

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

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## 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 24 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: \_\_\_\_\_

RIVERSIDE COUNTY PROBATION DEPARTMENT  
NON-SWORN BACKGROUND INVESTIGATION  
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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**

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

**SECTION 2: RELATIVES AND REFERENCES**

<b>14. IMMEDIATE FAMILY</b>						
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>Mark "Deceased," if appropriate.</li> <li>If more space is needed, continue on page 24 – reference corresponding numbers.</li> </ul>						
<b>14.A Spouse / Domestic Partner</b>					<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			
<b>14.B Former Spouse / Domestic Partner</b>					<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 24 ☐

**SECTION 2: RELATIVES AND REFERENCES CONTINUED****14.D Brothers / Sisters**☐ N/AList **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 24 ☐**14.E Children**☐ N/AList **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 24** ☐**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.

<b>15.1</b>	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?	
<b>15.2</b>	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?	
<b>15.3</b>	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?	
<b>15.4</b>	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 24.

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 24 ☐

**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 24.

22.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>Present</b>
	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 24.

<b>25.1</b>	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:    						
<b>25.2</b>	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 received any disciplinary actions 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 <b>ever</b> 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 <b>ever</b> involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you <b>ever</b> quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you <b>ever</b> resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you <b>ever</b> 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 <b>ever</b> the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you <b>ever</b> been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you <b>ever</b> receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you <b>ever</b> sold, released, or given away confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you <b>ever</b> called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <b>ever</b> engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person (i.e. on duty)? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. While working (i.e. on duty), have you <b>ever</b> 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 <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "YES" to any of <b>Questions 26–38</b> , explain (include when, where, and circumstances – <i>reference corresponding numbers</i> ).		

**Supplemental employment information included on Page 24** ☐

39. In the <b>past five years</b> , have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how often?	_____ Days	
40. Have you <b>ever</b> worked under the influence of illegal drugs and/or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, when? _____	Name of employer: _____	
41. In the <b>past three years</b> , have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, when? _____	Name of employer: _____	

42. Have you <b>ever</b> applied for <b>any</b> position at this or any other law enforcement agency (city, county, state, or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If you answered "YES" to <b>Question 42</b>, list <b>EVERY</b> agency you have applied to, <b>starting with the most recent</b>.</li> <li>Give complete and accurate addresses.</li> <li><b>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</b></li> <li>If more space is needed, continue your response on page 24.</li> </ul>		

<b>42.1</b>	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
		/
	ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
	CITY	STATE
	ZIP	CONTACT NUMBER
		(    )
	POSITION APPLIED FOR	EMAIL
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> 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**

<b>42.6</b>	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) _____						

  

<b>42.7</b>	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) _____						

**Supplemental employment information is included on Page 24****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 24**    ☐

**SECTION 7: LEGAL**

## ► Disclosure of Arrests and Convictions

- This section asks 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 24.

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 24** ☐

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? ..... ☐ 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 24.

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**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 .....	<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 United States or another country) .....	<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 24.*

Supplemental legal information included on Page 24 ☐

**► 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 (forcible rape, date rape, sexual battery, sodomy, oral copulation, etc.) ..... ☐ Yes ☐ No

62.10 Pimping and Pandering ..... ☐ 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 ..... ☐ Yes ☐ No

- 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.” Although marijuana is legal in California, it is considered illegal federally. Your responses should include — **but not be limited to** — your use of any of the following:
  - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - ▶ Barbiturates (*Downers*)
  - ▶ Cocaine / Crack Cocaine
  - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Hashish / Hashish Oil
  - ▶ Heroin / Opium
  - ▶ Marijuana (*with or without a prescription*), or edibles
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Tetrahydrocannabinol (THC)
  - ▶ Glue, paint, or any substance containing toluene

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

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**SECTION 7: LEGAL CONTINUED**

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

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

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

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65. Have you ever remained in a place where drugs, narcotics, or other illegal substances were being used, possessed, sold, or manufactured? ☐ Yes ☐ No

IF YES, explain:

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66. Do any of your friends, acquaintances, housemates, or family members use any illegal drugs or narcotics, and/or illegally use prescription medications for the purpose of getting "high"? ☐ Yes ☐ No

IF YES, explain:

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67. Have you ever knowingly allowed anyone to use illegal drugs in your home? ☐ Yes ☐ No

IF YES, explain:

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**SECTION 8: MOTOR VEHICLE INFORMATION**

68. Current Driver's License:

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

69. 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

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

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

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**SECTION 8: MOTOR VEHICLE INFORMATION CONTINUED**

71. Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☐ No

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

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72. List the current liability insurance on your vehicle(s).

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

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

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

74. 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:

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

IF YES, give details below.

**SECTION 8: MOTOR VEHICLE INFORMATION CONTINUED**

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

76. Have you ever driven a vehicle without auto insurance, as required by law? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, GIVE REASON		FROM (MM/YYYY) /	TO (MM/YYYY) /
77. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, GIVE REASON			DATE /
INSURANCE COMPANY			

Supplemental motor vehicle information included on page 24 ☐**SECTION 9: FINANCIAL****78. INCOME AND EXPENSES**

- 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.

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

If you answered “YES” to any of **Questions 79–85**, explain (include when, where, and why – *reference corresponding numbers*).

## SECTION 10: CERTIFICATION

86. *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.

SUPPLEMENTAL INFORMATION

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

Lined area for supplemental information.

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



# RIVERSIDE COUNTY PROBATION DEPARTMENT

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## 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: \_\_\_\_\_

TATTOO DISCLOSURE FORM

Page 2 of 2

- 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

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### 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