

Brian Sandoval
Governor



James M. Wright
Director

Jackie Muth
Deputy Director

HUMAN RESOURCES
Background Investigation Unit
555 Wright Way
Carson City, NV 89701
(775) 684-4832
www.dps.nv.gov

CIVILIAN APPLICANT
BACKGROUND INVESTIGATION PROCEDURES

Dear Applicant:

Congratulations! You have successfully completed the interview stage for a position with the Department of Public Safety. You now advance to the next phase of our selection process, the background investigation.

The Department of Public Safety seeks to employ only those individuals who are most qualified. Towards this effort, we insist upon impeccable moral character, uncompromising integrity, and the possession of certain attributes common to all successful applicants.

We have identified the attributes or job dimensions that must be met before an applicant may be appointed to a position within our department. The job dimensions for the position you have applied for are:

1. **Communication skills**
2. **Problem solving ability**
3. **Learning ability**
4. **Judgment under pressure**
5. **Observational skills**
6. **Willingness to confront problems**
7. **Interest in people**
8. **Interpersonal sensitivity**
9. **Desire for self-improvement**
10. **Dependability**
11. **Integrity/honesty**

Revised January 2017

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is intended to help us verify the information that you provide in your Personal History Statement (PHS). **Be thorough, legible, accurate and honest in completing your PHS. Omissions, inaccuracies, or incomplete information can be cause for rejection from the background process.** Please be sure to have your **fingerprint cards** completed at your local law enforcement agency or **LiveScan** (see instructions for further information) vendor and fill in your pertinent information in **blue ink**. Your background investigation cannot be completed without the processing of your fingerprint cards or LiveScan results. *Las Vegas applicants may have a LiveScan completed at the Department of Public Safety, Human Resource Office free of charge when you turn in your PHS.*

Pursuant to Nevada Administrative Code 284.718 and Nevada Administrative Code 284.726, confidentiality is imperative. Therefore, the findings of the background investigation will only be used to determine your suitability for employment with the Department of Public Safety.

The information gathered from you, obtained from third party sources (references, employers, co-workers, etc.), or discovered during the investigation will not be released to other persons or agencies unless they present this Department with a signed, notarized release from you. In addition, all information we obtain during the course of the investigation will not be released to you at any time.

An exception to this confidentiality will be made if it is discovered that you are currently involved in a criminal activity or have committed an undiscovered felony. The law enforcement agency having jurisdiction will be notified.

Enclosed with this correspondence you will find:

1. Pre-Employment Waiver and Liability Release Form
2. Personal History Statement
3. Required Document List

Complete the **Personal History Statement** on your own and return **all** the accompanied documents within two weeks (sooner if possible) or the date established by the hiring manager. The completed PHS should be submitted to:

Department of Public Safety
Human Resources/Background Investigation Unit
555 Wright Way
Carson City, NV 89701

NOTE: Your background investigation will be closed if you fail to respond to your assigned Background Investigator's attempts to contact you within 10 days.

REQUIRED DOCUMENT LIST
CIVILIAN POSITION

The below listed documents are to be provided by the applicant. These documents, along with this checklist, must be submitted with the Personal History Statement. Place a check mark in the spaces provided to the left of this form to verify the required documents have been obtained. If a particular document does not apply to you, indicate "N/A" in the space provided. **YOU MUST OBTAIN ALL REQUIRED DOCUMENTS OR EXPLAIN IN WRITING WHY YOU DID NOT. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.**

1. Original Waiver of Liability and Release Form – Your signature must be notarized.
2. Two completed fingerprint cards from a law enforcement agency or LiveScan vendor. You may have your LiveScan completed at the Department of Public Safety, free of charge (see attached instructions).
3. If you have ever been employed with Las Vegas Metro, sign and notarize the Metro waiver.
4. Copy of your birth certificate or other official proof of birth.
5. Copy of high school diploma/G.E.D/college diploma or high school and/or college transcripts.
6. Military Discharge Long Form DD-214 (if applicable).
7. Complete police reports if you have been arrested, whether convicted or not convicted. If you were convicted of a crime, include court documentations (judgment and sentencing forms).
8. Other certificates, awards or commendations that you would like to be considered (optional).
9. Copy of any active Temporary Restraining Order or Temporary Protection Order issued on your behalf or filed against you.

CERTIFICATION

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary documents or offering fictitious/erroneous statements may result in the rejection of my application.

Applicant's name (print)

Applicant's signature

Date

State of Nevada
Department of Public Safety

SELECTION CRITERIA

CIVILIAN APPLICANT

1. **Automatic Rejection Elements:** Factors discovered during an applicant background by interview or investigation.
 - A. Any violation of public trust while previously employed in law enforcement or other public service.
 - B. Intentional falsification, deception, or omission of information during the application and background investigation process.

2. **Possible Rejection elements:** The following factors will be considered on a case by case basis and may serve as the basis for rejection.
 - A. A conviction of a felony in this State or a conviction in another state which would be a felony if committed in this State.
 - B. A conviction of any offense involving the illegal use, sale, or manufacture of controlled substances.
 - C. Conviction of one D.U.I. within the last five (5) years, or two (2) D.U.I. convictions in a lifetime.
 - D. Has a documented history of physical violence.
 - E. Has a domestic violence conviction.
 - F. Any illegal use of a controlled substance within one year of the date of application.
 - G. The discovery of an undisclosed crime that would adversely affect the applicant's work performance.
 - H. Convictions of gross misdemeanor in this State or any offense in another State which would be considered as such if committed in this State.
 - I. Conviction of an offense resulting in incarceration.
 - J. Suspension, revocation or cancellation of a driver's license within three (3) years of the date of application, or two or more suspensions, revocations or cancellations.

- K. Three (3) or more hazardous traffic violations within three (3) years of the date of application.
 - L. Fraudulent use of employment or sick leave within ten (10) years of the date of application.
 - M. Termination for cause from a previous employer.
 - N. Separation from the United States Armed Forces under less than “honorable” conditions having a basis in misconduct.
 - O. Unfavorable recommendations from past or present references, employers, or landlords.
 - P. A history of sporadic or inconsistent employment.
 - Q. A history of alcohol or controlled substance abuse, which has hampered job performance within five (5) years of the date of application.
 - R. Any affiliation with, and/or support of any organization or group which advocates the violent overthrow of the State or United States government, or whose professed goals are contrary to the interest of the public safety and welfare.
 - S. Any conclusion by an appointing authority that the applicant is unsuitable for work in a law enforcement environment.
 - T. Any factor or combination of factors, which would limit or prohibit the applicant from functioning successfully as a member of the Department of Public Safety, or would be detrimental to the Department.
3. The Director, or his designee, may at his/her discretion override any of the criteria set forth above.

INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

1. The completion of the Personal History Statement is **mandatory**. Please read all instructions carefully. The ability to follow instructions in an accurate, thorough and timely manner is part of the background investigation process. Rejection from this process may occur if the Personal History Statement Form is not completed properly.
2. Answer all questions truthfully and completely. Those factors in your background which could be considered negative will be evaluated based on the specific circumstances and facts surrounding the incidents involved. All factors will be evaluated to determine their degree of relevance to the job dimensions for the position for which you have applied.
3. Any deliberate omission, deception, falsification or fraudulent response will automatically and irrevocably result in your rejection from the background investigation process and termination of employment consideration. Ensure that you read and understand the *Penalty and Certification* clause on the last page of the Personal History Statement before signing.
4. Answer **ALL** questions completely. Be sure to include full addresses, zip codes, area codes, etc. If a question does not apply to you, enter “N/A” (not applicable) in the appropriate space. If you do not know the answer to a question, indicate “UNK” (unknown) in the appropriate space. It is **imperative** that you respond to every question in the Personal History Statement Form. Do not leave questions unanswered. Again, failure to complete the Personal History Statement will cause rejection.
5. If you require more space to answer a question completely, a continuation page has been provided. If this page is not sufficient, attach additional 8½ x 11 inch, white sheets of paper to the back of the Personal History Statement. Be sure to identify which question you are answering by its corresponding number.
6. Print (do not use cursive) all your answers in **blue ink**.
7. The original Personal History Statement will not be returned to you. You are encouraged to retain a copy for your records.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

INSTRUCTIONS FOR REQUIRED FORMS

1. A Pre-Employment Waiver and Liability Release form and a Las Vegas Metro Waiver form are attached with this packet. You must read and completely understand these forms. Both you and a notary public must sign the Pre-Employment waiver and Las Vegas Metro waiver. The background investigation will not begin until these forms are properly completed and submitted with the Personal History Statement.
2. Two (2) **BLUE APPLICANT** (FD-258) fingerprint cards or a Live Scan Receipt are to be obtained from your local law enforcement agency-or other vendor. Please see fingerprint sites attachment for additional locations and return with this packet. You must provide all information requested on the cards and have your fingerprints taken by a law enforcement agency or legally authorized private fingerprinting company. The completed cards must be returned with the completed background packet. **NOTE:** If **LiveScan** is available, you can have the law enforcement agency submit the fingerprint scan to our agency. Please take the attached **Registration Applicant Electronic Submission Form** to the DPS Background Investigation Unit ORI is NVDPS0000, MNU is NUF947.
3. If applicable, complete the Standard Form 180 “Request Pertaining to Military Records” with your signature and submit it with your background packet. If you served in the U.S. military, fill out Section I, boxes 1-5, Section II, box 1 and sign in Section III, box 3.
4. Ensure that you read the instructions at the top of the “Required Document List” form. Follow these instructions carefully and completely. Some of these documents may require a substantial amount of time to obtain. If you cannot submit all the required documents on or before the date that your background packet is due, you must notify us in writing of the action you have taken to acquire the document(s). If the delay is minimal and the missing documents are few, it is possible the background investigation can be initiated while waiting for the arrival of the remaining documents. All applicable and/or required documents must eventually be provided. Failure to do so can result in rejection from consideration for employment. **NOTE:** Do not have transcripts sent directly to this agency, transcripts must be submitted by the applicant.
5. Only submit copies, unless otherwise specified, of the required documents. **These documents will not be returned to you.** If an illegible copy is received, we will request a legible one.
6. Ensure that you read and fully understand the certification clause at the end of the required document list. Print your name, sign, and date the form.

Brian Sandoval
Governor



James M. Wright
Director

Jackie Muth
Deputy Director

Human Resources

Background Investigation Unit
555 Wright Way
Carson City, Nevada 89701-0525
Telephone (775) 684-4836 • Fax (775) 684-4845

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required information. Please obtain a copy of this form from the Fingerprint Technician and submit it with your background documents.

APPLICANT INFORMATION

Applicant Name (Last, First, MI): _____

Applicant Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

Account Number (MNU): NUF947 ORI: NVDPS0000

Reason Fingerprinted: CRIMINAL JUSTICE APPLICANT

LiveScan and Electronic Submission: Yes _____ No _____

Manual Hard Copy Cards Submission: Yes _____ No _____

FINGERPRINT SITE INFORMATION:

TCN: _____

Signature of Official Taking Prints

Date: _____

The above-named individual was fingerprinted and said prints will be sent electronically to the Nevada Criminal History Repository on behalf of the State of Nevada, Department of Public Safety.

Fingerprinting Contact Information for the State of Nevada, Department of Public Safety:

Fingerprinting in Southern Nevada

Parole & Probation
DONS Unit
(702) 486-5176
215 East Bonanza Road
Las Vegas, NV 89101

Fingerprinting in Northern Nevada

General Services Division
Fingerprint Unit
(775) 684-6262
333 West Nye Lane
Carson City, Nevada 89706

If you reside outside the state of Nevada and cannot make it to the above-mentioned locations, please visit your local law enforcement agency. Present a blank copy of the Fingerprint Request Form to your local law enforcement agency for fingerprinting. Please request the fingerprints be submitted electronically to the prefilled agency account number **NUF947** (ORI NVDPS0000) as a criminal justice applicant. If said agency cannot facilitate an electronic submission, please send the hard copies of the fingerprint cards to the address provided below.

Nevada Department of Public Safety
Background Investigation Unit
555 Wright Way
Carson City, Nevada 89701
Phone: 775-684-4836



**Human Resources
555 Wright Way
Carson City, NV 89701**

**PRE-EMPLOYMENT WAIVER AND LIABILITY
RELEASE**

In consideration for the processing of my application for the position of _____, with the _____. I, _____, do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under and all causes of legal action, the State of Nevada, the Department of Public Safety, its agents or employees, and any and all persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of two (2) years from the date of signature on this document, any person or entity contacted by the State of Nevada, the Department of Public Safety, its agents or employees, during the course of my background investigation, to furnish to said persons or entities, any and all information that they may have concerning me, including, but not limited to, written examinations, physical agility tests, interviews, background investigations, polygraph or other lie detection device results, psychological evaluations, any confidential or privileged information, employment personnel files, any sealed data or materials, or agreed to be withheld information pursuant to any prior agreement or court proceeding involving disciplinary matters or any other information or opinions they may have.

NRS 239B STATES THAT UPON REQUEST OF A LAW ENFORCEMENT AGENCY, AN EMPLOYER SHALL PROVIDE TO THE LAW ENFORCEMENT AGENCY INFORMATION, IF AVAILABLE, REGARDING A CURRENT OR FORMER EMPLOYEE OF THE EMPLOYER WHICH IS AN APPLICANT FOR THE POSITION OF PEACE OFFICER WITH THE LAW ENFORCEMENT AGENCY. FURTHERMORE, NRS 41.755 STATES...AN EMPLOYER WHO DISCLOSES INFORMATION REGARDING AN EMPLOYEE TO A LAW ENFORCEMENT AGENCY PURSUANT TO SECTION 1 OF THIS ACT IS IMMUNE FROM CIVIL LIABILITY FOR SUCH DISCLOSURE AND ITS CONSEQUENCES.

INVESTIGATION DISCOVERY WAIVER

Pursuant to NAC 284.718 and NAC 284.726, confidentiality is imperative. Therefore, I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs, or my personal representative(s).

Dated this _____ day of _____, _____

Signature of Person Waiving Rights

Subscribed and Sworn before me this _____ day of _____, _____

Signature of Notary
Notary public in and for said county of _____
State of _____

(Notary Seal)

WAIVER OF LIABILITY AND AUTHORIZATION TO RELEASE INFORMATION

TO LAS VEGAS METROPOLITAN POLICE DEPARTMENT:

I, _____, hereby authorize you to furnish the
Nevada Department of Public Safety any and all information concerning
my employment with LAS VEGAS METROPOLITAN POLICE DEPARTMENT, any information,
background investigation information, psychological and polygraph test results (pass or fail only),
that was obtained as a result of my application for employment with the LAS VEGAS
METROPOLITAN POLICE DEPARTMENT. Information of a confidential or privileged nature
may be included.

FURTHERMORE, I hereby release LAS VEGAS METROPOLITAN POLICE DEPARTMENT of
Any and all liability or damage which may result by furnishing the information requested by the
above-named organization on my behalf.

DATED this ____ day of _____, _____.

(Signature)

Subscribed and sworn before me this ____ day of _____, _____.

Notary Public, in and for

County of _____ State of _____

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 1: PERSONAL					
1. YOUR FULL NAME					
LAST	FIRST	MIDDLE			
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY					
3. ADDRESS WHERE YOU RESIDE					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE					
5. CONTACT NUMBERS					
HOME	WORK	EXT	OTHER	CELL	FAX PAGER
6. EMAIL ADDRESS					
7. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)				8. BIRTHDATE	9. SOCIAL SECURITY NUMBER
				-	-
10. DRIVER'S LICENSE			11. PHYSICAL DESCRIPTION		
NO.	STATE	EXP	HEIGHT	WEIGHT	HAIR COLOR EYE COLOR
12. Tattoos; scars; other identifying marks; carefully describe the nature/subject, color and location of tattoos. If more space is needed continue your response on page 17.					
SECTION 2: RELATIVES AND REFERENCES					
13. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased. If more space is needed continue your response on page 17. 					
N/A	A. Father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE	OCCUPATION				
HOME PHONE	CELL PHONE	EMAIL			
N/A	B. Step-father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE	OCCUPATION				
HOME PHONE	CELL PHONE	EMAIL			
N/A	C. Mother				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE	OCCUPATION				
HOME PHONE	CELL PHONE	EMAIL			
N/A	D. Step-mother				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE	OCCUPATION				
HOME PHONE	CELL PHONE	EMAIL			

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A		E. Spouse / Registered Domestic Partner / Significant Other			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No			

N/A		F. Father-in-law			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		

N/A		G. Mother-in-law			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		

N/A		H. Former Spouse(s) / Former Registered Domestic Partner(s) / Former Significant Other(s)			
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
YEAR OF DISSOLUTION		Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No			

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
YEAR OF DISSOLUTION		Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No			

N/A		I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.			
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F UNDER AGE 18	WORK PHONE	OCCUPATION			
	HOME PHONE	CELL PHONE	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F UNDER AGE 18	WORK PHONE	OCCUPATION			
	HOME PHONE	CELL PHONE	EMAIL		

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section I. Brothers and Sisters) *continued*

3) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	WORK PHONE	OCCUPATION			
	HOME PHONE	CELL PHONE	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	WORK PHONE	OCCUPATION			
	HOME PHONE	CELL PHONE	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	WORK PHONE	OCCUPATION			
	HOME PHONE	CELL PHONE	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	WORK PHONE	OCCUPATION			
	HOME PHONE	CELL PHONE	EMAIL		

N/A J. Children

List all of your 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 or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
		CONTACT NUMBER	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
		CONTACT NUMBER	EMAIL		
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
		CONTACT NUMBER	EMAIL		
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
		CONTACT NUMBER	EMAIL		

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

14. References: List 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, co-workers, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

15. Check applicable: High School Diploma from an accredited U.S. institution GED High School Proficiency Certificate

16. List high schools attended:

A) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	CITY	STATE
B) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	CITY	STATE
C) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED	DEGREE EARNED
				CITY	STATE

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 3: EDUCATION (continued)

17. List colleges attended:

A) NAME	FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED	TOTAL UNITS EARNED
	FROM (MO./YEAR)		TO (MO./YEAR)	
B) NAME	CITY	STATE		TOTAL UNITS EARNED
	FROM (MO./YEAR)		TO (MO./YEAR)	

18. List trade schools attended:

A) NAME	FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM (MO./YEAR)	TO (MO./YEAR)	
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

SECTION 4: RESIDENCE

20. LIST OF RESIDENCES

- List all residences during the last five years or since age 18, in descending order. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. 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 24.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)	FROM (MO./YEAR)	TO	Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER
CITY	STATE	ZIP	EMAIL
Names of those with whom you live:			
Reason for moving:			
B) FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MO./YEAR)	TO (MO./YEAR)	
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER
CITY	STATE	ZIP	EMAIL
Names of those with whom you lived:			
Reason for moving:			

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 4: RESIDENCE *continued*

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		

21. Have you ever been evicted or asked to leave a residence?..... Yes No
22. Have you ever left a residence owing rent? Yes No

If you ANSWERED yes to **Questions 21 and/or 22**, explain (include when, where and circumstances):

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 5: EXPERIENCE AND EMPLOYMENT

23. JOB EXPERIENCE

- List **ALL** jobs you have had during the last ten years, including part-time, temporary, self-employment and volunteer work. Begin with your most current. If more space is needed continue your response on page 24.
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment during the last ten years.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			F-T	P-T	Temp
			Self-employed	Volunteer	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR WANTING TO LEAVE		
Would there be a problem if we contact your current employer? Yes No		IF YES, EXPLAIN:			
B) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					
C) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			F-T	P-T	Temp
			Self-employed	Volunteer	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR LEAVING		
D) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					
E) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			F-T	P-T	Temp
			Self-employed	Volunteer	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR LEAVING		
F) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 5: EXPERIENCE AND EMPLOYMENT *(continued)*

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR LEAVING		

N) PERIOD OF UNEMPLOYMENT	FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

24. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	Yes	No
25. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	Yes	No
26. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes	No
27. Have you ever quit without giving proper notice?	Yes	No
28. Have you ever resigned in lieu of termination?	Yes	No
29. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	Yes	No
30. Were you ever the subject of a written complaint at work?	Yes	No
31. Have you ever been counseled at work due to tardiness or absences?	Yes	No
32. Did you ever receive an unsatisfactory performance review?	Yes	No
33. Have you ever sold, released, or given away legally confidential information?	Yes	No
34. 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?		
If you answered yes to any of Questions 24 - 34 , explain (include when, where and circumstances; indicate corresponding number). If more space is Needed, continue your response on page 17.		

35. Have you ever missed days or been late to work due to drug or alcohol consumption?	Yes	No
If yes, how often?		

36. Has your work performance ever been affected by your use of alcohol or drugs?	Yes	No
---	-----	----

WHEN?	NAME OF EMPLOYER
-------	------------------

37. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?	Yes	No
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WHEN?	NAME OF EMPLOYER
-------	------------------

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

38. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)?..... Yes No
- If yes, 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 17.

A) NAME OF AGENCY				DATE APPLIED (MO./YEAR)	
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: STEPS: <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 job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

B) NAME OF AGENCY				DATE APPLIED (MO./YEAR)	
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: STEPS: <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 job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED (MO./YEAR)	
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: STEPS: <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 job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 6: MILITARY EXPERIENCE

39. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

40. BRANCH OF SERVICE	44. DATES OF SERVICE FROM (MO./YEAR) TO (MO./YEAR)
-----------------------	---

41. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable
 Re-entry Code (1–4) if applicable – refer to your DD-214:

42. Are you currently participating in one of the following? Military Reserve National Guard	If checked, date obligation ends:
---	-----------------------------------

43. 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

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

45. Have you ever been reduced in rank as punishment? Yes No

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

If you answered yes to **Questions 43 - 45**, provide explanations and include dates and circumstances below:

SECTION 7: 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. **It is strongly recommended that you consult with an attorney before omitting any information.**

46. **Have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed continue your response on page 24.

A) APPROXIMATE DATE (MO./YEAR)	ARRESTING OR DETAINING AGENCY
--------------------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE (MO./YEAR)	ARRESTING OR DETAINING AGENCY
--------------------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE (MO./YEAR)	ARRESTING OR DETAINING AGENCY
--------------------------------	-------------------------------

CHARGE

DISPOSITION OR PENALTY

SECTION 8: LEGAL *continued*

- | | | |
|---|-----|----|
| 47. Have you ever been placed on court probation as an adult? | Yes | No |
| 48. 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 |
| 49. Have you ever been a party in a civil lawsuit (e.g. small claims actions, support, etc.)? | Yes | No |

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 8: LEGAL *continued*

Questions 57 and 58 relate to your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|--|--|
| - Amphetamines/Methamphetamines
(<i>Uppers, Speed, Crank, etc.</i>) | - Glue | - Mescaline |
| - Barbiturates (<i>Downers</i>) | - Hallucinogens
(<i>Peyote, LSD, Mushrooms</i>) | - Morphine |
| - Cocaine/Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | - Heroin / Opium | - Quaaludes |
| - GHB (<i>Date Rape Drug</i>) | - Marijuana | - Steroids |
| | - Pharmaceutical drugs NOT
prescribed to you | - Tetrahydrocannabinol (THC) |
| | | - Other illegal or controlled substances |

57. ***In your lifetime***, have you used any drug(s) as indicated above?..... Yes No

If yes, give details, including drug(s) used, dates used, and the circumstances involved:

58. I have **never** used any drugs. Yes No

59. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 9: MOTOR VEHICLE OPERATION

60. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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61. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

62. Have you ever been refused a driver's license by any state? Yes No
 If yes, explain (include when, where, and circumstances):

63. Has your driver's license ever been suspended or revoked? Yes No
 If yes, explain (include when, where, and circumstances):

64. List all traffic citations, excluding parking citations you have received in the past 10 years. If more space is needed, continue your response on page 17.

A) NATURE OF VIOLATION	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	LOCATION (STREET) CITY STATE
B) NATURE OF VIOLATION	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	LOCATION (STREET) CITY STATE
C) NATURE OF VIOLATION	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	LOCATION (STREET) CITY STATE

D) 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:

65. Have you been involved as the driver in a motor vehicle accident within the past ten years? Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	INJURY NON-INJURY
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	INJURY NON-INJURY
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	INJURY NON-INJURY

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 9: MOTOR VEHICLE OPERATION *continued*

66. Have you ever driven a vehicle without auto insurance as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
--------------------	----------------------------------	------	-------	-----

67. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

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

69. 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

70. 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

71. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

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

If you answered yes to any of **Questions 68 - 72**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

73. I hereby certify that I have personally completed and initialed each page of this form 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

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

ADDITIONAL SPACE

- 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.). Identify the corresponding question and specific item number being referenced.

