



FD Backgrounds

All fields, including email and phone numbers must be filled out. Incomplete Personal History Statements will not be accepted.

Please save or download this document to your computer before working on it. Be sure to save your work.

Applicant Instructions

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 you have applied for.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department. All answers must be typed.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, Use the supplemental information page on the last page (page 25) and identify the additional information by the question number.

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), 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:

Type or sign your name

Date: _____

THIS COMPLETED DOCUMENT MUST BE UPLOADED AS A PDF - DO NOT PRINT OR SCAN

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Please provide the following documents and upload them on the Document Portal Page (Step 3).

1. Drivers License or Passport
2. Birth Certificate
3. High School Diploma
4. College Transcripts and Degree (if applicable)
5. Marriage Certificate / Divorce Certificate (if applicable)
6. EMT or Fire Academy Certificate (if applicable)
7. Military Records / DD214 (if applicable)
8. Naturalization Papers (if applicable)

Your background investigator might ask for additional documents as the background investigation progresses.

Please upload each of these documents in the Documents Portal within the respective upload field.

PERSONAL HISTORY STATEMENT –

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 THAT ARE ASSOCIATED TO YOU (SEPARATED BY COMMAS)		
8. LIST ALL SOCIAL MEDIA YOU ARE INVOLVED IN:					
9. CITIZENSHIP					
Are you a U.S. citizen?					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S citizenship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
11. BIRTHDATE (MM/DD/YYYY)		12. SOCIAL SECURITY NUMBER		13. DRIVER'S LICENSE	
		- -		NUMBER:	EXPIRES:
14. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	
				EYE COLOR:	

SECTION 2: RELATIVES AND REFERENCES						
15. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> • 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 25 - reference corresponding numbers. 						
15.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 / 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				
15.B Former Spouse / Former 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 / 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 – |

SECTION 2: RELATIVES AND REFERENCES *continued*

15.C Parents / Guardians / In-laws

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

15.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		

15.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		

15.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		

15.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		

15.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		

15.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 included on page 25



PERSONAL HISTORY STATEMENT –

SECTION 2: RELATIVES AND REFERENCES *continued*

15.D Brothers / Sisters

N/A

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

15.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		

15.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		

15.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		

15.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 included on page 25

15.E Children

N/A

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

15.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		

15.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		

PERSONAL HISTORY STATEMENT –

SECTION 2: RELATIVES AND REFERENCES *continued*

15.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL	
15.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL	

Supplemental relatives information included on page 25

16. LIST OF REFERENCES

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

16.1	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?	
16.2	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?	
16.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / SUITE)	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?	
16.4	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?	

PERSONAL HISTORY STATEMENT –

SECTION 2: RELATIVES AND REFERENCES <i>continued</i>						
16.5	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?		
16.6	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?		
16.7	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?		
16.8	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?		
16.9	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?		
16.10	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 included on page 25

PERSONAL HISTORY STATEMENT –

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 25.*

17. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> Secondary School (Outside the United States)	/

18. LIST HIGH SCHOOL(S) ATTENDED

18.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
18.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

19. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

19.1	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
19.2	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
19.3	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

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

20.1	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	

Supplemental education information included on page 25

LIST ALL FIRE COURSES ATTENDED

21. Have you ever taken an EMT 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)
	/

PERSONAL HISTORY STATEMENT –

SECTION 3: EDUCATION *continued*

22. Have you ever attended a Fire Academy or Police Academy? Yes No
 IF YES, provide the following information:

22.1	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
				()
22.2	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 FIRE basic course information included on Page 25

23. 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 FIRE 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 FIRE basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and an explanation of the circumstances.

24. Since the age of 16, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any FIRE exam? Yes No
 IF YES, explain circumstances.

SECTION 4: RESIDENCE HISTORY

25. 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 25.

25.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
		/	Present
	CITY	STATE	ZIP
	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:			

PERSONAL HISTORY STATEMENT –

SECTION 4: RESIDENCE HISTORY <i>continued</i>						
25.2	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:						
25.3	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:						
25.4	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:						
25.5	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:						

Supplemental residence information included on page 25

PERSONAL HISTORY STATEMENT –

SECTION 4: RESIDENCE HISTORY *continued*

26. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 25** 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 25.

26.1	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		

26.2	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		

26.3	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		

26.4	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		

26.5	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		

27. Have you ever been evicted or asked to leave a residence? Yes No
28. Have you ever been late paying rent or a mortgage payment?..... Yes No
29. Have you ever left a residence owing rent, utilities, or other household expenses? Yes No
30. Have you ever had any difficulties and/or disputes with a neighbor? Yes No
31. Have the police ever been called to your home for ANY reason? Yes No
 If YES, please explain and provide date(s) and the name of the agency that responded.

If you answered "YES" to **Questions 27- 31**, explain (include when, where, and circumstances). *If addition space is needed, continue on page 25.*

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT

- 32. JOB EXPERIENCE**
- List **ALL** jobs you have had in the last 10 years, including part-time, temporary, self-employment, internships, and volunteer. (Begin with your current or most recent.)
 - if you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
 - List **ALL** periods of unemployment in **excess of 30 days**.
 - If more space is needed, continue your response on page 25.

32.1	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			<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: 						

32.2	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: _____				/	/

32.3	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)		()				

32.4	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: _____				/	/

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

32.5	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)		()				

32.6	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: _____				/	/

32.7	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)		()				

32.8	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: _____				/	/

32.9	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 –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

32.10	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: _____				/	/

32.11	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)		()				

32.12	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: _____				/	/

32.13	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)		()				

32.14	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 included on Page 25

33.	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
34.	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
35.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	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

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

39. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? Yes No

40. Have you ever been counseled at work due to lateness or absences?..... Yes No

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

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

43. 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

44. 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

45. 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 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 33- 45** (include when, where, and circumstances - reference corresponding numbers).

Supplemental employment information included on Page 25

46. 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? _____

47. Has your work performance ever been affected by your use of alcohol and/or drugs?..... Yes No
 IF YES, when? _____ Name of employer: _____

48. Have you ever worked while under the influence of drugs and/or alcohol? Yes No
 IF YES, when? _____ Name of employer: _____

49. Have you **ever** applied for **any** position at this or any other fire department or police department (city, county, state, or federal)?..... Yes..... No

- If you answered "YES" to **Question 47**, list **EVERY** agency you have applied to, **starting with the most recent**.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 25.*

49.1	NAME OF FIRE / 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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

49.2	NAME OF FIRE / 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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						
49.3	NAME OF FIRE / 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 checked="" 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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						
49.4	NAME OF FIRE / 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 checked="" 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 checked="" type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						
49.5	NAME OF FIRE / 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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

PERSONAL HISTORY STATEMENT –

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

49.6	NAME OF FIRE / 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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					

49.7	NAME OF FIRE / 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"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					

Supplemental employment information is included on Page 25

SECTION 6: MILITARY EXPERIENCE

50. Are you required to register for the Selective Service?..... Yes No
 IF YES, have you registered?..... Yes No
 IF NO, explain: _____

51. Have you ever served in the military?..... Yes No

52. If you answered "YES" to Question 51, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
<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: _____		

53. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

54. 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

55. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? Yes No

56. 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 54-56**, explain (include dates and circumstances).

Supplemental military information included on Page 25

PERSONAL HISTORY STATEMENT –

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 fire department applicant, you are required to disclose this information, unless specifically exempted by state or federal law.
- *If more space is needed, continue your response on page 25.*

71. Have you ever been questioned and/or detained by any law enforcement agency during an investigation?..... Yes No

72. Have you **EVER** been arrested or convicted of **any** crime (including offenses in the Uniform Code of Military Justice), as an adult or juvenile (excluding traffic citations)?..... Yes No
 IF YES, explain each incident:

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

LAW ENFORCEMENT INCIDENT / CASE NUMBER (IF KNOWN)	NAME OF THE COURT

DISPOSITION OR PENALTY

Do you have a copy of your citation/summons/paperwork/documentation from this arrest? Yes No

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

LAW ENFORCEMENT INCIDENT / CASE NUMBER	NAME OF THE COURT

DISPOSITION OR PENALTY

Do you have a copy of your citation/summons/paperwork/documentation from this arrest? Yes No

Supplemental disclosure information included on Page 25

73. Have you ever had a warrant issued for your arrest?..... Yes No

74. To your knowledge, have any of your immediate family members, friends, or associates ever been arrested and/or have they ever been involved in any illegal activity?..... Yes No

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

76. Have you ever been placed on court probation or parole?..... Yes No

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

78. 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

79. Have you ever been issued a search warrant to have your residence, vehicle, or property searched? Yes No

80. Have you ever been the subject of an emergency protective order/restraining order?..... Yes No
 If YES: Provide a copy of the restraining order.

81. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payments to the other party?..... Yes No

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

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

If you answered "YES" to any of **Questions 73-83**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 25.*

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL *continued*

► Involvement in Criminal Acts – Part 1

84. At any time in your life have you **EVER COMMITTED** any of the following? (You do NOT have to report any acts committed prior to age 15.)

- You **MUST** include any acts committed at any time.
- **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.**

84.1	Harassment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.2	Battery/Assault (use of force or violence upon another).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.3	Brandishing a weapon (any type of weapon).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.4	Carrying a CONCEALED weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.5	Hit & run (without injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.6	Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.7	Defrauding an innkeeper (not paying for food or a room at a hotel/motel).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.8	Driving under the influence of alcohol and/or drugs.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.9	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
84.10	Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.11	Illegal gambling.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.12	Impersonating a peace officer or public servant.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.13	Indecent exposure and/or lewd or obscene conduct.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.14	Possession of alcohol as a minor (under the age of 21).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.15	Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.16	Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.17	Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.18	Illegal hunting/fishing (without a license, out of season, after hours, shooting from inside a vehicle, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.19	Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.20	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
84.21	Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.22	Vandalism (including "tagging," criminal mischief and/or property damage.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.23	Theft (value up to \$1500, including shoplifting/switching price tags, retail fraud).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.24	Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.25	Menacing (places another person in fear of imminent serious bodily injury by any threat or physical action).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.26	Posting a private image for harassment/pecuniary gain.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL *continued*

84.27 Engaging in any sexual acts in public, work, school, in the view of others..... Yes No

84.28 Any other act amounting to a misdemeanor..... Yes No

- If you answered "YES" to **ANY** of the item(s) in **Question 84**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 84.5) for each explanation.*
- *If more space is needed, continue your response on page 25.*

Supplemental legal information included on Page 25

► Involvement in Criminal Acts – Part 2

85. **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.

85.1 Animal abuse and/or neglect..... Yes No

85.2 Arson (intentionally destroying property by setting a fire)..... Yes No

85.3 Blackmail or extortion..... Yes No

85.4 Burglary (entering a structure or vehicle to commit theft or other crime)..... Yes No

85.5 Child molestation (performing unlawful acts with a child, inappropriate touching of a child)..... Yes No

85.6 Domestic Violence..... Yes No

85.7 Elder abuse and/or neglect..... Yes No

85.8 Embezzlement..... Yes No

85.9 Forgery (falsifying any type of document, check certificate, license, currency, etc.)..... Yes No

85.10 Hate crime..... Yes No

85.11 Murder, homicide, attempted murder, or assault with intent to commit murder..... Yes No

85.12 Perjury (lying under oath)..... Yes No

85.13 Possession of an explosive/destruction device..... Yes No

85.14 Sexual Assault..... Yes No

85.15 Theft (value over \$1,500 or any firearm)..... Yes No

85.16 Theft of a vehicle and/or vehicle parts..... Yes No

85.17 Robbery (theft from another person using a weapon, force, or fear)..... Yes No

85.18 Hit and run (with injuries)..... Yes No

85.19 Viewing and/or accessing child pornography..... Yes No

85.20 Unlawful Sexual Contact..... Yes No

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL <i>continued</i>		
85.21	Identity theft.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.22	Vehicular assault (involving injuries).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.23	Violation of a restraining order and/or emergency protection order.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.24	Any other act(s) amounting to a felony.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If you answered "YES" to ANY of the item(s) in Question 85, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 85.3) for each explanation.</i> • <i>If more space is needed, continue your response on page 25.</i> 		

<ul style="list-style-type: none"> • For the purpose of responding to the questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs. <i>It also includes the illegal use of any other substances for the purpose of getting "high."</i> • Your response should include - but not limited to - your use of any of the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ➤ Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) ➤ Barbiturates (<i>Downers</i>) ➤ Cocaine / Crack Cocaine ➤ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) ➤ GHB (<i>Date Rape Drug</i>) ➤ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) ➤ Hashish / Hashish Oil ➤ Heroin / Opium </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ➤ Marijuana (with or without a prescription) ➤ Mescaline ➤ Morphine ➤ PCP / Angel Dust ➤ Quaaludes ➤ Steroids ➤ Tetrahydrocannabinol (THC) ➤ Glue, paint, any substance containing toluene </td> </tr> </table> 	<ul style="list-style-type: none"> ➤ Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) ➤ Barbiturates (<i>Downers</i>) ➤ Cocaine / Crack Cocaine ➤ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) ➤ GHB (<i>Date Rape Drug</i>) ➤ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) ➤ Hashish / Hashish Oil ➤ Heroin / Opium 	<ul style="list-style-type: none"> ➤ Marijuana (with or without a prescription) ➤ Mescaline ➤ Morphine ➤ PCP / Angel Dust ➤ Quaaludes ➤ Steroids ➤ Tetrahydrocannabinol (THC) ➤ Glue, paint, any substance containing toluene
<ul style="list-style-type: none"> ➤ Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) ➤ Barbiturates (<i>Downers</i>) ➤ Cocaine / Crack Cocaine ➤ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) ➤ GHB (<i>Date Rape Drug</i>) ➤ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) ➤ Hashish / Hashish Oil ➤ Heroin / Opium 	<ul style="list-style-type: none"> ➤ Marijuana (with or without a prescription) ➤ Mescaline ➤ Morphine ➤ PCP / Angel Dust ➤ Quaaludes ➤ Steroids ➤ Tetrahydrocannabinol (THC) ➤ Glue, paint, any substance containing toluene 	

86. **Within the past five years**, have you used any drug(s) as indicated above?
IF YES, give details including drug(s) used, most recent dates used and circumstances:

87. **Prior to the past five years:**

I have never used any drugs 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 checked, give details including **drug(s) used, most recent date used, and circumstances:**

88.	<i>Have you ever used a prescription drug that was not prescribed to you?.....</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
89.	<i>Have you ever used a prescription other than for its intended purpose (to get high)?.....</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
90.	<i>Have you ever furnished a prescription which was prescribed to you, to another person?.....</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT –

SECTION 8: LEGAL *continued*

91. 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.**

92. 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 included on Page 25

SECTION 9: MOTOR VEHICLE INFORMATION

93. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

94. 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

95. Have you ever been refused a driver's license by any state? Yes No

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

96. Has your driver's license ever been cancelled, suspended or revoked? Yes No

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

PERSONAL HISTORY STATEMENT –

SECTION 9: MOTOR VEHICLE INFORMATION *continued*

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

97.1	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
97.2	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
97.3	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

98. Have you received any traffic citations, excluding parking citations, **within the past seven years**. Yes No *If YES, give details below.*

98.1	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED MM/YY	AGENCY THAT ISSUED SUMMONS/CITATION	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
98.2	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED MM/YY	AGENCY THAT ISSUED SUMMONS/CITATION	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
98.3	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED MM/YY		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

99. 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 the circumstances:

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

IF YES, give details below.

100.1	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
100.2	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

PERSONAL HISTORY STATEMENT –

SECTION 9: MOTOR VEHICLE INFORMATION *continued*

100.3	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

101. 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)
	/ /	/ /

102. 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 included on page 25

SECTION 10: OTHER TOPICS

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

104. 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

105. 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

106. Have you ever had to register as a sex offender? Yes No

107. 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

108. Do you know, or have you or your family member ever knowingly associated with any member of a street gang? Yes No

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

110. Have you ever been involved in an officer involved shooting (OIS)? Yes No

If you answered "YES" to any of **Questions 103-109**, give details including dates and circumstances. If more space is needed, continue on page 25 - reference corresponding numbers.

SECTION 11: CERTIFICATION

111. Are you willing to take a polygraph examination to verify all the information supplied in your application and in your Personal History Statement?
 Yes No

I hereby certify that I have personally completed each page of this form (to be physically signed, initialed and affirmed at the onset of the integrity interview) and any supplemental page(s) attached, 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:** _____

Type or sign your name▶

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.

SUPPLEMENTAL INFORMATION

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

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