

Personal History Statement

INSTRUCTIONS FOR DISPATCHER



Backgrounds Unit
320 N. Flower Street, 4th floor
Santa Ana, CA 92703

714-834-5311
Backgrounds@ocsheriff.gov
www.ocsheriff.gov



ORANGE COUNTY SHERIFF'S DEPARTMENT

CALIFORNIA

SHERIFF-CORONER DON BARNES

The following instructions are to assist you in accurately completing your Personal History Statement.

1. When filling out the Personal History Statement (PHS), read and follow all of the provided instructions that are provided in the PHS. Part of your background investigation includes your ability to follow directions. Make sure the PHS is accurate and completely filled out. When you print it out, you will sign the first and last page, also initial every page on the bottom right hand corner.

The Personal History Statement can be found on the Orange County Sheriff's Department website at www.ocsheriff.gov. In the top left corner, click on **Join OCSD**. Click on **Personal History Statements for New Applicants** link. Click on **Dispatcher Personal History Statement 1A link**. It is highly recommended that you save a copy of this form to your computer. The form cannot be electronically transmitted. **Personal History Statement must be typed and printed single sided. Please use Microsoft Word ONLY.**

Waiver must be NOTARIZED. (Authorization to Release Information Form)

*Can be notarized at AAA, USPS, Bank, Federal Credit Union and/or Post Office.

-Section 2 (Relatives and References)

When choosing your **personal** references you can use supervisors and/or co-workers. However, these same people can **NOT** be used again in your employment references. A personal reference can only be used once in the PHS.

All maiden names are to be placed inside parenthesis (maiden name).

-Section 3 (Education)

If you received a GED or an Equivalency Exam, the original transcript/certificate has to be received in an unopened and sealed envelope.

-Section 4 (Residence)

Make sure you list every person you have lived with at each residence. Their first and last names are required.

-Section 5 (Experience and Employment) Include supervisor/co-workers home address, phone number, and email address on last page of personal history statement.

Make sure you include every job you have worked at, even if the company is no longer in business or open. Note on the application that the business is now closed. If a specific store is no longer open, but the business is still in operation (e.g. Best Buy), then provide the address for the Human Resource (HR) Department. Note on the application that the address provided is for the HR department.

Supervisor/co-workers names and addresses need to be accurate. Make every attempt **not** to use the business address for your supervisors and co-workers' addresses. A lot of times businesses refuse to forward mail to their employees. Every effort needs to be made to provide accurate home addresses.

If a supervisor/co-worker refuses to provide their home address, then find out if the employee can receive mail at work. If the company will not forward the mail to the employee, then **as a last resort** you may use their e-mail address.

Document the dates you worked as close to the exact date as possible. If you are uncertain of the specific date you began and ended working, then at least provide the month and year. (You may want to contact the HR department so you can provide the most accurate information).

If additional space is needed you can re-open the PHS application and use pages 11 through 14, as needed or use a word document. Place these additional pages in the correct chronological order with the remaining employment information. (The PHS instructions tell you to use page 30 for all additional information, however, it is preferred that you use the structured forms to complete the employment section).

1. The list of documents needed for the background interview.

You have to provide all original documents and one (1) set of copies for the following documents:

Birth Certificate / Naturalization Papers / Resident Card
Automobile Insurance
Dissolution of Marriage
Bankruptcy documents to include the discharge documents
High School Diploma
College Diploma
Selective Service / Draft Registration
DD-214 Military Form(s)
Most recent performance evaluations
Proof of legal name change

You have to provide two (2) copies of your driver's license and social security card. The driver's license and social security card go on the same page. The driver's license should be placed above the social security card on the copies.

1. Birth Certificate (Original) / Naturalization Papers/Resident Card

If you were not born in the United States, you have to provide your original and copy of the Naturalization Certificate

The following are **NOT** accepted forms of citizenship:

Passports

Hospital Birth Certificates (with footprints on it)

Certified Abstracts

2. California Driver's License

3. Social Security Card

If you have to request a new card make sure you request one before your interview and bring in proof of the request.

4. Proof of Current Automobile Insurance

Make sure your insurance card/policy is current and has your name on it listing you as an insured or authorized driver. Note: Most insurance cards don't have authorized drivers listed on it. Therefore, you would need to provide the policy.

5. Dissolution of Marriage Verification (Child Custody Paperwork, if applicable)

We do NOT need Marriage Certificates.

6. Complete Bankruptcy Paperwork

Include discharge documents.

7. High School and College Diploma(s)

All high school and college transcripts have to be received in an unopened and sealed envelope.

8. Selective Service/Draft Registration

MALES ONLY (www.sss.gov) click on "Check a Registration." This on-line print out is all that is needed.

9. Veteran's Discharge and **all** DD-214 Form(s)

To obtain Military (active, discharged, retired) records, go on-line to <http://www.archives.gov/veterans/military-service-records/>, then click on "Launch the eVetRecs System." Click the appropriate responses. **You have to print the request form out, sign it, and then fax it to the appropriate number.** Request that the records be mailed to **your Background Investigator** at the following address: OCSD Backgrounds, 320 N Flower St 4th Floor, Santa Ana, CA 92703. Please make sure you print the "Signature Verification" page and bring it with you the day of your Background Appointment.

10. Your two most recent Performance Evaluations

11. California Department of Consumer's Affair License(s)

12. Proof of Legal Name Change (does not apply towards marriages/divorces)

The entire interview process may take up to four (4) hours.

You are to park above the third floor of the parking structure. Parking is not validated.



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

Non-Sworn Employees

Authorization for Background Investigation and

Hold Harmless For Confidentiality of Pre-Employment Background Investigation

I understand that I am authorizing a comprehensive background investigation for employment-related purposes. This investigation may include verifying all information provided in my application, background questionnaires, and any other information I or others have submitted to the Orange County Sheriff's Department ("OCSD"). It may also involve, for example, reviewing documents from third parties, contacting individuals or organizations with relevant information about me and my suitability for employment with the OCSD, and conducting searches of public and private databases, including criminal justice and law enforcement records.

I also understand that those individuals and/or organizations contacted during my background investigation may be reluctant to provide information regarding my suitability for employment with OCSD unless confidentiality of their information can be guaranteed on a permanent basis. I also acknowledge that while some information in OCSD's background investigation report may be derived from public records or otherwise accessible to me, this information may be inextricably interwoven with other confidential data to which I otherwise would not be privy. Individuals contacted during my background investigation must be able to communicate freely and openly with the investigator regarding my qualifications and suitability for employment without fear of liability or disclosure to me. Accordingly, I understand and agree that I will not be permitted to review or access information provided by individuals or organizations regarding my suitability for employment with OCSD. Furthermore, except as required by law, I acknowledge that I will only receive notification of whether I have "passed" or "did not pass" the background investigation, without additional feedback. Additionally, I recognize that truthful responses from current and former employers, even if unsolicited, are protected under the absolute privilege of California Civil Code §47.

I hereby exonerate, release, and discharge any and all persons contacted by my prospective employer OCSD or its representatives, together with OCSD, the County of Orange, and their officers, agents, and assigns, from any claims, liability, or damages of any kind, whether in law or equity, for their communications about my suitability for employment and for any refusal to make available to me any information contained in OCSD's background investigation, including but not limited to the identity of any person or organizations who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person, and from any other compliance with this authorization or attempts to comply with it. Additionally, I waive any right to access, review, inspect, or obtain OCSD's background investigation report or any information provided during the background investigation, except as required by law. This release and waiver is binding upon my legal representatives, heirs, and assigns.

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

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

ADDRESS: _____
CITY: _____
TELEPHONE: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature _____ (Seal)



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

Non-Sworn Employees

Authorization To Release Information For Employment

To Whom It May Concern:

I am an applicant for a position with the Orange County Sheriff's Department ("OCSD"), and my prospective employer is conducting a background investigation to assess my qualifications.

I hereby authorize and direct you, your organization, its custodian of records, and/or any persons in your employ to furnish and release to any authorized representative of OCSD bearing this release or a copy thereof, any and all information that you have concerning me, including information that may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information and records, performance evaluations and data, character reference information, attendance records, academic transcripts, educational records, degrees conferred, background investigations, local criminal history information, internal affairs investigations, disciplinary actions, medical, surgical, and psychological records (if I am offered employment with this agency), polygraph results, eligibility for rehire, credit and financial information, and any other information that you possess about me.

I release, discharge, and exonerate you, your organization, its officers, agents, and assigns from any liability or damages, whether in law or equity, for furnishing the truthful information requested by the bearer of this authorization form. Truthful responses, even if unsolicited, are protected under the absolute privilege of California Civil Code §47. Furthermore, I waive any right to review, inspect, or obtain OCSD's background investigation report or any confidential information provided during the investigation.

This release is binding upon my legal representatives, heirs, and assigns.

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

This release is valid for one year from the date of signature.

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

ADDRESS: _____
CITY: _____
TELEPHONE: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature _____ (Seal)

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 2/2018)

SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in **excess of 30 days**.
- If more space is needed, continue your response on page 25.

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT OCSD			FROM (MM/YYYY) / /	TO (MM/YYYY) / /
ADDRESS (NUMBER / STREET / SUITE / OR BASE) / /			CONTACT NUMBER () /	EXT. /	
CITY /			STATE /	ZIP /	EMAIL /
JOB TITLE / RANK /			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input checked="" type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS /			REASON FOR LEAVING /		
SUPERVISOR Michael Moreno		CONTACT NUMBER (714) 555-1234	EXT. /	EMAIL michaelmoreno@ocsd.org	
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1) Maria Medina		(714) 555-5678	/	mariamedina@ocsd.org	
2) Melanie Luna		(714) 555-9876	/	melanieluna@ocsd.org	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
IF YES, explain: /					

28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: /	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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28.3	NAME OF EMPLOYER OR MILITARY UNIT /			FROM (MM/YYYY) / /	TO (MM/YYYY) / /
ADDRESS (NUMBER / STREET / SUITE / OR BASE) / /			CONTACT NUMBER () /	EXT. /	
CITY /			STATE /	ZIP /	EMAIL /
JOB TITLE / RANK /			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS /			REASON FOR LEAVING /		
SUPERVISOR /		CONTACT NUMBER () /	EXT. /	EMAIL /	
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1) /		() /	/	/	
2) /		() /	/	/	

28.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: /	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
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PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2018)

SUPPLEMENTAL INFORMATION

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

28.1- Michael Moreno (Supervisor) OCSD (Employment dates)

Address

Phone Number

Email Address

Maria Moreno (Co-worker)

Address

Phone Number

Email Address

Melanie Luna (Co-worker)

Address

Phone Number

Email Address

28.3 First and Last Name (Supervisor) Company name (Employment dates)

Address

Phone Number

Email Address

First and Last Name (Co-worker)

Address

Phone Number

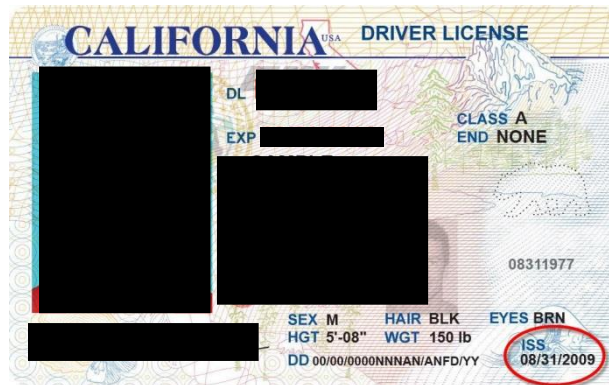
Email Address

First and Last Name (Co-worker)

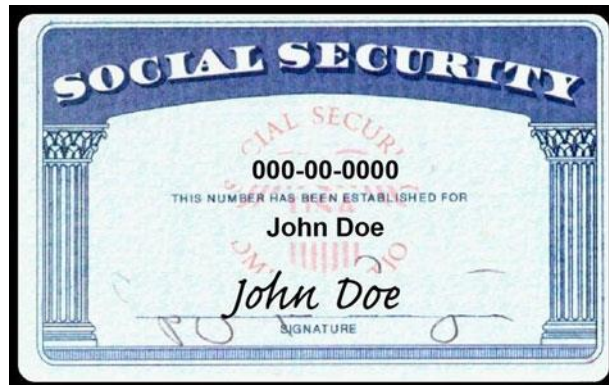
Address

Phone Number

Email Address



Please make sure the
Social Security Card is
signed



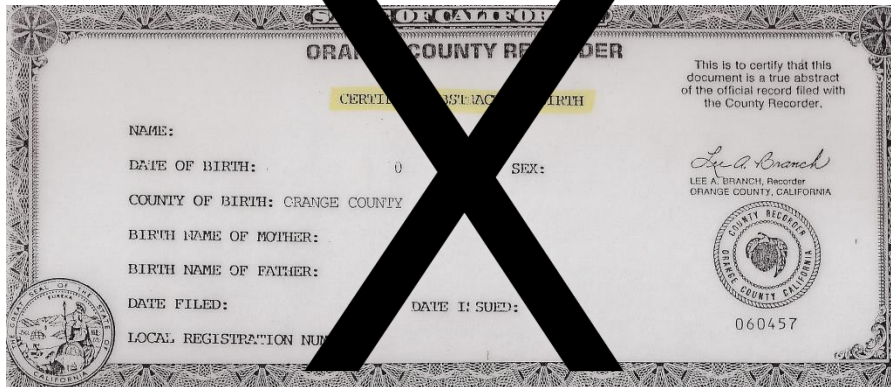
(2) COPIES

Birth Certificate (Original)
Naturalization Certificate
Samples of what is and is not accepted:

ACCEPTED



NOT ACCEPTED



DAY OF BACKGROUND INTERVIEW

PACKET 1

PACKET 2

PACKET 3

Notarized Waiver
(Authorization to Release Information Form)

Order Immediately

*High School Transcripts (Sealed)

*College Transcripts (Sealed)

*Military Records – ordered from:

<http://www.archives.gov/veterans/military-service-records/>

****Transcripts and Military records can be dropped off at a later date****

ALL ORIGINALS

Driver License
Social Security Card
Current Car Insurance
Bankruptcy Papers
High School Diploma
College Diploma
Birth Cert/ Naturalization Certificate
(Certified Abstracts are NOT accepted)
All DD-214(s) **(Only if you have been in the Military)**
Military Evaluations/Discipline
Divorce Papers **(Only if you have been divorced)**
Work Evaluations **(copies of copies are okay)**
Police Reports (Optional)
Selective Service/Draft Registration
www.sss.gov Click on "Check a Registration" **(On-line printout is okay)**
Legal Name Change

Personal History Statement
(25 page PHS) **Initial every page on the bottom right corner. The front and 2nd to last page needs to be signed and dated***

ALL COPIES

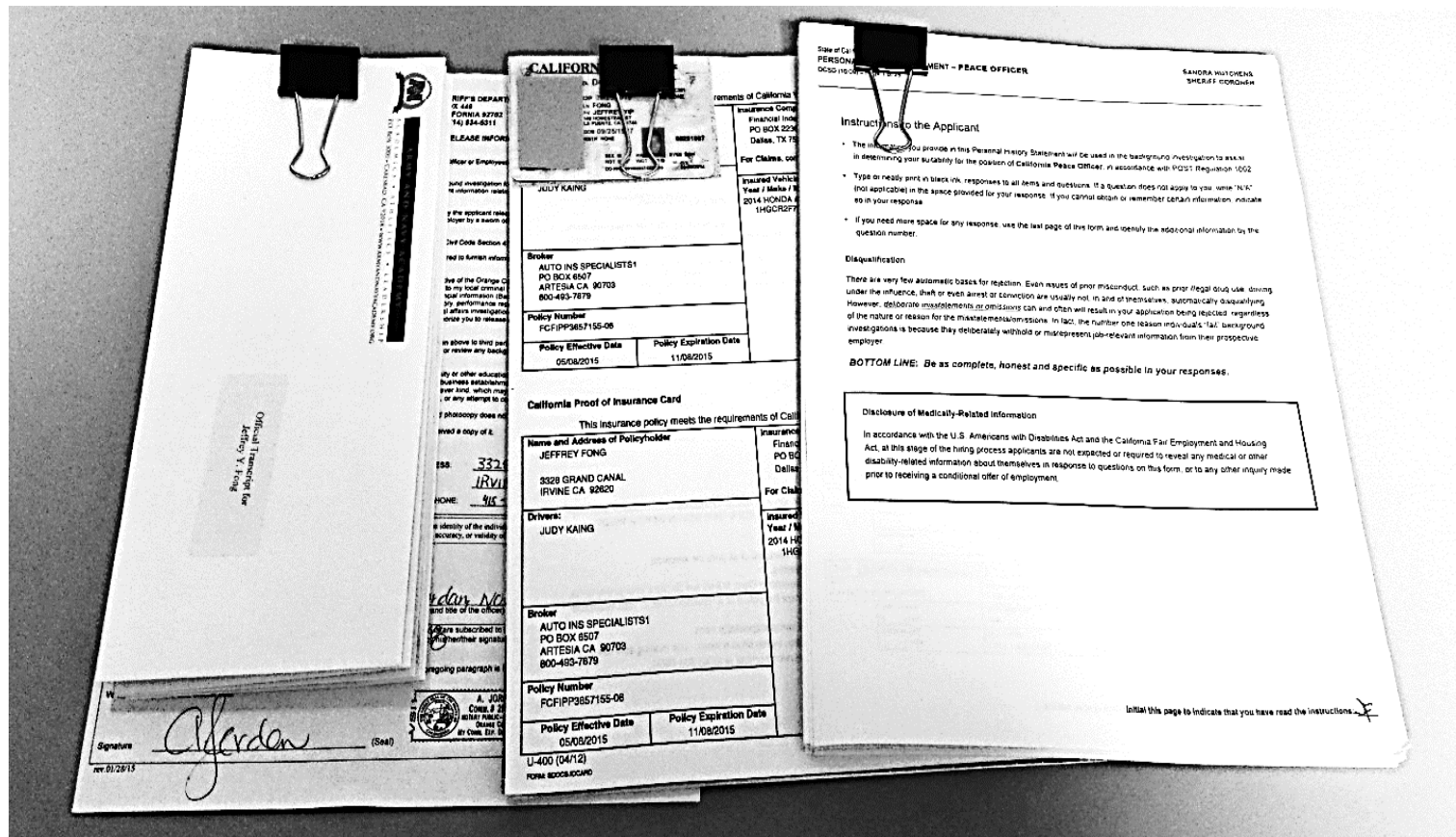
Please place in the following order:

Copy of current Auto Insurance card and/or policy statement with your name on it
(1st copy) Copy of DL & SS (Should be on same page)
Copy of Bankruptcy Papers
Copy of High School Diploma
Copy of College Diploma
Copy of Birth Cert/ Naturalization Certificate
(Certified Abstracts are NOT accepted)
(2nd copy) Copy of DL & SS (Should be on same page)
Copy of Selective Service/Draft Registration (www.sss.gov)
(On-line printout is okay)
Copy of all DD-214(s) **(Only if you have been in the Military)**
Copy of Military Evaluations/Discipline
Copy of Divorce Papers **(Only if you have been divorced)**
Copy of Work Evaluations **(Last two evaluations)**
Copy of Police Reports
Copy of Legal Name Change

***Make Sure your SOCIAL SECURITY card is signed.**

***Make sure your PERSONAL HISTORY STATEMENT is signed and all pages are initial on the bottom right corner.**

Example of 3 Packets



Picture shown above is how documents should be turned in.



Do not turn in paperwork in binder, folder, envelope, breifcase, or bag.