

RIVERSIDE COUNTY PROBATION DEPARTMENT
NON-SWORN BACKGROUND INVESTIGATION
PERSONAL HISTORY STATEMENT INSTRUCTIONS

3960 Orange St., Suite 600
Riverside, CA 92501

P.O. Box 1260
Riverside, CA 92502

Notice:

The information you provide in this Personal History Statement (PHS) will be used in your background investigation to assist in determining your suitability for a Non-Sworn position with the Probation Department.

Instructions:

1. The completion of this PHS in accordance with the Probation Department is mandatory. It is strongly suggested that you begin working on it immediately as you will need to bring it to the interview completed.
2. You must personally type or legibly print in blue or black ink all required information. Provide **one-sided** originals only.
3. Read all the directions of each question carefully before answering. Leave no blanks and respond to each question. If a question does not apply to you, enter N/A for "not applicable."
4. If you are not certain of the information, confirm it before answering. All information provided is subject to verification.
5. You are responsible for the accuracy and completeness of all information on this form including but not limited to, full legal names (including middle names), addresses (including zip codes), and telephone numbers (including area codes).
6. Incomplete statements, deliberate omissions, or fraudulent statements may remove you from consideration for employment.
7. Account for all required time periods in your background, including periods of unemployment. Include all military assignments, and locations within the last 5 years.
8. Being discharged from a job or having an arrest record will not automatically disqualify you from a position. However, any negative factor in your background will be examined carefully and evaluated in terms of the relevance to the position.
9. All convictions for felony and misdemeanor offenses, as well as ALL ARRESTS and DETENTIONS for any crime MUST be listed whether the arrest resulted in a conviction, an acquittal, dismissal, or placement on a program of pre-trial or post-trial diversion (per Section 432.7 of the Labor Code of the State of California). You must list an arrest or conviction even if you have earned a release under Section 1203.4 or 1203.4(a) of the California Penal Code or Section 1179 or 3200 of the California Welfare and Institutions Code or pardon under 4852.17 and 4853 of the California Penal Code.
10. Initial every page at the bottom right corner.
11. Bring your completed PHS including these instructions and supplemental questionnaires/documents on the day of your interview.
12. If there is insufficient space to list all information in the space provided for any question, use page 23 in this packet and attach as many typed or lined sheets of 8 ½ X 11 papers as necessary, making sure to identify the questions or items by number and subject.

Initial this page to indicate that you have read the instructions: _____

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14. In addition to your PHS you are also required to provide ORIGINAL OR CERTIFIED copies of the following:
- a. BIRTH CERTIFICATE OR US PASSPORT, OR CERTIFICATE OF NATURALIZATION.
 - b. VALID CALIFORNIA DRIVER'S LICENSE.
 - c. ORIGINAL SIGNED SOCIAL SECURITY CARD.
 - d. MARRIAGE CERTIFICATE AND/OR DIVORCE DECREE (if applicable).
 - e. MILITARY DD214 (if applicable).
 - f. PERFORMANCE EVALUATIONS for the past one year, if currently employed by the County of Riverside.
 - g. Tattoo Disclosure is mandatory. You must complete the Tattoo Disclosure Form, providing all requested information (if applicable). Photographs of all tattoos must be submitted. Additional instructions on how to submit photographs will be provided during the background interview.

IF YOU MUST CANCEL OR RESCHEDULE YOUR APPOINTMENT FOR ANY UNAVOIDABLE REASON, YOU MUST CONTACT YOUR ASSIGNED BACKGROUND INVESTIGATOR AT LEAST 48 HOURS PRIOR TO THE APPOINTMENT.

THIS IS NOT AN OFFER OF EMPLOYMENT

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, a top reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Disclosure of Medically-Related Information

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

I have read and I understand the above instructions.

Signature: _____

Date: _____

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

SECTION 2: RELATIVES AND REFERENCES						
14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 23 – reference corresponding numbers. 						
14.A Spouse / Domestic Partner				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A	
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DOB (MM/DD/YYYY):	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()					
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	()	()				
	DATE OF MARRIAGE/JOINT RESIDENCY / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.B Former Spouse / Domestic Partner				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A	
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DOB (MM/DD/YYYY):	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	()					
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	()	()				
	DATE OF MARRIAGE/JOINT RESIDENCY / (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			

SECTION 2: RELATIVES AND REFERENCES CONTINUED

14.C Parents / Guardians / In-laws

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

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

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY): _____	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

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

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY): _____	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

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

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY): _____	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

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

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY): _____	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

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

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY): _____	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

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

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY): _____	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

Supplemental relatives' information included on page 23

SECTION 2: RELATIVES AND REFERENCES CONTINUED

14.D Brothers / Sisters N/A

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

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY):	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
DECEASED	WORK PHONE ()	CELL PHONE ()	EMAIL		

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY):	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
DECEASED	WORK PHONE ()	CELL PHONE ()	EMAIL		

14.D.3 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY):	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
DECEASED	WORK PHONE ()	CELL PHONE ()	EMAIL		

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY):	HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
DECEASED	WORK PHONE ()	CELL PHONE ()	EMAIL		

Supplemental relatives' information included on page 23

14.E Children N/A

List ALL children, including natural, adopted, step, and/or foster care. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH (MM/DD/YYYY):		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.2 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH (MM/DD/YYYY):		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES CONTINUED

14.E.3 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH (MM/DD/YYYY): _____		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.4 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH (MM/DD/YYYY): _____		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

Supplemental relatives' information included on page 23

15. LIST OF REFERENCES

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

15.1

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

15.2

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

15.3

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

15.4

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

SECTION 3: EDUCATION

• If more space is needed, continue your response on page 23.

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> California High School Proficiency Certificate:	/

17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

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

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED				
19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on page 23

SECTION 3: EDUCATION CONTINUED

20. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy?..... Yes No

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

21. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? Yes No

IF YES, explain circumstances.

SECTION 4: RESIDENCE HISTORY

22. LIST OF RESIDENCES

- List all residences **during the last 5 years or since age 18**. Begin with your current residence.
- 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 23.*

22.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER OR RENT COLLECTOR	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER
					()
	CITY	STATE	ZIP	EMAIL	

Name(s), DOB's, and relationship(s) of those with whom you live:

SECTION 4: RESIDENCE HISTORY CONTINUED

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

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

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

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

SECTION 4: RESIDENCE HISTORY CONTINUED

23	Have you ever been evicted or asked to leave a residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have you ever left a residence owing rent, utilities, or other household expenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "YES" to Questions 23 and/or 24 , explain (include when, where, and circumstances):			

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, **within the past five years**, including part-time, temporary, self-employment, volunteer, and internships. (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 23.

25.1	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"/> Vol/Intern	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: _____ _____ _____					
25.2	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: _____			/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

25.3	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"/> Vol/Intern		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS (NOT REQUIRED)		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

25.4	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: _____	/	/

25.5	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"/> Vol/Intern		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS (NOT REQUIRED)		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

25.6	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: _____	/	/

25.7	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"/> Vol/Intern		
DUTIES / ASSIGNMENTS			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		()				
NAMES OF CO-WORKERS (NOT REQUIRED)		CONTACT NUMBER	EXT.	EMAIL		
1)		()				
2)		()				

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

25.8	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: _____	/	/

25.9	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"/> Vol/Intern	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS (NOT REQUIRED)		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

25.10	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: _____	/	/

25.11	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"/> Vol/Intern	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS (NOT REQUIRED)		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			

25.12	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: _____	/	/

Supplemental employment information included on Page 24

26.	Within the last five years, have you been disciplined at work? (This includes written warnings, formal letters of counseling, verbal reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	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
28.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	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

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

32. Were you **ever** the subject of a written complaint at work? Yes No

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

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

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

36. Have you **ever** called in sick when you were neither sick nor caring for a sick family member? Yes No

36a. IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

37. 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 (i.e. on duty)? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) Yes No

38. While working (i.e. on duty), have you **ever** sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of investigative content and/or evidence pursuant to official law enforcement investigations.) Yes No

If you answered "YES" to any of **Questions 26–38**, explain (include when, where, and circumstances – *reference corresponding numbers*).

Supplemental employment information included on Page 23

39. In the **past five years**, have you missed days or been late to work due to drug or alcohol consumption? Yes No

If YES, how often? _____ Days

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

IF YES, when? _____ Name of employer: _____

41. In the **past five years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

IF YES, when? _____ Name of employer: _____

42. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? Yes No

- If you answered "YES" to **Question 42**, 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 23.*

42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
	CITY		STATE	ZIP	CONTACT NUMBER		EXT
					()		
POSITION APPLIED FOR				EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:							
STEP: <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"/> List Expired <input type="checkbox"/> Non-Selected/Disqualified – Reason (explain) _____							

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED						
42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Non-Selected/Disqualified – Reason (explain) _____						
42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Non-Selected/Disqualified – Reason (explain) _____						
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Non-Selected/Disqualified – Reason (explain) _____						
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> List Expired <input type="checkbox"/> Non-Selected/Disqualified – Reason (explain) _____						

SECTION 5: EXPERIENCE AND EMPLOYMENT CONTINUED

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:
 STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired On Eligibility List Withdrew List Expired Non-Selected/Disqualified – Reason (explain) _____

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:
 STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer
 STATUS: Hired On Eligibility List Withdrew List Expired Non-Selected/Disqualified – Reason (explain) _____

Supplemental employment information is included on Page 23

SECTION 6: MILITARY EXPERIENCE

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

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

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

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

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

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)? Yes No

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

49. 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 47-49, explain (include dates and circumstances).

Supplemental military information included on Page 23

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. The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question.
It is recommended that you consult with an attorney before omitting any information.
- If more space is needed, continue your response on page 23.

50. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes No
 IF YES, explain each incident:

50.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		

50.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		

Supplemental disclosure information included on Page 23

51. Have you ever been placed on court probation or parole?..... Yes No
52. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "No" if your juvenile record has been sealed or expunged by juvenile court.)..... Yes No
53. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, bankruptcy, etc.)?..... Yes No
54. Have the police ever been called to your home for any reason? Yes No
55. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
56. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No
57. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
58. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
59. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No
60. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "YES" to any of **Questions 50-60**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on page 23.

SECTION 7: LEGAL CONTINUED

► Involvement in Criminal Acts – Part 1

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

61.1	Animal abuse and/or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.3	Battery (any use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.4	Brandishing a weapon (any type of weapon).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.5	Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.6	Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.9	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
61.10	Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.11	Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.12	Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.13	Illegal hunting and/or fishing (for example, without a license, out of season).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.14	Impersonating a peace officer (pretending to be a law enforcement officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.15	Indecent exposure and/or lewd or obscene conduct (having sex in public places, such as the beach, a park or in a car)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.16	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.17	Joyriding (using a car or other vehicle without owner's permission).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.20	Possession of alcohol as a minor (under the age of 21).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.23	Prostitution or solicitation of prostitution (either in the U.S. or another country, including, but not limited to patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.24	Reckless driving.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.26	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 7: LEGAL CONTINUED

61.27 Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) Yes No

61.28 Any other act amounting to a misdemeanor Yes No

- If you answered "YES" to **ANY** item(s) in **Question 61**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 61.5) for each explanation.*
- *If more space is needed, continue your response on page 23.*

Supplemental legal information included on Page 23

► Involvement in Criminal Acts – Part 2

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

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

62.2 Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) Yes No

62.3 Blackmail or extortion Yes No

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

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

62.6 Elder abuse and/or neglect (physical and/or financial) Yes No

62.7 Embezzlement (theft of money or other valuables entrusted to you) Yes No

62.8 Felony drunk driving (involving injuries) Yes No

62.9 Felony illegal sex acts Yes No

62.10 Forcible Rape Yes No

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

62.12 Fraudulent use of a credit, ATM, debit, and/or check card Yes No

62.13 Grand theft (value of over \$950, automobile, any firearm) Yes No

62.14 Hit & run (with injuries) Yes No

SECTION 7: LEGAL CONTINUED	
62.15	Hate crime <input type="checkbox"/> Yes <input type="checkbox"/> No
62.16	Insurance fraud <input type="checkbox"/> Yes <input type="checkbox"/> No
62.17	Murder, homicide, attempted murder, or assault with intent to commit murder <input type="checkbox"/> Yes <input type="checkbox"/> No
62.18	Perjury (lying under oath) <input type="checkbox"/> Yes <input type="checkbox"/> No
62.19	Possession of an explosive/destructive device <input type="checkbox"/> Yes <input type="checkbox"/> No
62.20	Robbery (theft from another person using a weapon, force, or fear) <input type="checkbox"/> Yes <input type="checkbox"/> No
62.21	Stalking <input type="checkbox"/> Yes <input type="checkbox"/> No
62.22	Theft of a vehicle and/or vehicle parts <input type="checkbox"/> Yes <input type="checkbox"/> No
62.23	Viewing and/or possessing child pornography <input type="checkbox"/> Yes <input type="checkbox"/> No
62.24	Any other act 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 62, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 62.15) for each explanation.</i> If more space is needed, continue your response on page 23. 	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; as well as the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:
 - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
 - ▶ Barbiturates (*Downers*)
 - ▶ Cocaine / Crack Cocaine
 - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
 - ▶ GHB (*Date Rape Drug*)
 - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
 - ▶ Heroin / Opium
 - ▶ Mescaline
 - ▶ Morphine
 - ▶ PCP / Angel Dust
 - ▶ Quaaludes
 - ▶ Steroids
 - ▶ Glue, paint, or any substance containing toluene

63. Within the past six months, excluding the use of cannabis off the job and away from the workplace, have you used any drug(s) as indicated above? Yes No

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

SECTION 7: LEGAL CONTINUED

64. **Prior to the past six months:**
 I have never used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)

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

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

65. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, excluding the use of cannabis off the job and away from the workplace? 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.

66. 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, excluding the use of cannabis off the job and away from the workplace? Yes No

SECTION 8: MOTOR VEHICLE INFORMATION

67. Current Driver's License:

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

68. 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

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

SECTION 8: MOTOR VEHICLE INFORMATION CONTINUED

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

71. Have you received any traffic citations, excluding parking citations, *within the past five years*. Yes No
IF YES, give details below.

71.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
------	---------------------	-------------------	------	-------

DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

71.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
------	---------------------	-------------------	------	-------

DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

71.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
------	---------------------	-------------------	------	-------

DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

72. 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:

73. 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)

/	/
---	---

74. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No
 IF YES, GIVE REASON: FROM (MM/YYYY)

/

• Use this space for additional information you would like to include regarding your driving record.

SECTION 9: FINANCIAL

- If you answer yes to any of the following questions, please explain and provide details for each answer.
- Reference the corresponding number for each explanation.

75. Have any of your bills ever been turned over to a collection agency? Yes No
76. Have you ever had a poor credit rating? Yes No
77. Have your wages ever been garnished? Yes No
78. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No
79. Have you ever defaulted on (failed to pay) a loan? Yes No
80. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No
81. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

SECTION 10: OTHER TOPICS

82. Have you ever been refused a permit to carry a concealed weapon? Yes No
83. 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
84. Yes No
85. **Since the age of 15** Yes No
86. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

If you answered "YES" to any of Questions 75–86, please explain and provide details for each answer. Reference corresponding numbers.

SECTION 11: CERTIFICATION

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

Signature in Full: ►

Date:

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



RIVERSIDE COUNTY PROBATION DEPARTMENT

Serving Courts • Protecting Our Community • Changing Lives



TATTOO DISCLOSURE FORM

Applicant's Name: _____ SSN: _____

Instructions: Describe ALL tattoos in detail. Include tattoos that have been covered up, altered, or removed. This includes branding or other forms of body art. Describe in detail the origin and personal meaning of the tattoos disclosed.

I understand that the appearance and location of my tattoos and tattoo removal scars are subject to verification during my pre-placement medical examination. Failure to disclose any tattoo, branding or other forms of body art, whether it has or has not been removed, altered or covered up, will result in my disqualification or immediate dismissal if any appointment is made.

I do not have/nor have I ever had any tattoos. I have the following tattoos:

Applicant Signature Date

1) Tattoo Location: Date/Place Acquired: Description of Tattoo: Meaning of the Tattoo:

2) Tattoo Location: Date/Place Acquired: Description of Tattoo: Meaning of the Tattoo:

3) Tattoo Location: Date/Place Acquired: Description of Tattoo: Meaning of the Tattoo:

4) Tattoo Location: Date/Place Acquired: Description of Tattoo: Meaning of the Tattoo:

5) Tattoo Location: Date/Place Acquired: Description of Tattoo: Meaning of the Tattoo:

6) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

7) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

8) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

9) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

10) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

11) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

12) Tattoo Location: _____
Date/Place Acquired: _____
Description of Tattoo: _____
Meaning of the Tattoo: _____

(Attach additional sheets if necessary)



RIVERSIDE COUNTY PROBATION DEPARTMENT
Serving Courts • Protecting Our Community • Changing Lives



NO FEEDBACK

NAME: _____

ADDRESS: _____

POSITION APPLIED FOR: _____ DATE: _____

I understand that this background investigation is done for employment purposes only. It is to assess qualifications for this specific employment and is in no way to be construed as intended for any other purpose.

I understand that I will be given **NO FEEDBACK** or results other than being notified of “passing” or “not passing”. Also, I acknowledge that these records are confidential, and will be the property of the Riverside County Probation Department and will not be made available to any other agency or employer without a Personal Information Waiver signed by me.

IF I AM NOT RECOMMENDED FOR THE POSITION, I understand that this means only that I do not meet the standards established for the position for which I have applied.

Signed

Date