ICABLE   | <u> </u> | **     |   |               |        |         | FF        | ROM (MM/YYYY)    | TO (    | MM/YYYY)    |
| 28.10 | Student       | Between jobs      | Leave      | of absen | се 🗌     | Travel |   | ther:_        |        |         | _         | 1                |         | 1           |
|       |               |                   |            |          |          |        |   |               |        |         |           |                  |         |             |
| 28.11 | NAME OF EM    | IPLOYER OR MILITA | ARY UNIT   |          |          |        |   |               |        |         | FF        | ROM (MM/YYYY)    | TO (    | MM/YYYY)    |
| 20.11 |               |                   |            |          |          |        |   |               |        |         |           | 1                |         | 1           |
|       | ADDRESS (N    | UMBER / STREET /  | SUITE / OR | BASE)    |          |        |   |               |        | CONTA   | CT N      | IUMBER           |         | EXT         |
|       |               |                   |            |          |          |        |   |               |        | (       | )         |                  |         |             |
|       | CITY          |                   |            |          | STATE    | ZIP    |   | EMA           | JL.    |         |           |                  |         |             |
|       |               |                   |            |          |          |        |   |               |        |         |           |                  |         |             |
|       | JOB TITLE / F | RANK              |            |          |          |        |   | TY            | PE OF  | EMPLO)  | MEN       | NT (CHECK ALL T  | HAT A   | .PPLY)      |
|       |               |                   |            |          |          |        |   |               | ] FT [ | □ pt [  | ☐ Tei     | mp 🗌 Self-emp    | loyed   | ☐ Volunteer |
|       | DUTIES / ASS  | SIGNMENTS         |            |          |          |        |   | RE            | ASON   | FOR LEA | AVING     | 3                |         |             |
|       |               |                   |            |          |          |        |   |               |        |         |           |                  |         |             |
|       | SUPERVISOR    | ₹                 |            | CONTA    | ACT NUM  | IBER   |   |               | EXT    | E       | MAIL      |                  |         |             |
|       |               |                   |            | (        | )        |        |   |               |        |         |           |                  |         |             |
|       | NAMES OF C    | O-WORKERS         |            | CONTA    | ACT NUM  | IBER   |   |               | EXT    | E       | MAIL      |                  |         |             |
|       | 1)            |                   |            | (        | )        |        |   |               |        |         |           |                  |         |             |
|       | 2)            |                   |            | (        | )        |        |   |               |        |         |           |                  |         |             |
|       |               |                   |            |          |          |        |   |               |        |         |           |                  |         |             |
| 28.12 | PERIOD OF U   | JNEMPLOYMENT (    | CHECK APPL | LICABLE  |          |        |   |               |        |         | FF        | ROM (MM/YYYY)    | TO (    | MM/YYYY)    |
| 20112 | Student       | Between jobs      | Leave      | of absen | се Ц     | Travel |   | ther:_        |        |         |           | 1                |         |             |
|       |               |                   |            |          |          |        |   |               |        |         |           | 2011 (2012) 2000 |         |             |
| 28.13 | NAME OF EN    | IPLOYER OR MILITA | ARY UNII   |          |          |        |   |               |        |         | FF        | ROM (MM/YYYY)    | 10 (    | ·           |
|       | ADDDEGG (N    | UNADED / OTDEET   | OUTE / OD  | DAGE)    |          |        |   |               |        | CONTA   | OTN       | /                |         | /           |
|       | ADDRESS (N    | UMBER / STREET /  | SUITE / OR | BASE)    |          |        |   |               |        | CONTA   |           | IUMBER           |         | EXT         |
|       | OIT) (        |                   |            |          | OTATE    | 710    |   |               |        | (       | )         |                  |         |             |
|       | CITY          |                   |            |          | STATE    | ZIP    |   | EMA           | dL     |         |           |                  |         |             |
|       | JOB TITLE / F | DANIK             |            |          |          |        |   | TTV           | DE OE  | EMPL O  | /N/EN     | NT (CHECK ALL T  | <u></u> | DDI V\      |
|       | JOB TITLE / F | VAINT             |            |          |          |        |   |               |        |         |           | •                |         | •           |
|       | DUTIES / ASS  | CICNIMENTS        |            |          |          |        |   | $\rightarrow$ |        | FOR LEA |           | mp Self-emp      | loyed   | Volunteer   |
|       | DOTIES / AGO  | DIGINIVILIN 13    |            |          |          |        |   | INL           | AJOIN  | TOK LLA | AV II V C | 3                |         |             |
|       | SUPERVISOR    | ₹                 |            | CONTA    | ACT NUM  | IBER   |   |               | EXT    | E       | MAIL      |                  |         |             |
|       |               |                   |            | (        | )        |        |   |               |        |         |           |                  |         |             |
|       | NAMES OF C    | O-WORKERS         |            | CONTA    | ACT NUM  | IBER   |   |               | EXT    | E       | MAIL      |                  |         |             |
|       | 1)            |                   |            | (        | )        |        |   |               |        |         |           |                  |         |             |
|       | 2)            |                   |            | (        | )        |        |   |               |        |         |           |                  |         |             |
| l     |               |                   |            | L        |          |        |   |               | L      |         |           |                  |         |             |
|       | PERIOD OF U   | JNEMPLOYMENT (    | CHECK APPL | ICABLE   | <u> </u> |        |   |               |        |         | FF        | ROM (MM/YYYY)    | TO (    | MM/YYYY)    |
| 28.14 | Student       | Between jobs      | Leave      | of absen | се 🗌     | Travel | О | ther:_        |        |         |           | 1                |         |             |

Supplemental employment information provided on Page 34  $\square$ 

| SECTION 5: EXPERIENCE AND EMPLOYMENT continu  | ued   |          |
|---|---|----------|
| 29. Have you ever been disciplined at work? (This includes suspensions, reductions in pay, reassignments, or demo   | written warnings, formal letters of counseling, reprimands, otions.)  | ] NO     |
| 30. Have you ever been fired, released from probation, or a   | sked to resign from any place of employment? YES  | Ои       |
| 31. Have you ever been involved in a physical/verbal alterca  | ation with a supervisor, co-worker, or customer?  | Ои       |
| 32. Have you ever quit without giving proper notice?  | YES □   | Ои       |
| 33. Have you ever resigned in lieu of termination?  | YES □   | Ои       |
|   | sexual harassment, racial bias, sexual orientation harassment, etc.)  | Ои       |
| 35. Have you ever been the subject of a written complaint a   | t work that resulted in disciplinary action against you?  | Ои       |
| 36. Have you ever been counseled at work due to lateness  | or absences?  | Ои       |
| 37. Have you ever received an unsatisfactory performance  | review?   | Ои       |
| 38. Have you ever sold, released, or given away legally con   | fidential information? YES  | ] NO     |
| 39. Have you ever called in sick when you were neither sick   | nor caring for a sick family member? YES  | ] NO     |
| IF YES, how many sick days have you used in the past fi   | ve years which were not due to illness? Days  |          |
| 40. While working (i.e. on duty), have you ever engaged in s parts of another person? (NOTE: Do not include <i>lawful</i> of  | sexual intercourse or the unwarranted touching of the intimate body contact such as pat searches in law enforcement duties and/or training.)                                  | Ои       |
| to co-workers or other persons without prior authorization  | raphs of yourself or others, showing nudity or depicting sexual acts, on and/or consent? (NOTE: Do not include <i>lawful</i> exchange of all law enforcement investigations.) | Ои       |
| If you answered "YES" to any of Questions 29–41, expumbers). If more space is needed, continue your res   | plain (include when, where, and circumstances – reference corresponding sponse on page 34.  |          |
|   |   |          |
| Supplemental employment information provided on   | Page 34 □   |          |
| Supplemental employment information provided on   |   |          |
|   | late to work due to drug or alcohol consumption?  | NO       |
| 42. In the past three years, have you missed days or been If YES, how often?  43. Has your work performance ever been affected by your  | late to work due to drug or alcohol consumption?  | NO<br>NO |
| 42. In the past three years, have you missed days or been If YES, how often?  43. Has your work performance ever been affected by your IF YES, when?  44. In the past three years, have you been warned by an e | late to work due to drug or alcohol consumption?  |          |

| SECT       | ION 5: EXPERIENCE AND EMPLOYMENT continue   | ed          |                 |                                       |                |                |
|------------|---|-------------|-----------------|---------------------------------------|----------------|----------------|
| 45.        | Have you <b>ever</b> applied for <b>any</b> position at this or any othe  | er law en   | forcement agen  | cy (city, county, state, or federal)? | ? Y            | es 🗆 no        |
| • <i>µ</i> | f you answered "YES" to Question 45, list EVERY ag<br>All agencies MUST be listed regardless of the outcomplied more than once to the same agency, list ea<br>Give complete and accurate addresses. | ome or      | current status. | Check all boxes that apply fo         |                | . If you       |
| • 1        | f more space is needed, continue your response o  | n Page      | 3 <i>4.</i>     |                                       |                |                |
|            | NAME OF LAW ENFORCEMENT AGENCY  |             |                 |                                       | DATE APPLIE    | O (MM/YYYY)    |
| 45.1       |   |             |                 |                                       | /              |                |
|            | ADDRESS (NUMBER / STREET)   |             |                 | BACKGROUND INVESTIGATOR               | R'S NAME (IF K | NOWN)          |
|            |   |             |                 |                                       |                | ,              |
|            | CITY  | STATE       | ZIP             | CONTACT NUMBER                        |                | EXT            |
|            | POSITION APPLIED FOR  |             |                 | ( )                                   |                |                |
|            | POSITION APPLIED FOR  |             |                 | EMAIL                                 |                |                |
| CHEC       | K EACH STEP IN THE PROCESS THAT YOU COMPLE  | TFD AN      | D YOUR STATU    | <br> S·                               |                |                |
| STEP:      |   |             |                 | olygraph/CVSA 🔲 Backgro               | und $\Box$ Ct  | nief/Exec Oral |
| SILF.      | Conditional Offer   | у Ш         | Olai L. F.      | Diygiapii/CVOA 🗀 Backgio              | unu 🗀 Ci       | ilei/Exec Orai |
| OTATI      | IS: Hired On Eligibility List Withdrew  | ٦           | ue I N.         | 0.1                                   |                |                |
| SIAIC      | S: LI Hired LI On Eligibility List LI Withdrew L  | וט ב Disqua | alified LI Non- | -Select                               |                |                |
| 45.2       | NAME OF LAW ENFORCEMENT AGENCY  |             |                 |                                       | DATE APPLIE    | O (MM/YYYY)    |
| 45.2       |   |             |                 |                                       | /              |                |
|            | ADDRESS (NUMBER / STREET)   |             |                 | BACKGROUND INVESTIGATOR               | R'S NAME (IF K | NOWN)          |
|            |   |             | 7.5             | 001/71/07/11/11/77                    |                |                |
|            | CITY  | STATE       | ZIP             | CONTACT NUMBER                        |                | EXT            |
|            | POSITION APPLIED FOR  |             |                 | EMAIL                                 |                |                |
|            | 1 OSTHON ALT ELED FOR   |             |                 | LIVIAIL                               |                |                |
| CHEC       | K EACH STEP IN THE PROCESS THAT YOU COMPLE  | TED. AN     | D YOUR STATU    | <br> S:                               |                |                |
| STEP:      |   | _           |                 | olygraph/CVSA 🔲 Backgro               | und $\Box$ Ck  | nief/Exec Oral |
| SILF.      | Conditional Offer   | у Ш         | Oidi LI F       | orygraph/CVOA LI Backgro              | unu LI CI      | Hel/Exec Oldi  |
| CTAT!      |   | ٦           | alified D N     | Soloot Other (avelain)                |                |                |
| STATU      | S: Hired Con Eligibility List Withdrew  | וט בisqua   | alified L Non-  | -Select Unther (explain)              |                |                |

| SECT  | ION 5: EXPERIENCE AND EMPLOYMENT continue                    | ed       |                  |                         |                |                |
|-------|--|----------|------------------|-------------------------|----------------|----------------|
|       | NAME OF LAW ENFORCEMENT AGENCY                               |          |                  |                         | DATE APPLIE    | O (MM/YYYY)    |
| 45.3  |  |          |                  |                         | /              |                |
|       | ADDRESS (NUMBER / STREET)                                    |          |                  | BACKGROUND INVESTIGATOR | R'S NAME (IF K | NOWN)          |
|       |  |          |                  |                         |                |                |
|       | CITY   | STATE    | ZIP              | CONTACT NUMBER          |                | EXT            |
|       |  |          |                  | ( )                     |                |                |
|       | POSITION APPLIED FOR   |          |                  | EMAIL                   |                |                |
|       |  |          |                  |                         |                |                |
| CHEC  | K EACH STEP IN THE PROCESS THAT YOU COMPLET                  | TED, ANI | YOUR STATUS      | S:                      |                |                |
| STEP: | ☐ Application ☐ Written ☐ Physical Abilit☐ Conditional Offer | у 🗆      | Oral P           | olygraph/CVSA 🔲 Backgro | und Cr         | nief/Exec Oral |
| STATU | JS: Hired On Eligibility List Withdrew                       | Disqua   | alified Non-     | -Select Other (explain) |                |                |
|       | NAME OF LAW ENFORCEMENT AGENCY                               |          |                  |                         | DATE APPLIE    | O (MM/YYYY)    |
| 45.4  |  |          |                  |                         | /              |                |
|       | ADDRESS (NUMBER / STREET)                                    |          |                  | BACKGROUND INVESTIGATOR | R'S NAME (IF K | NOWN)          |
|       |  |          |                  |                         |                |                |
|       | CITY   | STATE    | ZIP              | CONTACT NUMBER          |                | EXT            |
|       |  |          |                  | ( )                     |                |                |
|       | POSITION APPLIED FOR   |          |                  | EMAIL                   |                |                |
|       |  |          |                  |                         |                |                |
| CHEC  | K EACH STEP IN THE PROCESS THAT YOU COMPLET                  | TED, AND | YOUR STATUS      | S:                      |                |                |
| STEP: | ☐ Application ☐ Written ☐ Physical Abilit                    | у 🗆      | Oral P           | olygraph/CVSA 🔲 Backgro | und 🗌 Ch       | nief/Exec Oral |
|       | Conditional Offer  |          |                  |                         |                |                |
| STATI | JS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐               | Disgue   | alified Non      | Select Other (explain)  |                |                |
| OIAIC | 70. El Filled El Oli Eligibility Elst El Wididiew E          |          | anned Liver      |                         |                |                |
| 45.5  | NAME OF LAW ENFORCEMENT AGENCY                               |          |                  |                         | DATE APPLIE    | O (MM/YYYY)    |
| 45.5  |  |          |                  |                         | /              |                |
|       | ADDRESS (NUMBER / STREET)                                    |          |                  | BACKGROUND INVESTIGATOR | R'S NAME (IF K | NOWN)          |
|       |  |          |                  |                         |                |                |
|       | CITY   | STATE    | ZIP              | CONTACT NUMBER          |                | EXT            |
|       |  |          |                  | ( )                     |                |                |
|       | POSITION APPLIED FOR   |          |                  | EMAIL                   |                |                |
|       |  |          |                  |                         |                |                |
| CHEC  | K EACH STEP IN THE PROCESS THAT YOU COMPLET                  | TED, ANI | YOUR STATUS      | S:                      |                |                |
| STEP: | ☐ Application ☐ Written ☐ Physical Abilit☐ Conditional Offer | у 🗆      | Oral P           | olygraph/CVSA 🔲 Backgro | und 🗌 Ch       | nief/Exec Oral |
| 07    |  | ٦.,      | L                | a                       |                |                |
| STATU | US: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐               | ⊥ Disqua | alified LLI Non- | -Select Unter (explain) |                |                |

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| SECT                         | TION 5: EXPERIENCE AND EMPLOYMENT continue  | ed                   |   |  |                                |                         |
|------------------------------|---|----------------------|---|--|--------------------------------|-------------------------|
|                              | NAME OF LAW ENFORCEMENT AGENCY  | * * *                | ** **   |  | DATE APPLIED                   | (MM/YYYY)               |
| 45.6                         |   |                      |   |  | /                              |                         |
|                              | ADDRESS (NUMBER / STREET)   |                      |   | BACKGROUND INVESTIGATOR  | R'S NAME (IF KN                | NOWN)                   |
|                              |   |                      |   |  |                                |                         |
|                              | CITY  | STATE                | ZIP   | CONTACT NUMBER   |                                | EXT                     |
|                              |   |                      |   | ( )  |                                |                         |
|                              | POSITION APPLIED FOR  |                      |   | EMAIL  |                                |                         |
|                              |   |                      |   |  |                                |                         |
| CHEC                         | K EACH STEP IN THE PROCESS THAT YOU COMPLE  | TED, ANI             | YOUR STATUS                                     | S:   |                                |                         |
| STEP:                        | Application Written Physical Abilit   | ty 🗌                 | Oral P  | olygraph/CVSA 🔲 Backgro  | und $\square$ Ch               | ief/Exec Oral           |
| STATU                        | JS: Hired On Eligibility List Withdrew  | Disqua               | alified Non-                                    | -Select Other (explain)  |                                |                         |
| 45.7                         | NAME OF LAW ENFORCEMENT AGENCY  |                      |   |  | DATE APPLIED                   | (MM/YYYY)               |
| 45.7                         |   |                      |   |  | /                              |                         |
|                              | ADDRESS (NUMBER / STREET)   |                      |   | BACKGROUND INVESTIGATOR  | R'S NAME (IF KN                | NOWN)                   |
|                              |   |                      |   |  |                                |                         |
|                              | CITY  | STATE                | ZIP   | CONTACT NUMBER   |                                | EXT                     |
|                              |   |                      |   | ( )  |                                |                         |
|                              | POSITION APPLIED FOR  |                      |   | EMAIL  |                                |                         |
|                              |   |                      |   |  |                                |                         |
|                              |   |                      |   |  |                                |                         |
| CHEC                         | K EACH STEP IN THE PROCESS THAT YOU COMPLE  | TED, ANI             | O YOUR STATUS                                   | S:   |                                |                         |
|                              | K EACH STEP IN THE PROCESS THAT YOU COMPLE  Application Written Physical Abili Conditional Offer  |                      |   | S: olygraph/CVSA Backgro   | und $\square$ Ch               | iief/Exec Oral          |
| STEP:                        | Application Written Physical Abili  | ty 🗆                 | Oral P  | olygraph/CVSA Backgro  | und $\square$ Ch               | iief/Exec Oral          |
| STEP:                        | Application Written Physical Abili  | ty 🗆                 | Oral P  | olygraph/CVSA Backgro  | und Ch                         |                         |
| STEP:                        | ☐ Application ☐ Written ☐ Physical Abili☐ Conditional Offer  JS: ☐ Hired ☐ On Eligibility List ☐ Withdrew   | ty 🗆                 | Oral P  | olygraph/CVSA Backgro  |                                | O (MM/YYYY)             |
| STEP:                        | ☐ Application ☐ Written ☐ Physical Abili☐ Conditional Offer  JS: ☐ Hired ☐ On Eligibility List ☐ Withdrew   | ty 🗆                 | Oral P  | olygraph/CVSA Backgro  | DATE APPLIED                   | O (MM/YYYY)             |
| STEP:                        | Application   | ty 🗆                 | Oral P  | olygraph/CVSA Backgro  | DATE APPLIED                   | O (MM/YYYY)             |
| STEP:                        | Application   | ty 🗆                 | Oral D  | olygraph/CVSA Backgro  | DATE APPLIED                   | O (MM/YYYY)             |
| STEP:                        | Application   | ty Disqu             | Oral D  | olygraph/CVSA Backgro  | DATE APPLIED                   | O (MM/YYYY)             |
| STEP:                        | Application   | ty Disqu             | Oral D  | olygraph/CVSA Backgro  | DATE APPLIED                   | O (MM/YYYY)             |
| STEP:                        | Application   | ty Disqu             | Oral D  | olygraph/CVSA Backgro -Select Other (explain)  BACKGROUND INVESTIGATOR  CONTACT NUMBER  ( )                                  | DATE APPLIED                   | O (MM/YYYY)             |
| STEP: STATU 45.8             | Application   | Disqu                | Oral P  | olygraph/CVSA Backgro -Select Other (explain)  BACKGROUND INVESTIGATOR  CONTACT NUMBER  ( )  EMAIL                           | DATE APPLIED                   | O (MM/YYYY)             |
| STEP: STATU 45.8             | Application Written Physical Abili Conditional Offer  JS: Hired On Eligibility List Withdrew  NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)  CITY  POSITION APPLIED FOR  K EACH STEP IN THE PROCESS THAT YOU COMPLE | Disqu STATE          | Oral P  alified Non                             | olygraph/CVSA Backgro -Select Other (explain)  BACKGROUND INVESTIGATOR  CONTACT NUMBER  ( )  EMAIL                           | DATE APPLIED / R'S NAME (IF KN | O (MM/YYYY)  NOWN)  EXT |
| STEP: STATU 45.8             | Application   | Disqu STATE          | Oral P  alified Non                             | olygraph/CVSA Backgro -Select Other (explain)  BACKGROUND INVESTIGATOR  CONTACT NUMBER  ( )  EMAIL                           | DATE APPLIED / R'S NAME (IF KN | O (MM/YYYY)             |
| STEP: STATU 45.8  CHEC STEP: | Application   | Disqu STATE TED, ANI | Oral P  Alified Non  ZIP  D YOUR STATUS  Oral P | olygraph/CVSA Backgro -Select Other (explain)  BACKGROUND INVESTIGATOR  CONTACT NUMBER  ( )  EMAIL  S: olygraph/CVSA Backgro | DATE APPLIED / R'S NAME (IF KN | O (MM/YYYY)  NOWN)  EXT |

Supplemental application information provided on Page 34  $\Box$ 

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| SECT             | ION 5: EXPERIENCE AND EMPLOYMENT continued   |            |          |
|------------------|--|------------|----------|
| PREV             | IOUS PEACE OFFICER EXPERIENCE  |            |          |
|                  | Do you have previous peace officer experience in this state or any other jurisdiction?   | YES        | □ №      |
|                  | During, or after, your employment as a peace officer:  | (check Ye  | s or No) |
| 46.1             | Have you ever been terminated for cause from employment as a peace officer in any State?   | YES        | □ №      |
| 46.2             | Have you ever had your peace officer certification suspended or revoked in any State, including California?  | YES        | □ №      |
| 46.3             | Have you ever been dishonest in the reporting, investigation, or prosecution of a crime, or relating to the reporting of, or investigation of misconduct by, a peace officer or custodial officer, including, but not limited to, false statements, intentionally filing false reports, tampering with, falsifying, destroying, or concealing evidence, perjury, and tampering with data recorded by a body-worn camera or other recording device for purposes of concealing misconduct? | □yes       | □no      |
| 46.4             | Have you ever abused your power, including but not limited to, intimidating witnesses, knowingly obtaining a false confession, or knowingly making a false arrest?   | YES        | □ №      |
| 46.5             | Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force?   | YES        | □NO      |
| 46.6             | Have you ever committed sexual assault as described in subdivision (b) of Penal Code Section 832.7, but to also include acts committed amongst members of any law enforcement agency?  | YES        | □NO      |
| 46.7             | Have you ever demonstrated bias on the basis of actual or perceived race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status in violation of law or department policy or inconsistent with a peace officer's obligation to carry out their duties in a fair and unbiased manner?   | YES        | □ NO     |
| 46.8             | Have you ever committed acts that violate the law and are sufficiently egregious or repeated as to be inconsistent with a peace officer's obligation to uphold the law or respect the rights of members of the public?   | YES        | □NO      |
| 46.9             | Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)?   | YES        | □NO      |
| 46.10            | Have you ever failed to cooperate with an investigation into potential police misconduct, including an investigation conducted pursuant to Penal Code §13510.8?  | YES        | □NO      |
| 46.11            | Have you ever failed to intercede when present and observing another officer using force that was clearly beyond that which was necessary?   | YES        | □ NO     |
| n                | you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 46</b> , fully explain (include dates and circumstances). Reference umber (e.g., 46.5) for each explanation.  The more space is needed, continue your response on Page 34.  | the corres | sponding |
| -<br>-<br>-<br>- |  |            |          |

Supplemental employment information provided on Page 34  $\square$ 

| SECTION 6: MILITARY EXPERIENCE  |
|---|
| 47. Are you required to register for the Selective Service?   |
| IF YES, have you registered?  |
| IF NO, explain:   |
| 48. Have you ever served in the military?   |
| 49. If you answered "YES" to Question 48, include the following service information:  |
| BRANCH OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)   |
|   |
| TYPE OF DISCHARGE   |
| ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable   |
| Re-entry Code (1–4) if applicable – refer to your DD-214:   |
| 50. Are you currently participating in one of the following?  |
| ☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation ends (MM/DD/YY):  |
| 51. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?  |
| 52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?  |
| 53. Have you ever taken military property without permission for personal use, to sell, or to give away?  |
| If you answered "YES" to any of <b>Questions 51-53</b> , explain (include dates and circumstances).   |
|   |
|   |
|   |
| Supplemental military information provided on Page 34   |
|   |
| SECTION 7: FINANCIAL  |
| 54. INCOME AND EXPENSES   |
| For questions 54.1 and 54.2, fill in the amounts to the nearest dollar.   |
| <ul> <li>For Question 54.1: Provide your total monthly disposable income. Include money from investments, rental income, alimony, side<br/>businesses, etc.</li> </ul>  |
| <ul> <li>For Question 54.2: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.</li> </ul> |
| 54.1 What is your total monthly disposable income? per month  |
| 54.2 How much do you spend each month? per month  |
| 55. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?   |
|   |
| 56. Have any of your bills ever been turned over to a collection agency?  |
| 57. Have you ever had purchased goods repossessed?  |
| 58. Have your wages ever been garnished?  |
| 59. Have you ever been delinquent on income or other tax payments?  |
| 60. Have you ever failed to file income tax or cheated/lied on an income tax form?  |

| SEC  | TION 7: FINANCIAL continued  |             |            |
|------|--|-------------|------------|
| 61.  | Have you ever avoided paying any lawful debt by moving away?   | YES         | □ №        |
| 62.  | Have you ever defaulted on (failed to pay) a loan?   | YES         | □ №        |
|      | Have you ever borrowed money to pay for a gambling debt?   | _           | □ №        |
|      | F YES, do you currently have any outstanding debts as a result of gambling?  | ∐ YES       | ∐ NO       |
| 64.  | Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  | YES         | ОиО        |
| 65.  | Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?  | YES         | □ №        |
|      | If you answered "YES" to any of Questions 55-65, explain (include when, where, and why – reference corresponding numbers.  | mbers).     |            |
|      |  |             |            |
|      |  |             |            |
|      |  |             |            |
|      |  |             |            |
|      |  |             |            |
|      | plemental financial information provided on Page 33 🗆  |             |            |
| SEC  | TION 8: LEGAL  |             |            |
| ► G  | overnment Code section 1029(a) Disqualifiers   |             |            |
|      | If you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should with the hiring department and/or competent legal counsel before completing this section.   | discuss you | r response |
| 66.1 | Have you ever been convicted of a felony?  |             | □ №        |
| 66.2 | Have you ever been convicted of any offense in any other jurisdiction which would have been a felony if committed in this state?   |             | □ NO       |
| 66.3 | Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which would have been a felony if committed in this state?   |             | □ №        |
|      | After January 1, 2004, have you ever been convicted of a crime based upon a verdict or finding of guilt of a felony by   |             |            |
| 66.4 | the trier of fact, or upon the entry of a plea of guilty or nolo contendere to a felony, regardless of whether, pursuant to subdivision (b) of Section 17 of the Penal Code, the court declared the offense to be a misdemeanor, or the offense  | □ v=o       |            |
|      | become a misdemeanor by operation of law?  Have you ever been charged with a felony and adjudged by a superior court to be mentally incompetent under  | L YES       | ∐ NO       |
| 66.5 | Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code?  | YES         | □ №        |
| 66.6 | Have you ever been found not guilty by reason of insanity of any felony?   |             | □ №        |
| 66.7 | Have you ever been determined to be a mentally disordered sex offender pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code?   |             | □ №        |
| 66.8 | Have you ever been adjudged addicted or in danger of becoming addicted to narcotics, convicted, and committed to a state institution as provided in Section 3051 of the Welfare and Institutions Code?   | 🗌 YES       | □ №        |
| 66.9 | Following exhaustion of all available appeals, have you ever been convicted of, or adjudicated through an administrative, military, or civil judicial process committed, any act that is a violation of Section 115, 115.3, 116, 116.5, or 117 of, or of any offense described in Chapter 1 (commencing with Section 92), Chapter 5 (commencing with Section 118), Chapter 6 (commencing with Section 132), or Chapter 7 (commencing with Section 142) of Title 7 of Part 1 of the Penal Code, including any act committed in another jurisdiction that would have been a violation of any of those sections if committed in this state? |             | □ NO       |
|      | Have you ever been issued a certification described in Section 13510.1 of the Penal Code, and had that certification revoked by the Commission on Peace Officer Standards and Training, voluntarily surrendered that certification   |             |            |

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|       | (  |  |   |  |  |  |  |  |
|-------|--|--|---|--|--|--|--|--|
| SECT  | TION 8: LEGAL (continued)  |  |   |  |  |  |  |  |
| 66.11 | Have you ever had your name listed in the National Decertifi of Law Enforcement Standards and Training or any other da   |  |   |  |  |  |  |  |
| 66.12 | Have you ever had your certification as a law enforcement o  | fficer in any jurisdiction suspend                               | led or revoked? YES NO                          |  |  |  |  |  |
| 66.13 | While employed as a law enforcement officer, have you ever resulted in your certification being revoked by the commission  | engaged in serious misconduc<br>on if employed as a peace office | t that would have r in this state? YES NO       |  |  |  |  |  |
|       | f you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 6</b> corresponding number (e.g., 66.5) for each explanation.   | 6, fully explain circumstances                                   | , including dates and resolution. Reference the |  |  |  |  |  |
| • 1   | f more space is needed, continue your response on Pa   | age 34.  |   |  |  |  |  |  |
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| Supp  | lemental disqualification information provided on P  | ?age 33 □<br>  |   |  |  |  |  |  |
| ► Di  | sclosure of Arrests and Convictions  |  |   |  |  |  |  |  |
| i     | <ul> <li>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.</li> </ul> |  |   |  |  |  |  |  |
| • 1   | f more space is needed, continue your response on Pa   | age 34.  |   |  |  |  |  |  |
|       | Have you <b>EVER</b> been detained by law enforcement for invest misdemeanor or felony offense in this state or any other legal Military Justice)?   | jurisdiction (including offenses                                 | in the Uniform Code of                          |  |  |  |  |  |
|       | F YES, explain each incident:  |  |   |  |  |  |  |  |
| 67.1  | CHARGE   | APPROX DATE (MM/YYYY)  | ARRESTING OR DETAINING AGENCY                   |  |  |  |  |  |
| •     | DISPOSITION OF PENALTY   | /  |   |  |  |  |  |  |
|       | DISPOSITION OR PENALTY   |  |   |  |  |  |  |  |
|       |  |  |   |  |  |  |  |  |
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|       | Laures   | LADDOW DATE (MANAGOO)  | LARDESTING OF RETAINING A CENTOV                |  |  |  |  |  |
| 67.2  | CHARGE   | APPROX DATE (MM/YYYY)  | ARRESTING OR DETAINING AGENCY                   |  |  |  |  |  |
|       | DISPOSITION OR PENALTY   | ,  |   |  |  |  |  |  |
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Supplemental disclosure information provided on Page 34  $\square$ 

| SEC  | CTION 8: LEGAL (continued)   |          |
|------|--|----------|
| 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?  | По       |
| 70.  | Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?   | □ №      |
| 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?   | □ №      |
| 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?  | Пио      |
|      | If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on Page 34. |          |
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| Sup  | oplemental legal information provided on Page 34 $\square$   |          |
|      |  |          |
|      | nvolvement in Criminal Acts – Part 1   | 4        |
| 78.  | Have you committed any of the following acts <i>within the past seven (7) years</i> ? (You do NOT have to report any acts committed <i>prior</i> 15.)  | to age   |
| •    | You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Explore   | r/Police |
| •    | Cadet.  NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or   | state    |
|      | law relieved you from reporting the detention, arrest, or conviction that arose from it.   |          |
| 78.1 | Animal abuse and/or neglect YES  | □ 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) YES  | □ NO     |
| 78.5 | Carrying a concealed weapon without a permit YES   | □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.)   | Пио      |

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| SECT  | ION 8: LEGAL (continued)  |        |
|-------|---|--------|
| 78.8  | Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs  | □ №    |
| 78.9  | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)  | □ №    |
| 78.10 | Filing a false police report  | □ №    |
| 78.11 | Hit & run collision (no injuries)   | □ №    |
| 78.12 | Illegal gambling YES  | □ №    |
| 78.13 | Illegal hunting and/or fishing (for example, without a license, out of season)  | □ №    |
| 78.14 | Impersonating a peace officer (pretending to be a police officer)   | □ №    |
| 78.15 | Indecent exposure and/or lewd or obscene conduct  | □ №    |
| 78.16 | Joyriding (using a car or other vehicle without owner's permission)   | □ №    |
| 78.17 | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) YES                              | □ №    |
| 78.18 | Petty theft (value up to \$950, including shoplifting/switching price tags)   | □ №    |
| 78.19 | Possession of alcohol as a minor (under the age of 21)  | □ №    |
| 78.20 | Possession of falsified or altered identification, including use of another person's ID (for any reason)  | □ №    |
| 78.21 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)   | □ №    |
| 78.22 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)   | □ №    |
| 78.23 | Reckless driving  | □ №    |
| 78.24 | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)                                       | □ №    |
| 78.25 | Trespassing YES   | □ №    |
| 78.26 | Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)  | □ №    |
| 78.27 | Any other act amounting to a misdemeanor  | □ №    |
| • 11  | you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 78</b> , fully explain circumstances, including dates, names of individuals investigation. | olved, |
|       | nd resolution. Reference the corresponding number (e.g., 78.5) for each explanation.  f more space is needed, continue your response on Page 34.          |        |
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Supplemental legal information provided on Page 34  $\square$ 

| SECT  | ION 8: LEGAL (continued)  |     |
|-------|---|-----|
| ► Inv | volvement in Criminal Acts – Part 2   |     |
| 79.   | At any time in your life, have you EVER committed any of the following acts?  |     |
|       | IOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state legieved you from reporting the detention, arrest, or conviction that arose from it. | aw  |
| 79.1  | Arson (intentionally destroying property by setting a fire)   | □ № |
| 79.2  | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)   | □ № |
| 79.3  | Blackmail or extortion  | □ № |
| 79.4  | Burglary (entering a structure or vehicle to commit theft or other crime)   | □ № |
| 79.5  | Child molestation (performing unlawful acts with a child, inappropriate touching of a child)  | □ № |
| 79.6  | Elder abuse and/or neglect (physical and/or financial)  | □ № |
| 79.7  | Embezzlement (theft of money or other valuables entrusted to you)   | □ № |
| 79.8  | Felony drunk driving (involving injuries)   | □ № |
| 79.9  | Felony illegal sex acts   | □ № |
| 79.10 | Forcible rape YES   | □ № |
| 79.11 | Forgery (falsifying any type of document, check certificate, license, currency, etc.)   | □ № |
| 79.12 | Fraudulent use of a credit, ATM, debit, and/or check card   | □ № |
| 79.13 | Grand theft (value of over \$950, automobile, any firearm)  | □ № |
| 79.14 | Hit & run (with injuries)   | □ № |
| 79.15 | Hate crime YES  | □ № |
| 79.16 | Insurance fraud   | □ № |
| 79.17 | Murder, homicide, attempted murder, or assault with intent to commit murder   | □ № |
| 79.18 | Perjury (lying under oath)  | □ № |
| 79.19 | Possession of an explosive/destructive device   | □ № |
| 79.20 | Robbery (theft from another person using a weapon, force, or fear)  | □ № |
| 79.21 | Stalking (including, but not limited to, electronic communication)  | □ № |
| 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   | □ № |

| SECTION 8: LEGAL (continued)   |   |
|--|---|
| If you answered "YES" to ANY of the item(s) in Question 79, fully expland resolution. Reference the corresponding number (e.g., 79.5) for each content of the corresponding number (e.g., 79.5). |   |
| If more space is needed, continue your response on Page 34.  |   |
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| Supplemental legal information provided on Page 34 □   |   |
| ► Illegal Use of Drugs   |   |
| For the purpose of responding to the following questions, "illegal drugs or over-the-counter drugs; it also includes the illegal use of any other s  |   |
| <ul> <li>Your responses should include — but not be limited to — your use of</li> </ul>  |   |
| ► Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.)   | Marijuana (with or without a prescription)                  |
| ► Barbiturates ( <i>Downers</i> )  | ► Mescaline   |
| Cocaine / Crack Cocaine  | ► Morphine  |
| ➤ Designer Drugs (Ecstasy, Synthetic Heroin, etc.)   | ► PCP / Angel Dust  |
| Fentanyl   |   |
| ► GHB (Date Rape Drug)   | <ul><li>▶ Quaaludes</li><li>▶ Steroids</li></ul>            |
| ► Hallucinogens (Peyote, LSD, Mushrooms)   |   |
| ► Hashish / Hashish Oil  |   |
| Heroin / Opium   | ► Glue, paint, aerosol, or any substance containing toluene |
| F Helolit / Opiulit  |   |
| 80. Within the past six months, have you used any drug(s) as indicated about   | ove?  |
| IF YES, give details including drug(s) used, most recent date used, and  | circumstances:  |
|  |   |
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| SECT  | TION 8: LEGAL (co                | ontinued)  |  |   |
|-------|----------------------------------|--|--|---|
| 81.   | Prior to the past six            | months:  |  |   |
| [     | I have <i>never</i> use          | ed any drug recreationally.                                      |  |   |
| [     | I have tried or us events, etc.) | sed one or more drugs, but only und                              | der <i>limited</i> circumstances (for example,                             | experimentation, at parties, concerts, special                          |
| II    | F YOU CHECKED BO                 | OX 2, give details including <i>drug(s</i> )                     | used, most recent date used, and cit                                       | rcumstances:  |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
| 00 1  | Llove you EVER one               | and in any of the activities listed by                           | polou involving druge poroetice or illeg                                   |   |
|       | •                                | aged in any of the activities listed to<br>thout a prescription? | Delow involving drugs, narcotics or illeg NO If YES, indicate which active | al substances, including marijuana and/or vities (mark all that apply): |
|       | Sold Man                         | ufactured Purchased  | Furnished Cultivated   | ☐ Carried or Held for Another   |
| IF A  | NY ITEM IS CHECK                 | ED, give details including <i>drug(s) i</i>                      | nvolved, over what time period(s), an                                      | d circumstances.  |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  |  | ends, acquaintances, housemates, or farescription medications?             |   |
| I     | F YES, explain:                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  |  |  |   |
|       |                                  | formation provided on Page 3                                     | 4 🗆  |   |
|       |                                  | EHICLE INFORMATION   |  |   |
| 84. ( | Current Driver's Lice            | nse:<br>LICENSE NUMBER   | EXPIRATION DATE (MM/DD/YYYY)   | NAME UNDER WHICH LICENSE WAS GRANTED                                    |
|       | STATE OF ISSUE                   | LICENSE NUMBER   | / / /  | NAME UNDER WHICH LICENSE WAS GRANTED                                    |
| 85. I | List other states whe            | re you have been licensed to opera                               | ate a motor vehicle.   |   |
|       | STATE OF ISSUE                   | LICENSE NUMBER (IF KNOWN)  | TYPE OF LICENSE  | NAME UNDER WHICH LICENSE WAS GRANTED                                    |
|       | STATE OF ISSUE                   | LICENSE NUMBER (IF KNOWN)  | TYPE OF LICENSE  | NAME UNDER WHICH LICENSE WAS GRANTED                                    |
|       | STATE OF 1880E                   | LIGHTOL NOWINDER (IF KNOWIN)                                     | THE OF LIGHTSE   | WAS GRANTED   |
|       | STATE OF ISSUE                   | LICENSE NUMBER (IF KNOWN)  | TYPE OF LICENSE  | NAME UNDER WHICH LICENSE WAS GRANTED                                    |
|       |                                  |  |  |   |

| SEC  | TION 9: MOTOR VEHICLE INFORMATION (CO  | ontinued)   |                     |                      |        |         |     |  |              |              |             |
|------|--|-------------|---------------------|----------------------|--------|---------|-----|--|--------------|--------------|-------------|
| 86.  | Have you ever been refused a driver's license by   | any state?  |                     |                      |        |         |     |  |              | yes [        | ] ио        |
|      | IF YES, explain (include when, where, and circums  | -           |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
| 87.  | Has your driver's license ever been suspended or   | revoked?    |                     |                      |        |         |     |  |              | yes [        | Ои          |
|      | IF YES, explain (include when, where, and circums  | stances):   |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
|      |  |             |                     |                      |        |         |     |  |              |              |             |
| 88.  | List your current liability insurance on your vehicle  |             |                     |                      |        |         |     |  |              |              |             |
| 88.1 | TYPE OF COVERAGE   | VEHICLI     | E MAKE              |                      |        |         | YEA | R (YYYY)                               | VEHICLE      | LICENSE      |             |
|      | ☐ Insured ☐ Bonded ☐ Cash Deposit INSURANCE COMPANY  |             |                     | POLICY NUM           | ARER   |         | IE  | XPIRATION                              | DATE (MA     | 1/DD/VVV     | V)          |
|      | INSUITANCE COMPANT   |             |                     | FOLICT NO            | MDLI   |         |     | / / AFINATION                          | IDATE (IVIIV |              | 1)          |
|      | ADDRESS (NUMBER/STREET)  | CIT         | Y                   |                      |        | STATE   | ZIP | ·                                      | CONTACT      |              |             |
|      | 7.55.1.55 (1.6.1.5.1.45.1.1.2.1.)  | 0           |                     |                      |        | 0.7.1.2 |     |  | ( )          |              |             |
|      | TYPE OF COVERAGE   | VEHICLI     | E MAKE              |                      |        |         | YEA | R (YYYY)                               | VEHICLE      | LICENSE      |             |
| 88.2 | ☐ Insured ☐ Bonded ☐ Cash Deposit  |             |                     |                      |        |         |     |  |              |              |             |
|      | INSURANCE COMPANY  |             |                     | POLICY NUM           | MBER   |         | E   | XPIRATION                              | DATE (MN     | I/DD/YYY     | Y)          |
|      |  |             |                     |                      |        |         |     | 1                                      | /            |              |             |
|      | ADDRESS (NUMBER/STREET)  | CIT         | Υ                   |                      |        | STATE   | ZIP |  | CONTACT      | NUMBER       |             |
|      |  |             |                     |                      |        |         |     |  | ( )          |              | ,           |
|      |  |             |                     |                      |        |         |     | ====================================== |              |              |             |
| 89.  | Have you received any traffic citations, excluding parties of the second | parking cit | ations, <i>with</i> | in the past s        | even y | ears?   | Ш Ү | ES LIN                                 | 10           |              |             |
| 00.4 | NATURE OF VIOLATION  |             | LOCATION            | I (STREET)           |        |         | -   | CITY                                   |              |              | STATE       |
| 89.1 |  |             |                     |                      |        |         |     |  |              |              |             |
|      | DATE VIOLATION OCCURRED  |             | ACTION TA           | AKEN                 |        |         |     |  | _            | _            |             |
|      | Month: Year:   |             | ☐ Not Gu            |                      | Fine   | d       |     | raffic Schoo                           | ol L         | Dismiss      |             |
| 89.2 | NATURE OF VIOLATION  |             | LOCATION            | I (STREET)           |        |         |     | CITY                                   |              |              | STATE       |
|      | DATE VIOLATION OCCUPRED  |             | ACTION TA           | NI/ENI               |        |         |     |  |              |              |             |
|      | DATE VIOLATION OCCURRED  Month: Year:  |             |                     | _                    | 7      |         |     |  | , –          | 7 <b>.</b> . |             |
|      | NATURE OF VIOLATION  |             | ☐ Not Gu            | ilty L<br>I (STREET) | Fine   | a<br>   | Ш T | raffic Schoo                           | )I L         | Dismiss      | ed<br>STATE |
| 89.3 | The state of the british   |             | 200/(110)           | · (OTREET)           |        |         |     | 3111                                   |              |              | SIMIL       |
|      | DATE VIOLATION OCCURRED  |             | ACTION TA           | AKEN                 |        |         |     |  |              |              |             |
|      | Month: Year:   |             | ☐ Not Gu            | _                    | Fine   | d       | □т  | raffic Schoo                           | ol [         | Dismiss      | ed          |

| SEC          | TION 9: MOTOR VEHI  | CLE INFOR      | MATION (cont       | tinued)                    |                             |               |            |          |        |           |
|--------------|---|----------------|--------------------|----------------------------|-----------------------------|---------------|------------|----------|--------|-----------|
| 90           | 90. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply): |                |                    |                            |                             |               |            |          |        |           |
| 00.          | Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine  |                |                    |                            |                             |               |            |          |        |           |
|              |   |                | ☐ Falled to C      | ompiete Trailic Scr        | iooi 🗀 Falled to Pi         | ay ine Requir | eu rine    |          |        |           |
|              | IF CHECKED, explain circ  | cumstances:    |                    |                            |                             |               |            |          |        |           |
|              |   |                |                    |                            |                             |               |            |          |        |           |
|              |   |                |                    |                            |                             |               |            |          |        |           |
|              |   |                |                    |                            |                             |               |            |          |        |           |
|              |   |                |                    |                            |                             |               |            | П,       | ,      |           |
|              | Have you been involved a IF YES, give details below   |                | in a motor veni    | cie accident <i>within</i> | tne past seven years?       |               |            | Y        | 'ES L  | ∐ NO      |
|              | DATE OF ACCIDENT (  | (MM/YYYY)      | LOCATION (         | STREET)                    |                             |               | CITY       |          |        | STATE     |
| 91.1         | /   |                |                    |                            |                             |               |            |          |        |           |
|              | POLICE REPORT   | LAW ENFOR      | RCEMENT AGE        | ENCY                       |                             | AT FAULT?     |            | WAS THE  | ACCIDE | NT?       |
|              | ☐ YES ☐ NO  |                |                    |                            |                             | YES           | □ NO       | ☐ Injury | □ No   | on-injury |
| 91.2         | DATE OF ACCIDENT (  | (MM/YYYY)      | LOCATION (         | STREET)                    |                             |               | CITY       |          |        | STATE     |
| <b>U.I.2</b> | /   | =              |                    | -1.01                      |                             |               |            | o =:=    | 100155 | 1170      |
|              | POLICE REPORT   | LAW ENFOR      | RCEMENT AGE        | ENCY                       |                             | AT FAULT?     |            | WAS THE  |        |           |
|              | ☐ YES ☐ NO  |                |                    |                            |                             | ☐ YES         | ∐ NO       | ☐ Injury | ∟ No   | on-injury |
| 92.          | Have you ever driven a v  | ehicle withou  | ıt auto insuran    | ce, as required by I       | law?                        |               |            |          | res [  | □ NO      |
|              | IF YES, GIVE REASON   | N              |                    |                            |                             |               | FROM (I    | MM/YYYY) | TO (M  | M/YYYY)   |
|              |   |                |                    |                            |                             |               |            | /        | /      | 1         |
| 93.          | Have you ever been refu   | sed automob    | ile liability insu | ırance or a bond, o        | r had them cancelled?       |               |            |          | res [  | □ NO      |
|              | IF YES, GIVE REASON   | N              |                    |                            |                             |               |            | DAT      | E (MM/ | YYYY)     |
|              |   |                |                    |                            |                             |               |            |          | 1      |           |
|              |   |                | INSURAN            | ICE COMPANY                |                             |               |            |          |        |           |
|              |   |                |                    |                            |                             |               |            |          |        |           |
| Sup          | plemental motor vehi  | cle informa    | tion provide       | d on Page 34 $\Box$        |                             |               |            |          |        |           |
| SEC          | TION 10: OTHER TOP  | ics            |                    |                            |                             |               |            |          |        |           |
| 94           | Have you ever applied for   | or a conceale  | d carry weapor     | n (CCW) nermit?            |                             |               |            |          | res [  | NO        |
| "            | If YES, have you ever be  |                | , ,                | ` ''                       |                             |               |            | _        | YES [  | □ NO      |
| 95.          | Other than in self-defens   | se, have you   | ever used force    | e or violence again        | st another person with w    | hom you hav   | e had a da | ating,   | Г      |           |
|              | romantic or intimate relat  | tionship with, | or who reside      | d in the same hous         | sehold as you?              |               |            | \        | /ES L  | ∐ NO      |
|              | Since the age of 15, have   |                |                    |                            |                             |               |            |          | /ES [  | □ NO      |
| 97.          | Do you have, or have you law enforcement gang, or of their race, religion, poly   | or any other g | roup that advo     | cates discriminatio        | n, genocide, or violence    | against indiv | iduals bed | cause    | ÆS [   | □ NO      |
| 98.          | Are you now, or have you hate group, or any other race, religion, political af  | group that ac  | Ivocates discri    | mination, genocide         | e, or violence against indi | viduals beca  | use of the | ir       | res [  | □ NO      |
| 99.          | Are you or have you ever<br>public expressions of ha  |                |                    |                            |                             |               |            |          | ÆS [   | □ NO      |

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| SECTION 10: OTHER TOPICS (continued)   |              |
|--|--------------|
| 100. Have you ever made postings, statements or endorsements advocating discrimination, genocide, or violence against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation?  | s 🗆 no       |
| 01. Have you ever expressed or exhibited bias against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation?  | s 🗆 no       |
| If you answered "YES" to any of <b>Questions 94–101</b> , give details including dates and circumstances – reference corresponding number If more space is needed, continue your response on Page 34.  | <b>'S</b> ). |
|  |              |
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|  |              |
| Supplemental other topics information provided on Page 34 $\square$  |              |
|  |              |
| SECTION 11: CERTIFICATION  |              |
| I hereby certify that I have personally completed and initialed each page of this form and any attaches supplemental page(s), and that all statements made are true and complete to the best of my knowled belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I is appointed, may disqualify me from continued employment. | dge and      |
| 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.

| Provide supplemental INFORMATION  |
|---|
| <ul> <li>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.</li> <li>You may print copies of this page as needed.</li> </ul> |
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