

Keith Griebel  
Lieutenant  
[keith.griebel@ci.ceres.ca.us](mailto:keith.griebel@ci.ceres.ca.us)  
209-538-5723

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To: Chaplain Applicant

Thank you for your interest in becoming a Chaplain with the Ceres Police Department.

The Ceres Police Department Chaplain Program is designed to offer a professional religious-social ministry to the citizens of Ceres and Ceres Police Department Personnel and their families during times of stress and emergency situations.

A copy of the Ceres Police Department Policy 376-Chaplains is included in this packet for you to review.

Also enclosed is a City of Ceres application along with a Personal History Statement (PHS). Please complete both as completely as possible. You will also need to provide a letter of recommendation from your current employer or another volunteer program attesting to your character and suitability for this position.

When everything is completed, please return the packet to the Records Counter at the Ceres Police Department, 2727 Third Street, Ceres, CA 95307. Attention: Lieutenant Keith Griebel.

I will contact you shortly thereafter regarding the next step in the process.

Again, I would like to thank you for your interest and look forward to having you as one of our Chaplains.

Keith Griebel  
Lieutenant  
Ceres Police Department

## Chaplains

### **376.1 PURPOSE AND SCOPE**

This policy establishes the guidelines for Ceres Police Division chaplains to provide counseling or emotional support to members of the Department, their families and members of the public.

### **376.2 POLICY**

The Ceres Police Division shall ensure that department chaplains are properly appointed, trained and supervised to carry out their responsibilities without financial compensation.

### **376.3 ELIGIBILITY**

Requirements for participation as a chaplain for the Department may include, but are not limited to:

- (a) Being above reproach, temperate, prudent, respectable, hospitable, able to teach, be free from addiction to alcohol or other drugs, and excessive debt.
- (b) Managing their households, families and personal affairs well.
- (c) Having a good reputation in the community.
- (d) Successful completion of an appropriate-level background investigation.
- (e) A minimum of five years of successful counseling experience.
- (f) Possession of a valid driver license.

The Chief of Police may apply exceptions for eligibility based on organizational needs and the qualifications of the individual.

### **376.4 RECRUITMENT, SELECTION AND APPOINTMENT**

The Ceres Police Division shall endeavor to recruit and appoint only those applicants who meet the high ethical, moral and professional standards set forth by this department.

All applicants shall be required to meet and pass the same pre-employment procedures as department personnel before appointment.

#### **376.4.1 SELECTION AND APPOINTMENT**

Chaplain candidates shall successfully complete the following process prior to appointment as a chaplain:

- (a) Submit the appropriate written application.
- (b) Include a recommendation from employers or volunteer programs.
- (c) Interview with the Chief of Police and the chaplain coordinator.
- (d) Successfully complete an appropriate-level background investigation.
- (e) Complete an appropriate probationary period as designated by the Chief of Police.

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### Chaplains

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Chaplains are volunteers and serve at the discretion of the Chief of Police. Chaplains shall have no property interest in continued appointment. However, if a chaplain is removed for alleged misconduct, the chaplain will be afforded an opportunity solely to clear his/her name through a liberty interest hearing, which shall be limited to a single appearance before the Chief of Police or the authorized designee.

#### **376.5 IDENTIFICATION AND UNIFORMS**

As representatives of the Department, chaplains are responsible for presenting a professional image to the community. Chaplains shall dress appropriately for the conditions and performance of their duties. Uniforms and necessary safety equipment will be provided for each chaplain. Identification symbols worn by chaplains shall be different and distinct from those worn by officers through the inclusion of "Chaplain" on the uniform and not reflect any religious affiliation.

Chaplains will be issued Ceres Police Division identification cards, which must be carried at all times while on-duty. The identification cards will be the standard Ceres Police Division identification cards, with the exception that "Chaplain" will be indicated on the cards. Chaplains shall be required to return any issued uniforms or department property at the termination of service.

Chaplains shall conform to all uniform regulations and appearance standards of this department.

#### **376.6 CHAPLAIN COORDINATOR**

The Chief of Police shall delegate certain responsibilities to a chaplain coordinator. The coordinator shall be appointed by and directly responsible to the Administration Lieutenant or the authorized designee.

The chaplain coordinator shall serve as the liaison between the chaplains and the Chief of Police. The function of the coordinator is to provide a central coordinating point for effective chaplain management within the Department, and to direct and assist efforts to jointly provide more productive chaplain services. Under the general direction of the Chief of Police or the authorized designee, chaplains shall report to the chaplain coordinator and/or Watch Commander.

The chaplain coordinator may appoint a senior chaplain or other designee to assist in the coordination of chaplains and their activities.

The responsibilities of the coordinator or the authorized designee include, but are not limited to:

- (a) Recruiting, selecting and training qualified chaplains.
- (b) Conducting chaplain meetings.
- (c) Establishing and maintaining a chaplain callout roster.
- (d) Maintaining records for each chaplain.
- (e) Tracking and evaluating the contribution of chaplains.
- (f) Maintaining a record of chaplain schedules and work hours.
- (g) Completing and disseminating, as appropriate, all necessary paperwork and information.

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### *Chaplains*

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- (h) Planning periodic recognition events.
- (i) Maintaining liaison with other agency chaplain coordinators.

An evaluation of the overall use of chaplains will be conducted on an annual basis by the coordinator.

#### **376.7 DUTIES AND RESPONSIBILITIES**

Chaplains assist the Department, its members and the community, as needed. Assignments of chaplains will usually be to augment the Patrol Division. Chaplains may be assigned to other areas within the Department as needed. Chaplains should be placed only in assignments or programs that are consistent with their knowledge, skills, abilities and the needs of the Department.

All chaplains will be assigned to duties by the chaplain coordinator or the authorized designee.

Chaplains may not proselytize or attempt to recruit members of the Department or the public into a religious affiliation while representing themselves as chaplains with this department. If there is any question as to the receiving person's intent, chaplains should verify that the person is desirous of spiritual counseling or guidance before engaging in such discussion.

Chaplains may not accept gratuities for any service or any subsequent actions or follow-up contacts that were provided while functioning as a chaplain for the Ceres Police Division.

##### **376.7.1 COMPLIANCE**

Chaplains are volunteer members of this department, and except as otherwise specified within this policy, are required to comply with the Volunteer Program Policy and other applicable policies.

##### **376.7.2 ASSISTING THE DEPARTMENT**

The responsibilities of a chaplain related to this department include, but are not limited to:

- (a) Assisting members in the diffusion of a conflict or incident, when requested.
- (b) Responding to natural and accidental deaths, suicides and attempted suicides, family disturbances and any other incident that in the judgment of the Watch Commander or supervisor aids in accomplishing the mission of the Department.
- (c) Responding to all major disasters, such as natural disasters, bombings and similar critical incidents.
- (d) Being on-call and, if possible, on-duty during major demonstrations or any public function that requires the presence of a large number of department members.
- (e) Attending department and academy graduations, ceremonies and social events and offering invocations and benedictions, as requested.
- (f) Participating in in-service training classes.
- (g) Willingness to train others to enhance the effectiveness of the Department.

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#### **376.7.3 ASSISTING DEPARTMENT MEMBERS**

The responsibilities of a chaplain related to department members include, but are not limited to:

- (a) Assisting in making notification to families of members who have been seriously injured or killed and, after notification, responding to the hospital or home of the member.
- (b) Visiting sick or injured members in the hospital or at home.
- (c) Attending and participating, when requested, in funerals of active or retired members.
- (d) Serving as a resource for members when dealing with the public in incidents, such as accidental deaths, suicides, suicidal subjects, serious accidents, drug and alcohol abuse and other such situations that may arise.
- (e) Providing counseling and support for members and their families.
- (f) Being alert to the needs of members and their families.

#### **376.7.4 ASSISTING THE COMMUNITY**

The duties of a chaplain related to the community include, but are not limited to:

- (a) Fostering familiarity with the role of law enforcement in the community.
- (b) Providing an additional link between the community, other chaplain coordinators and the Department.
- (c) Providing liaison with various civic, business and religious organizations.
- (d) Promptly facilitating requests for representatives or leaders of various denominations.
- (e) Assisting the community in any other function as needed or requested.
- (f) Making referrals in cases where specialized attention is needed or in cases that are beyond the chaplain's ability to assist.

### **376.8 PRIVILEGED COMMUNICATIONS**

No person who provides chaplain services to members of the Department may work or volunteer for the Ceres Police Division in any capacity other than that of chaplain.

Department chaplains shall be familiar with state evidentiary laws and rules pertaining to the limits of the clergy-penitent, psychotherapist-patient and other potentially applicable privileges and shall inform members when it appears reasonably likely that the member is discussing matters that are not subject to privileged communications. In such cases, the chaplain should consider referring the member to a non-department counseling resource.

No chaplain shall provide counsel to or receive confidential communications from any Ceres Police Division member concerning an incident personally witnessed by the chaplain or concerning an incident involving the chaplain.

# Ceres Police Division

## Ceres PD Policy Manual

### Chaplains

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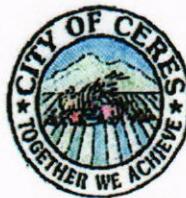
#### **376.9 TRAINING**

The Department will establish a minimum number of training hours and standards for department chaplains. The training, as approved by the Training Manager, may include:

- Stress management
- Death notifications
- Symptoms of post-traumatic stress
- Burnout for members of law enforcement and chaplains
- Legal liability and confidentiality
- Ethics
- Responding to crisis situations
- The law enforcement family
- Substance abuse
- Suicide
- Officer injury or death
- Sensitivity and diversity

Human Resources Department  
2720 Second Street  
Ceres, CA 95307-3292  
(209) 538-5747  
<http://www.ci.ceres.ca.us/3041.html>

**CITY OF CERES**  
EMPLOYMENT APPLICATION



**INSTRUCTIONS:**

- Please PRINT in ink or type the requested information.
- LATE OR INCOMPLETE APPLICATIONS WILL BE REJECTED.
- Resumes may be added, but may not be substituted for completion of this application. Typing certificate must be attached, if required.
- Please complete the attached Personnel Data Sheet questionnaire, if applicable.
- Applications must be signed and dated.

Last Name	First Name	Middle Initial	Position Applied For:		
Address		City & State	Zip Code		
Home Phone		Message/ Contact	Email		
What type of hours/shift will you accept? <input type="checkbox"/> Full Time (40 hrs.) <input type="checkbox"/> Day Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Part Time (Less than 40 hrs.) <input type="checkbox"/> Swing Shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Temporary <input type="checkbox"/> Graveyard Shift      (May include weekends, holidays)					
Instructions to applicant: Applicants are screened for position, qualifications and requirements. (Refer to job announcements). We therefore ask that you complete all questions fully and accurately.					
<b>EDUCATION</b>					
Circle Highest Grade Completed: 6 7 8 9 10 11 12		Name & Location of High School			
College/ University	City & State	From	To	Major & No. Of Units	Degree & Year
Vocational/Technical Institute Please complete the following information if required for the position:					
Do you speak, read or write any foreign languages(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what language(s)? _____				Date Received _____	
Professional or Technical Licenses _____				Date Received _____	
Certificates _____				Typing Speed _____	
Valid California Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>EQUAL EMPLOYMENT OPPORTUNITY</b>					
Equal employment opportunity is an important City policy. It means that applicants and employees are considered only on the basis of their qualifications and potential regardless of race, color, creed, disability, national origin, sex, age or political affiliation or belief. In recognition of this responsibility to guarantee equal employment opportunity, the City has a program of affirmative action which aims at removing any artificial barriers to the employment of women, minority and disadvantaged persons; improving the ratio of women, minority and disadvantaged employees at all levels of employment so that it approximates corresponding percentages in the labor market; and instituting a continuing program of training and promotion for employees. The City's Affirmative Action Program is aimed at guaranteeing that all people will work under equal opportunity conditions. For more information, contact the City of Ceres Personnel Office.					
<b>CONDITIONS OF EMPLOYMENT</b>					
I understand and agree that:					
1. Employment with the City of Ceres does not constitute a contractual relationship between the City and the employee. 2. The terms and conditions of employment with the City may change from time to time. 3. The City reserves the right to reassign duties if necessary.					
				Signature	Date

**EXPERIENCE:** Please list all employment within the last ten years, beginning with your current or most recent employer. In addition, please indicate any experience that you feel is relevant to the position for which you are applying (e.g. volunteer experience, military experience, experience gained over ten years, etc.) Attach an additional sheet if extra space is needed.

From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe Your Duties: _____	Address: _____
Mo. Salary: _____	_____	
Hrs. Per Week: _____	Reason For Leaving: _____	Phone No.: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe Your Duties: _____	Address: _____
Mo. Salary: _____	_____	
Hrs. Per Week: _____	Reason For Leaving: _____	Supervisor's Name: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe Your Duties: _____	Address: _____
Mo. Salary: _____	_____	
Hrs. Per Week: _____	Reason For Leaving: _____	Phone No.: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe Your Duties: _____	Address: _____
Mo. Salary: _____	_____	
Hrs. Per Week: _____	Reason For Leaving: _____	Supervisor's Name: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe Your Duties: _____	Address: _____
Mo. Salary: _____	_____	
Hrs. Per Week: _____	Reason For Leaving: _____	Phone No.: _____
From: _____	Job Title: _____	Firm Name: _____
To: _____	Describe Your Duties: _____	Address: _____
Mo. Salary: _____	_____	
Hrs. Per Week: _____	Reason For Leaving: _____	Supervisor's Name: _____

May we contact your present employer?

Yes

No

I certify that all statements on this form are true and complete to the best of my knowledge and belief. I understand that any falsification of the information on this form may, if I am employed, be considered grounds for immediate dismissal.

Signature of Applicant

Date

## PERSONNEL DATA SHEET

## CITY OF CERES

## Personnel Office

This section of the form remains in a separate section of the Personnel recruitment files. Information that is directly job related may be released to hiring departments in the City only after appointment is made.

Last Name	First Name	Middle Initial	Position Applied For
Address		City & State	Zip Code
Home Phone (   ) -	Business/Contact Phone (   ) -	Social Security Number - - -	Other Names Used In Employment
Name of Person to Contact in an Emergency		Address	City & State
Zip Code			
If you have need for special testing arrangements due to physical limitations, please indicate			
<p>Have you ever been convicted of an offense other than a minor traffic violation? Do not include convictions while a minor and/or convictions sealed by court order.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If so, please state the nature of convictions, dates, city, state and disposition. A conviction is not an automatic bar to employment. The nature, recency, and disposition will be considered only as it relates to the job for which you are applying.</p>			
If Applicable to the Position:		<p>If you are not an American Citizen, do you have the legal right to remain in the United States?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Alien Registration No. _____</p>	
<p>I certify that all statements on this application are true and complete to the best of my knowledge. I understand that any false statement or omission is cause for disqualification or dismissal. I understand that reference checks may be made regarding my past employment and I authorize the City to make such inquiries. At the time of hire, City employees must meet the documentation requirements of the Immigration Reform Act of 1986.</p>			
Signature of Applicant			Date

In order to comply with Federal regulations in the area of Equal Employment, employers must have data available on the applicant flow patterns (41 CFR-60-2.12). For this reason, we would appreciate your voluntary cooperation in providing the following information.

This information will be used for statistical purposes only.

<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Asian, Pacific Islander
<input type="checkbox"/> Female	<input type="checkbox"/> Spanish-Surnamed, Hispanic	<input type="checkbox"/> American Indian, Alaskan Native
<input type="checkbox"/> Disabled	<input type="checkbox"/> White, Caucasian	<input type="checkbox"/> Other
<input type="checkbox"/> Between 40 and 64 Years of Age		

So that we may improve our recruitment efforts, we ask you to check and fill in the appropriate data below.

How did you hear about this opening?

<input type="checkbox"/> Advertisement (Name of Publication):	_____
<input type="checkbox"/> Bulletin Location Where Posted:	_____
<input type="checkbox"/> City Job Line.	
<input type="checkbox"/> Internet.	
<input type="checkbox"/> City Employee.	
<input type="checkbox"/> Other.	_____

**FOR PERSONNEL USE ONLY**

	Test Scores	Date		Date	Initial
Written	_____	_____	Accepted	_____	_____
Performance	_____	_____	Rejected	_____	_____
	_____	_____	<input type="checkbox"/> Education	_____	_____
Oral	_____	_____	<input type="checkbox"/> Experience	_____	_____
Medical	_____	_____	<input type="checkbox"/> Other	_____	_____
Date Eligible	_____	_____		_____	_____



## Ceres Police Department

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### Release and Waiver

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the Ceres Police Department bearing this release (or a copy thereof) to obtain any information in your files pertaining to my arrest or criminal records.

Consent is granted for the Ceres Police Department to furnish the information described above to its parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Ceres Police Department and I further understand that these reports are confidential.

I hereby release you, as the custodian of such records, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, associates or assigns because of compliance with the authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

A photocopy of this release is to be considered as valid as an original

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Ceres Police Department

## Instructions to the Applicant

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

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

### Disqualification

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

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

### Disclosure of Medically-Related Information

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

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

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

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

# PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

## 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)

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
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### 6. CONTACT EMAIL

### 7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

### 8. CITIZENSHIP

Are you a U.S. citizen? .....  Yes  No  
 IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? .....  Yes  No

### 9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

### 10. BIRTHDATE (MM/DD/YYYY)

### 11. SOCIAL SECURITY NUMBER

### 12. DRIVER'S LICENSE

STATE:

EXPIRES:

### 13. PHYSICAL DESCRIPTION

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

## SECTION 2: RELATIVES AND REFERENCES

### 14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased," if appropriate.
- Mark "N/A" if a category is not applicable.
- If more space is needed, continue on page 27 – reference corresponding numbers.

### 14.A Spouse / Registered Domestic Partner

Deceased  N/A

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	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			

### 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 / SUITE)	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		

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

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

**14.C Parents / Guardians**

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

**14.C.1 Parent / Guardian:**  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:**  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:**  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:**  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.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				

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

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

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		

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		

**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		

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

**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	
15.2	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	
15.4	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	
15.6	WORK PHONE (   )	CELL PHONE (   )	EMAIL				
	How do you know this person?			How long have you known this person?			
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?				

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

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?		

**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 27.*

16. CHECK APPLICABLE		MM/YYYY	MM/YYYY	MM/YYYY	
<input type="checkbox"/> High School Diploma:      /		<input type="checkbox"/> GED:      /	<input type="checkbox"/> California High 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

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 3: EDUCATION *continued***

**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)			TYPE OF DEGREE EARNED
	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)			TYPE OF DEGREE EARNED
	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)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.4	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)			TYPE OF DEGREE EARNED
	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 COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

**20. Have you ever taken a PC832 (Arrest and/or Firearms) Course?.....  Yes  No**

IF YES, provide the following information:

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

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## SECTION 3: EDUCATION *continued*

21. Have you ever attended a POST Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? .....  Yes  No

IF YES, provide the following information:

21.1	NAME OF 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 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 ( )	

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 POST basic course/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 POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

## SECTION 4: RESIDENCE HISTORY

### 23. 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 number). 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 27.

23.1	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:						
23.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	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 lived:						
Reason for moving:						

**PERSONAL HISTORY STATEMENT – Peace Officer**

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

23.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
	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 lived:						
Reason for moving:						
23.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
	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 lived:						
Reason for moving:						
23.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
	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 lived:						
Reason for moving:						

**24. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 23** 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 27.*

24.1	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		

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**SECTION 4: RESIDENCES *continued***

24.2	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		
24.3	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		
24.4	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		
24.5	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		
24.6	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		
24.7	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. Have you ever been evicted or asked to leave a residence?.....  Yes  No

26. Have you ever left a residence owing rent, utilities, or other household expenses?.....  Yes  No

If you answered "YES" to Questions 25 and/or 26, explain (include when, where, and circumstances):

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## SECTION 5: EXPERIENCE AND EMPLOYMENT

**27. JOB EXPERIENCE**

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- 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 27.*

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)		
				/	/		
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR				
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT		
JOB TITLE / RANK			EMAIL				
DUTIES / ASSIGNMENTS			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
NAMES OF CO-WORKERS 1) <span style="border: 1px solid black; padding: 2px;">2)</span>			REASON FOR WANTING TO LEAVE				
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
IF YES, explain:							

27.2	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: _____	/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)	
				/	/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK			EMAIL		
	DUTIES / ASSIGNMENTS			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			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)		2)				

27.4	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: _____	/	/

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

27.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)	2)					
27.6	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)	2)					
27.7	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)	2)					
27.8	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)	2)					
27.9	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)	2)					
27.10	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: _____				/	/

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

27.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		
27.12	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		
27.13	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		
27.14	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		
27.15	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		
27.16	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: _____				/	/

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

27.17	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS		REASON FOR LEAVING				
1)	2)					
27.18	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: _____				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				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		
NAMES OF CO-WORKERS		REASON FOR LEAVING				
1)	2)					
27.20	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. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
	29. Have you ever been fired, released from probation, or asked to resign from any place of employment? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
	30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
	31. Have you ever quit without giving notice? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
32. Have you ever resigned in lieu of termination? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
33. 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
34. Were you ever the subject of a written complaint at work? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
35. Have you ever been counseled at work due to lateness or absences? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						

## PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review? .....  Yes  No

37. Have you ever sold, released, or given away legally confidential information? .....  Yes  No

38. 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

If you answered "YES" to any of Questions 28–38, explain (include when, where, and circumstances – reference corresponding numbers).

39.	<i>In the past three years</i> , have you missed days or been late to work due to drug or alcohol consumption? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, how often? _____			
40.	Has your work performance ever been affected by your use of alcohol or drugs?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, when? _____		Name of employer: _____	
41.	<i>In the past three years</i> , have you been warned by an employer about your drinking or drug habits and their impact on your performance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, when? _____		Name of employer: _____	
42.	Have you ever applied for <b>any</b> position at another law enforcement agency (city, county, state, or federal)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If you answered "YES" to Question 42, list <b>EVERY</b> agency you have applied to, starting with the most recent.</li> <li>• Give complete and accurate addresses.</li> <li>• <b>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</b></li> <li>• <i>If more space is needed, continue your response on page 27.</i></li> </ul>			

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

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

42.2	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.3	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.4	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						
42.5	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired						

# PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
	ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR		EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
	ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR		EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

## SECTION 6: MILITARY EXPERIENCE

43. Are you required to register for the Selective Service? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, have you registered? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, explain: _____		
44. Have you ever served in the military? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

45. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1-4) if applicable – refer to your DD-214: _____		

46. Are you currently participating in one of the following?		
<input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	IF CHECKED, date obligation ends (MM/DD/YY):	_____
47. 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)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever taken military property without permission for personal use, to sell, or to give away? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

### SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).

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### SECTION 7: FINANCIAL

#### 50. INCOME AND EXPENSES

- For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.
- For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) From your employer(s), what is your take-home monthly income? .....	\$	_____	per month		
B) Do you have other sources of income? (IF YES, fill in amount and explain.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	_____	per month
Explain: _____					
C) How much do you spend each month? .....	\$	_____	per month		

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have any of your bills ever been turned over to a collection agency? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had purchased goods repossessed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have your wages ever been garnished? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever failed to file income tax or cheated/lied on an income tax form? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever borrowed money to pay for a gambling debt? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of Questions 51–63, explain (include when, where, and why – reference corresponding numbers).

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# PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

## SECTION 8: LEGAL

### ► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 27.*

64. 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:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		

65. Have you ever been placed on court probation? .....  Yes  No

66. 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

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No

68. Have the police ever been called to your home for any reason? .....  Yes  No

69. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....  Yes  No

## **PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

**SECTION 8: LEGAL *continued***

71. 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? .....  Yes  No

72. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No

73. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....  Yes  No

74. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – reference corresponding numbers).

► Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts ***within the past 10 years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- 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.

75.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.3	Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.5	Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.8	Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.12	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

### SECTION 8: LEGAL *continued*

75.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.17	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.18	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
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.20	Possession of alcohol as a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.24	Reckless driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.25	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
75.26	Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.28	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 75, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.
- If more space is needed, continue your response on page 27.

### ► Involvement in Criminal Acts – Part 2

76. 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.

76.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.2	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
76.3	Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## **PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

**SECTION 8: LEGAL *continued***

76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Grand theft (value of over \$950, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Illegal sex acts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*

## PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

### SECTION 8: LEGAL *continued*

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

77. *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*:

---

---

78. *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*:

---

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79. 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:

- 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*.

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80. 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:

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**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

**SECTION 9: MOTOR VEHICLE INFORMATION****81. Current Driver's License:**

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

**82. 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

83. Have you ever been refused a driver's license by any state?  Yes  NoIF YES, explain (include when, where, and circumstances):  
  
  
  
84. Has your driver's license ever been suspended or revoked?  Yes  NoIF YES, explain (include when, where, and circumstances):  
  
  
  
**85. List your current liability insurance on your vehicle(s).**

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 02/2013)

**SECTION 9: MOTOR VEHICLE OPERATION *continued***

86. List all traffic citations, excluding parking citations, you have received *within the past seven years*.

86.1	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		
86.2	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		
86.3	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		

87. 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:

\_\_\_\_\_

\_\_\_\_\_

88. Have you been involved as the driver in a motor vehicle accident *within the past seven years*? .....  Yes    No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

89. 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)
_____	/	/

90. 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	
_____	

## PERSONAL HISTORY STATEMENT – **Peace Officer**

POST 2-251 (Rev 02/2013)

## SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon? .....  Yes  No

92. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes  No

93. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes  No

94. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes  No

95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes  No

If you answered "YES" to any of Questions 91–95, give details including dates and circumstances – *reference corresponding numbers*).

## SECTION 11: CERTIFICATION

96. 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 any of your responses.

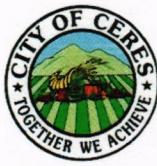
**Be sure to reference corresponding numbers.**

## PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 02/2013)

### ADDITIONAL COMMENTS

- 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.



## EMPLOYEE PERSONAL DATA FORM

NAME (FIRST, MIDDLE, LAST):	TODAY'S DATE:	LAST FOUR DIGITS OF SOCIAL SECURITY #:
DATE OF BIRTH:	ADDRESS:	CITY/STATE/ZIP:
HOME PHONE:	CELL PHONE:	OTHER:

### PERSONAL PHYSICIAN INFORMATION

HOSPITAL:	PYHICIAN:	PHONE:
ADDRESS:	CITY/STATE/ZIP:	FAX (OTHER):

### EMERGENCY CONTACT INFORMATION

*Contacted in the order given in case of an emergency*

1. NAME:	ADDRESS:	CITY/STATE/ZIP:
WORK PHONE:	HOME PHONE:	CELL PHONE:
RELATIONSHIP:		
2. NAME:	ADDRESS:	CITY/STATE/ZIP:
WORK PHONE:	HOME PHONE:	CELL PHONE:
RELATIONSHIP:		
3. NAME:	ADDRESS:	CITY/STATE/ZIP:
WORK PHONE:	HOME PHONE:	CELL PHONE:
RELATIONSHIP:		

### PERSONAL MEDICAL INFORMATION (Optional)

*This information is for Emergency Responders Only. (Ex. Allergic to bee stings, Epi-pen, Located in Desk drawer, purse, etc.)*

ALLERGIES:	MEDICATION/LOCATION:
OTHER CONDITIONS:	MEDICATION/LOCATION:

***It is incumbent upon the employee to notify HR immediately if you change your address, contact information, or any information affecting notification in the event of an emergency. By signing this document, you state that all information identified is true and correct as of the date above and you agree to comply with the requirements of maintaining and updating HR accordingly, should any information change.***

EMPLOYEE SIGNATURE

Updated: 1/8/16