



# Walton Hills Police Department

7595 Walton Road  
Walton Hills, Ohio 44146



David Kwiatkowski  
Chief of Police

## WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

The Village is an equal opportunity employer, and is committed to fostering the growth and development of its employees. No employee or applicant will be discriminated against on the basis of race, color, ancestry, religion, national origin, gender, age, veteran status, disability, and/or any other factor protected by federal state or local law.

### 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 a Walton Hills Peace Officer.

- It is your responsibility to complete this application using accurate and truthful information.
- Type or neatly print in black ink
- You must respond in all areas 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 at the end of this application, identify the additional information by the question number.
- Following instructions on the application, complete and submit, in person to the Walton Hills Police Department.

**Disqualification:** There are few automatic basis for disqualification. However, knowingly providing false or misleading statements can and will result in your application being disqualified, regardless of the nature or reason for the false statements or omissions.  
**REMEMBER!! You are responsible for providing complete, accurate, and truthful responses.**

*I have read and I understand the above instructions.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **PERSONAL HISTORY STATEMENT – Peace Officer**

## **SECTION 1: PERSONAL**

1. YOUR FULL NAME				
LAST		FIRST		MIDDLE
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE				
NUMBER / STREET			APT / UNIT	
CITY			STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)				
5. CONTACT NUMBERS				
HOME (     )		WORK (     )	EXT	OTHER (     ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. EMPLOYMENT ELIGIBILITY				
Are you legally authorized to work in the United States under federal law? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)				
10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER -     -		12. DRIVER'S LICENSE NUMBER:     STATE:     EXPIRES:	
13. PHYSICAL DESCRIPTION				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	

## **SECTION 2: RELATIVES AND REFERENCES**

14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> <li>• Provide all applicable information in the spaces below.</li> <li>• Mark "N/A" if a category is not applicable.</li> <li>• Mark "Deceased," if appropriate.</li> <li>• <i>If more space is needed, continue on Page 33 – reference corresponding numbers.</i></li> </ul>					
14.A Spouse / Registered Domestic Partner				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (     )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE (     )	CELL PHONE (     )	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 14.B Former Spouse / Former Registered Domestic Partner

☐ Deceased

☐ N/A

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (     )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE (     )		CELL PHONE (     )	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### 14.C Parents / Guardians / In-laws

List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: \_\_\_\_\_ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (     )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )		CELL PHONE (     )	EMAIL			

14.C.2 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: \_\_\_\_\_ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (     )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )		CELL PHONE (     )	EMAIL			

14.C.3 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: \_\_\_\_\_ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (     )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )		CELL PHONE (     )	EMAIL			

14.C.4 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: \_\_\_\_\_ ☐ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (     )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )		CELL PHONE (     )	EMAIL			



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 14.C Parents / Guardians / In-laws *continued*

14.C.5 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: \_\_\_\_\_ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (     )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (     )	CELL PHONE (     )	EMAIL		

14.C.6 Parent / Guardian / In-law: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: \_\_\_\_\_ ☐ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (     )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (     )	CELL PHONE (     )	EMAIL		

Supplemental relatives information provided on Page 33 ☐

### 14.D Brothers / Sisters

☐ N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (     )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )	CELL PHONE (     )	EMAIL			

14.D.2 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (     )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )	CELL PHONE (     )	EMAIL			

14.D.3 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (     )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (     )	CELL PHONE (     )	EMAIL			

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



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 2: RELATIVES AND REFERENCES *continued*

14.D.4 Sibling: ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other: \_\_\_\_\_

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (      )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE (      )	CELL PHONE (      )	EMAIL			

Supplemental relatives' information provided on Page 33 ☐

### 14.E Children

☐ N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: ☐ Son ☐ Daughter ☐ Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

14.E.2 Child: ☐ Son ☐ Daughter ☐ Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

14.E.3 Child: ☐ Son ☐ Daughter ☐ Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

14.E.4 Child: ☐ Son ☐ Daughter ☐ Other: \_\_\_\_\_

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

Supplemental relatives' information provided on Page 33 ☐



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 15. LIST OF REFERENCES

- List 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.**

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (      )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (      )	CELL PHONE (      )	EMAIL		
How do you know this person?			How long have you known this person?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (      )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (      )	CELL PHONE (      )	EMAIL		
How do you know this person?			How long have you known this person?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (      )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (      )	CELL PHONE (      )	EMAIL		
How do you know this person?			How long have you known this person?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (      )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (      )	CELL PHONE (      )	EMAIL		
How do you know this person?			How long have you known this person?		
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (      )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (      )	CELL PHONE (      )	EMAIL		
How do you know this person?			How long have you known this person?		



# **PERSONAL HISTORY STATEMENT – Peace Officer**

## **SECTION 2: RELATIVES AND REFERENCES** *continued*

15.6	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (      )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (      )		CELL PHONE (      )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.7	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (      )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (      )		CELL PHONE (      )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.8	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (      )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (      )		CELL PHONE (      )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.9	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (      )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (      )		CELL PHONE (      )	EMAIL			
	How do you know this person?				How long have you known this person?		
15.10	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE (      )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE (      )		CELL PHONE (      )	EMAIL			
	How do you know this person?				How long have you known this person?		

Supplemental references information provided on Page 33 ☐



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 3: EDUCATION

- **NOTE: You will be required to furnish official transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on Page 33.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Graduation:	/	<input type="checkbox"/> GED Equivalency :	/
		<input type="checkbox"/> Other School Proficiency Certificate:	/

### 17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

### 18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

### 19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information provided on Page 33 ☐



# **PERSONAL HISTORY STATEMENT – Peace Officer**

## **SECTION 3: EDUCATION** *continued*

### **LIST ALL COURSES ATTENDED**

20. Have you ever taken a Concealed Carry Firearms Course? ..... ☐ YES ☐ NO

**IF YES, provide the following information:**

A. COURSE PRESENTER NAME		LOCATION (CITY / STATE)
B. COURSE COMPLETION		COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		/

21. Have you ever attended a Police Academy Course: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher? ☐ YES ☐ NO

**IF YES, provide the following information:**

21.1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )
21.2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

**Supplemental Police Academy course information on Page 33** ☐

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or Police basic academy? ..... ☐ YES ☐ NO

**IF YES, describe in detail below.** Starting with high school, list any and all disciplinary actions received in any school, educational institution, or basic police academy course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any exam? ..... ☐ YES ☐ NO

**IF YES, explain circumstances.**

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.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on Page 33.**

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you live:					
24.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
24.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 4: RESIDENCE HISTORY *continued*

24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
					( )	
	CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
					( )	
	CITY	STATE	ZIP	EMAIL		
Name(s) of those with whom you lived:						
Reason for moving:						

Supplemental residence information provided on Page 33 ☐

## 25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- If more space is needed, continue your response on Page 33.

25.1	NAME OF HOUSEMATE				CONTACT NUMBER	
					( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)				EMAIL	

# **PERSONAL HISTORY STATEMENT – Peace Officer**

## **SECTION 4: RESIDENCE HISTORY** *continued*

25.2	NAME OF HOUSEMATE		CONTACT NUMBER (      )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
25.3	NAME OF HOUSEMATE		CONTACT NUMBER (      )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
25.4	NAME OF HOUSEMATE		CONTACT NUMBER (      )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
25.5	NAME OF HOUSEMATE		CONTACT NUMBER (      )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	

**Supplemental housemate information provided on Page 33** ☐

26. Have you ever been evicted or asked to leave a residence? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Have you ever left a residence owing rent, utilities, or other household expenses? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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



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 33.**

28.1	NAME OF CURRENT 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 WANTING TO LEAVE			
SUPERVISOR		CONTACT NUMBER		EXT	EMAIL	
		( )				
NAMES OF CO-WORKERS		CONTACT NUMBER		EXT	EMAIL	
1)		( )				
2)		( )				
Would there be a problem if we contact your current employer? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, explain:						

28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

28.5	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)		( )				



# **PERSONAL HISTORY STATEMENT – Peace Officer**

## **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

28.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____	/

28.7	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)		( )				

28.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____	/

28.9	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)		( )				

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.11	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)		( )				

28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.13	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)		( )				

28.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

Supplemental employment information provided on Page 33 ☐



## PERSONAL HISTORY STATEMENT – Peace Officer

### SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)..... ☐ YES ☐ NO
30. Have you ever been fired, released from probation, or asked to resign from any place of employment? ..... ☐ YES ☐ NO
31. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... ☐ YES ☐ NO
32. Have you ever quit without giving proper notice?..... ☐ YES ☐ NO
33. Have you ever resigned in lieu of termination? ..... ☐ YES ☐ NO
34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer?..... ☐ YES ☐ NO
35. Have you ever been the subject of a written complaint at work that resulted in disciplinary action against you?..... ☐ YES ☐ NO
36. Have you ever been counseled at work due to lateness or absences? ..... ☐ YES ☐ NO
37. Have you ever received an unsatisfactory performance review? ..... ☐ YES ☐ NO
38. Have you ever sold, released, or given away legally confidential information? ..... ☐ YES ☐ NO
39. Have you ever called in sick when you were neither sick nor caring for a sick family member? ..... ☐ YES ☐ NO  
IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days
40. While working (i.e., on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) ☐ YES ☐ NO
41. While working (i.e., on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)..... ☐ YES ☐ NO

**If you answered "YES" to any of Questions 29–41, explain** (include when, where, and circumstances – reference corresponding numbers).  
**If more space is needed, continue your response on page 33.**

#### Supplemental employment information provided on Page 33 ☐

42. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption? ..... ☐ YES ☐ NO  
If YES, how often? \_\_\_\_\_
43. Has your work performance ever been affected by your use of alcohol or drugs? ..... ☐ YES ☐ NO  
If YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_
44. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... ☐ YES ☐ NO  
If YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? ..... ☐ YES ☐ NO

- If you answered "YES" to Question 45, list **EVERY** agency you have applied to, **starting with the most recent**.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If you applied more than once to the same agency, list each occurrence separately.**
- Give complete and accurate addresses.
- **If more space is needed, continue your response on Page 33.**

45.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				(      )	
	POSITION APPLIED FOR			EMAIL	

### CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

45.2	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				(      )	
	POSITION APPLIED FOR			EMAIL	

### CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_



# **PERSONAL HISTORY STATEMENT – Peace Officer**

## **SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

45.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER (      )	EXT	
POSITION APPLIED FOR				EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application    ☐ Written    ☐ Physical Ability    ☐ Oral    ☐ Polygraph/CVSA    ☐ Background    ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired    ☐ On Eligibility List    ☐ Withdrew    ☐ Disqualified    ☐ Non-Select    ☐ Other (explain) \_\_\_\_\_

45.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER (      )	EXT	
POSITION APPLIED FOR				EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application    ☐ Written    ☐ Physical Ability    ☐ Oral    ☐ Polygraph/CVSA    ☐ Background    ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired    ☐ On Eligibility List    ☐ Withdrew    ☐ Disqualified    ☐ Non-Select    ☐ Other (explain) \_\_\_\_\_

45.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER (      )	EXT	
POSITION APPLIED FOR				EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application    ☐ Written    ☐ Physical Ability    ☐ Oral    ☐ Polygraph/CVSA    ☐ Background    ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired    ☐ On Eligibility List    ☐ Withdrew    ☐ Disqualified    ☐ Non-Select    ☐ Other (explain) \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
	POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

45.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
	POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

45.8	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
	POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

Supplemental application information provided on Page 33 ☐



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

### PREVIOUS PEACE OFFICER EXPERIENCE

46. Do you have previous peace officer experience in this state or any other jurisdiction? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, skip to Section 6: Military Experience.)	
	<b>During, or after, your employment as a peace officer:</b> (check Yes or No)
46.1	Have you ever been terminated for cause from employment as a peace officer in any State? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
46.2	Have you ever had your peace officer certification suspended or revoked in any State, including California? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
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? ..... <input type="checkbox"/> YES <input type="checkbox"/> 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? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
46.5	Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force? ..... <input type="checkbox"/> YES <input type="checkbox"/> 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? ..... <input type="checkbox"/> YES <input type="checkbox"/> 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? .... <input type="checkbox"/> YES <input type="checkbox"/> 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? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
46.9	Have you ever participated in a law enforcement gang? ..... <input type="checkbox"/> YES <input type="checkbox"/> 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? ..... <input type="checkbox"/> YES <input type="checkbox"/> 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? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO

- If you answered "YES" to **ANY** of the item(s) in **Question 46**, fully explain (include dates and circumstances). *Reference the corresponding number (e.g., 46.5) for each explanation.*
- If more space is needed, continue your response on Page 33.

Supplemental employment information provided on Page 33 ☐

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 6: MILITARY EXPERIENCE

47. Are you required to register for the Selective Service? ☐ YES ☐ NO  
 IF YES, have you registered? ☐ YES ☐ NO  
 IF NO, explain: \_\_\_\_\_

48. Have you ever served in the military? ☐ YES ☐ NO

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)? ☐ YES ☐ NO

52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ☐ YES ☐ NO

53. Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ YES ☐ NO

If you answered "YES" to any of Questions 51-53, explain (include dates and circumstances).

Supplemental military information provided on Page 33 ☐

## SECTION 7: FINANCIAL

### 54. INCOME AND EXPENSES

For questions 54.1 and 54.2, fill in the amounts to the nearest dollar.

- For **Question 54.1**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- 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.

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)? ☐ YES ☐ NO

56. Have any of your bills ever been turned over to a collection agency? ☐ YES ☐ NO

57. Have you ever had purchased goods repossessed? ☐ YES ☐ NO

58. Have your wages ever been garnished? ☐ YES ☐ NO

59. Have you ever been delinquent on income or other tax payments? ☐ YES ☐ NO

60. Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ YES ☐ NO



## PERSONAL HISTORY STATEMENT – Peace Officer

### SECTION 7: FINANCIAL *continued*

61. Have you ever avoided paying any lawful debt by moving away? ..... ☐ YES ☐ NO
62. Have you ever defaulted on (failed to pay) a loan? ..... ☐ YES ☐ NO
63. Have you ever borrowed money to pay for a gambling debt? ..... ☐ YES ☐ NO  
 IF 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 ☐ NO
65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ YES ☐ NO

*If you answered "YES" to any of Questions 55-65, explain (include when, where, and why – reference corresponding numbers).*

**Supplemental financial information provided on Page 33** ☐

### SECTION 8: LEGAL

#### ► Government 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 discuss your response with the hiring department and/or competent legal counsel before completing this section.

- 66.1 Have you ever been convicted of a felony? ..... ☐ YES ☐ NO
- 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? ..... ☐ YES ☐ 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? ..... ☐ YES ☐ NO
- 66.4 Have you ever been convicted of a crime based upon a verdict or finding of guilt of a felony, or upon the entry of a plea of guilty to a felony, regardless of whether the court declared the offense to be a misdemeanor, or the offense become a misdemeanor by operation of law? ..... ☐ YES ☐ NO
- 66.5 Have you ever been charged with a felony and adjudged by a superior court to be mentally incompetent ☐ YES ☐ NO
- 66.6 Have you ever been found not guilty by reason of insanity of any felony? ..... ☐ YES ☐ NO
- 66.7 Have you ever been determined to be a mentally disordered sex offender ? ..... ☐ YES ☐ NO
- 66.8 Have you ever been adjudged addicted or in danger of becoming addicted to narcotics, convicted, and committed to a state institution ..... ☐ YES ☐ NO



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 8: LEGAL (continued)

66.9 Have you ever had your certification as a law enforcement officer in any jurisdiction suspended or revoked?..... ☐ YES ☐ NO

66.10 While employed as a law enforcement officer, have you ever engaged in serious misconduct that would have resulted in your certification being revoked by the commission if employed as a peace officer in this state?..... ☐ YES ☐ NO

- If you answered "YES" to **ANY** of the item(s) in **Question 66**, fully explain circumstances, including dates and resolution. *Reference the corresponding number (e.g., 66.5) for each explanation.*
- **If more space is needed, continue your response on Page 33.**

Supplemental disqualification information provided on Page 33 ☐

### ► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- **If more space is needed, continue your response on Page 33.**

67. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ..... ☐ YES ☐ NO

**IF YES**, explain each incident:

67.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

67.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

DISPOSITION OR PENALTY

Supplemental disclosure information provided on Page 33 ☐



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 8: LEGAL (continued)

68. Have you ever been placed on court probation? ☐ YES ☐ 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? ☐ YES ☐ NO
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ YES ☐ NO
71. Have the police ever been called to your home for any reason? ☐ YES ☐ NO
72. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ YES ☐ NO
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ YES ☐ NO
74. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ YES ☐ NO
75. Have you ever filed a false insurance or workers' compensation claim? ☐ YES ☐ NO

*If you answered "YES" to any of Questions 68-75, explain (include court case or document, dates, and circumstances – reference corresponding numbers). If more space is needed, continue your response on Page 33.*

Supplemental legal information provided on Page 33 ☐

### ► Involvement in Criminal Acts – Part 1

78. Have you committed any of the following acts *within the past seven (7) years*?

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- |      |  |                              |                             |
|------|--|------------------------------|-----------------------------|
| 78.1 | Animal abuse and/or neglect  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.3 | Battery (use of force or violence upon another)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.4 | Brandishing a weapon (any type of weapon)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.5 | Carrying a concealed weapon without a permit   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.6 | Contributing to the delinquency of a minor   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 8: LEGAL (continued)

78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.9	Drunk in public (being so intoxicated in a public place that you are not able to care for yourself) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.10	Filing a false police report .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.12	Illegal gambling .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.15	Indecent exposure and/or lewd or obscene conduct.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.16	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.17	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) ...	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.18	Petty theft (value up to \$950, including shoplifting/switching price tags).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.19	Possession of alcohol as a minor (under the age of 21).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.20	Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.21	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.22	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.23	Reckless driving.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.24	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.25	Trespassing .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.26	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.27	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- If you answered "YES" to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

Supplemental legal information provided on Page 33 ☐



# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 8: LEGAL (continued)

### ► Involvement in Criminal Acts – Part 2

79. At any time in your life, have you **EVER** committed any of the following acts?

**NOTE:** You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

79.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.3	Blackmail or extortion .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.4	Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.6	Elder abuse and/or neglect (physical and/or financial) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.7	Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.8	Felony drunk driving (involving injuries) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.9	Felony illegal sex acts .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.10	Forcible rape .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.12	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.13	Grand theft (value of over \$950, automobile, any firearm) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.14	Hit & run (with injuries) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.15	Hate crime .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.16	Insurance fraud .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.18	Perjury (lying under oath) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.19	Possession of an explosive/destructive device .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.20	Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.21	Stalking (including, but not limited to, electronic communication) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.24	Any other act amounting to a felony .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO



SECTION 8: LEGAL (continued)

- If you answered "YES" to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

Supplemental legal information provided on Page 33 ☐

► **Illegal Use of Drugs**

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:

- |   |   |
|---|---|
| ► Amphetamines / Methamphetamines ( <i>Uppers, Speed, Crank, etc.</i> ) | ► Marijuana ( <i>with or without a prescription</i> )       |
| ► Barbiturates ( <i>Downers</i> )                                       | ► Mescaline   |
| ► Cocaine / Crack Cocaine   | ► Morphine  |
| ► Designer Drugs ( <i>Ecstasy, Synthetic Heroin, etc.</i> )             | ► PCP / Angel Dust  |
| ► Fentanyl  | ► Quaaludes   |
| ► GHB ( <i>Date Rape Drug</i> )   | ► Steroids  |
| ► Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )                       | ► Tetrahydrocannabinol ( <i>THC</i> )                       |
| ► Hashish / Hashish Oil   | ► Glue, paint, aerosol, or any substance containing toluene |
| ► Heroin / Opium  |   |

80. **Within the past six months**, have you used any drug(s) as indicated above? ..... ☐ YES ☐ NO

IF YES, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 8: LEGAL (continued)

81. Prior to the past six months:

☐ I have **never** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

82. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics, or illegal substances, including marijuana and/or prescription drugs without a prescription? ☐ YES ☐ NO **If YES, indicate which activities (mark all that apply):**

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

83. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ..... ☐ YES ☐ NO

**IF YES, explain:**

Supplemental drug information provided on Page 33 ☐

## SECTION 9: MOTOR VEHICLE INFORMATION

84. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

85. List other states where you have been licensed to operate 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 ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

# PERSONAL HISTORY STATEMENT – Peace Officer

## SECTION 9: MOTOR VEHICLE INFORMATION *(continued)*

86. Have you ever been refused a driver's license by any state? ..... ☐ YES ☐ NO

**IF YES, explain** (include when, where, and circumstances):

87. Has your driver's license ever been suspended or revoked? ..... ☐ YES ☐ NO

**IF YES, explain** (include when, where, and circumstances):

88. List your current liability insurance on your vehicle(s).

88.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ( )
88.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ( )

89. Have you received any traffic citations, excluding parking citations, ***within the past seven years?*** ☐ YES ☐ NO

**IF YES, give details below.**

89.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
89.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
89.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			



## PERSONAL HISTORY STATEMENT – Peace Officer

### SECTION 9: MOTOR VEHICLE INFORMATION *(continued)*

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):

☐ Failed to Appear      ☐ Failed to Complete Traffic School      ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

91. Have you been involved as the driver in a motor vehicle accident *within the past seven years*? ..... ☐ YES    ☐ NO

IF YES, give details below.

91.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

92. Have you ever driven a vehicle without auto insurance, as required by law? ..... ☐ YES    ☐ NO

IF YES, GIVE REASON

FROM (MM/YYYY)

TO (MM/YYYY)

/

/

93. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..... ☐ YES    ☐ NO

IF YES, GIVE REASON

DATE (MM/YYYY)

/

INSURANCE COMPANY

Supplemental motor vehicle information provided on Page 33 ☐

### SECTION 10: OTHER TOPICS

94. Have you ever applied for a concealed carry weapon (CCW) permit? ..... ☐ YES    ☐ NO

If YES, have you ever been refused a CCW permit? ..... ☐ YES    ☐ NO

95. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? ..... ☐ YES    ☐ NO

96. *Since the age of 15*, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? ..... ☐ YES    ☐ NO

97. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, law enforcement gang, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? ..... ☐ YES    ☐ NO

98. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, law enforcement gang, hate group, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? ..... ☐ YES    ☐ NO

99. Are you or have you ever engaged in membership in a hate group, participation in any hate group activity, or advocacy of public expressions of hate? ..... ☐ YES    ☐ NO

## PERSONAL HISTORY STATEMENT – Peace Officer

### 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? ..... ☐ YES ☐ NO
101. 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? ..... ☐ YES ☐ NO

If you answered "YES" to any of **Questions 94–101**, give details including dates and circumstances – *reference corresponding numbers*.  
**If more space is needed, continue your response on Page 33.**

**Supplemental other topics information provided on Page 33** ☐

### SECTION 11: CERTIFICATION

*I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.*

**Signature in Full:** ►

**Date:**

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

**PERSONAL HISTORY STATEMENT – Peace Officer**

**Provide 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.





# Walton Hills Police Department

7595 Walton Road  
Walton Hills, Ohio 44146



David Kwiatkowski  
Chief of Police

## Applicant Release

I, \_\_\_\_\_, residing at \_\_\_\_\_  
for the last \_\_\_\_\_, have applied for employment with the Walton Hills Police Department. I have been instructed and understand that a representative of the Walton Hills Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, Officers will or may at the Walton Hills Police Department's discretion make inquiries of: officials and record offices at schools which I have attended; physicians, psychologists, or other persons who may have examined or treated me for any physical, psychological, or other type of illness or injury; police or courts with whom I may have an arrest or conviction record, financial standing; and other financial information including, but not limited to, federal, state, city and local tax returns; present and previous employers; military separation document and other persons who may be able to provide information about me which the Walton Hills Police Department desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician, psychiatrist, or other person who has treated me, or any school official, court, police agency, government agency, credit bureau, employer, firm or person; from disclosing any knowledge or information they have concerning me which is requested by the Walton Hills Police Department. I further consent that the Chief of Police, or designee (investigating officer), be provided with a copy of any such record concerning me upon request.

I further release, discharge and exonerate the Walton Hills Police Department and the State of Ohio, its agents, officers and representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the Walton Hills Police Department.

I recognize the right of the Walton Hills Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential sources and information obtained even in the event my application is disapproved. I understand that all materials pertaining to this background investigation become the property of the Walton Hills Police Department and will not be returned to me.

X \_\_\_\_\_  
Signature of Applicant Date

X \_\_\_\_\_  
Signature of Witness

(440) 232-1313 Phone

(440) 786-2975 Fax

*The Walton Hills Police Department is an Equal Opportunity Employer*