

COUNTY OF RIVERSIDE
PROBATION DEPARTMENT



PERSONAL HISTORY STATEMENT
VOLUNTEERS IN PROBATION

Probation Personnel
Background Investigations
P.O. Box 1260
Riverside, CA 92502-1260

CONFIDENTIAL

TO BE PRINTED OR HANDWRITTEN LEGIBLY WITH INK

**IF YOU NEED MORE SPACE, PLEASE PROVIDE INFORMATION ON LAST PAGE,
LIST THE QUESTION NUMBER WITH THE ANSWER.**

PERSONAL HISTORY STATEMENT

Position applying for: _____

Date application filed with the Probation Department: _____

I. PERSONAL

The following information is requested from you for verification of contact purposes:

1. Name: _____
Last First Middle Suffix

Other Names, including nicknames, by which you have been known

Alias 1 _____

Alias 2 _____

Alias 3 _____

2. Please list the address at which you can be contacted:

Address City State Zip Code

3. Please list the telephone number(s) where you can be contacted: (Please include Area Code)

() () () ()

Home Phone Work Phone Cell Phone Message Phone

Hours during which you may be contacted: A.M. P.M.

Email: (List current) _____

4. Date of Birth: _____ Place of Birth: _____

5. U.S. Citizenship is required. If you are not a citizen, proof is required that you are a legal resident in this country and that you are applying for citizenship. Can you provide such documentation?

Yes No

6. Social Security Number:
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

7. For the purpose of identification, please provide the following:
Weight: _____ lbs. Height: _____ ft. / _____ in. Hair Color: _____
Eye Color: _____ Tattoos or other distinguishing marks? _____
Describe and give Locations: _____

8. List hobbies, special skills or any abilities, including membership in any organization which may be relevant to the position for which you are applying (including language skills)

9. **LIST EDUCATION:**

High Schools attended:

a) Name: _____ From: _____ To: _____

City: _____ State: _____

Did you graduate: ___ Yes ___ No Date: _____

b) Name: _____ From: _____ To: _____

City: _____ State: _____

Did you graduate: ___ Yes ___ No Date: _____

List all colleges and universities attended:

a) Name: _____ From: _____ To: _____

City: _____ State: _____ GPA: _____ Credits: _____

Degree Earned: _____ Major: _____

b) Name: _____ From: _____ To: _____

City: _____ State: _____ GPA: _____ Credits: _____

Degree Earned: _____ Major: _____

List any trade, vocational, or business schools/institutes attended:

a) Name: _____ From: _____ To: _____

Type of School or training: _____ City: _____ State: _____

Did you complete the course? ___ Yes ___ No

b) Name: _____ From: _____ To: _____

Type of School or training: _____ City: _____ State: _____

Did you complete the course: ___ Yes ___ No

Have you ever been suspended or expelled from any high school or post secondary school? (Post secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level)

Yes No

If "Yes", please explain (including school, date and circumstances)

School Name: _____

Attended Dates: From: _____

Suspension, Expulsion/Explanation: _____

School Name: _____

Attended Dates: From: _____

Suspension, Expulsion/Explanation: _____

School Name: _____

Attended Dates: From: _____

Suspension, Expulsion/Explanation: _____

II. FAMILY HISTORY

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position.

10. Please supply the appropriate information in the spaces provided below. If a category is not applicable, please write N/A.
If living, please provide: full name and complete address where a person can be contacted (include City, State and Zip Code) and Telephone # where this person can be contacted. If deceased, please indicate.

Father Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number: _____ Email: _____
Home: _____ Work: _____ Cell: _____

Mother Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number: _____ Email: _____
Home: _____ Work: _____ Cell: _____

Father-In-Law Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number: _____ Email: _____
Home: _____ Work: _____ Cell: _____

Mother-In-Law Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number: _____ Email: _____
Home: _____ Cell: _____

Work: _____

Spouse/Significant Other Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number: _____ Email: _____
Home: _____ Work: _____ Cell: _____

Former Spouse/Significant Other Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code _____
Contact phone number: _____ Email: _____
Home: _____ Work: _____ Cell: _____

Former Spouse/Significant Other Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number: _____ Email: _____
Home: _____ Work: _____ Cell: _____

**Children: List all children including step-children, foster children, and adopted children.
Give address if they DO NOT live with you.**

Child Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____
Custodial Parent, if other than you: _____

Child
Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____
Custodial Parent, if other than you: _____

Child Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____
Custodial Parent, if other than you: _____

Child Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____
Custodial Parent, if other than you: _____

Child Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____
Custodial Parent, if other than you: _____

List all siblings, including half-siblings, step-siblings and foster siblings. If deceased, please indicate.

Brother's or Sister's Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____

Brother's or Sister's Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____

Brother's or Sister's Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____

Brother's or Sister's Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____

Brother's or Sister's Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone number:
Home: _____ Work: _____ Cell: _____

III.

11.

LEGAL

Have you ever been questioned as a suspect, detained as a suspect, arrested or convicted for any crime (**DO NOT** include traffic citations)

Yes No

If yes, please give the following information: (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):

Approximate Date: _____ Police Agency: _____
Circumstances: _____

Approximate Date: _____ Police Agency: _____
Circumstances: _____

12. Have you ever been ordered by a court to participate in a domestic violence or drug diversion program?

Approximate Date: _____ County/Agency: _____
Circumstances: _____

13. Have you ever been on court probation either formal or summary (unsupervised) as an adult or juvenile?

Yes No If yes, please give details, (including when, where and why)

Approximate Date: _____
Circumstances: _____

Approximate Date: _____
Circumstances: _____

14. Were you ever required to appear before a juvenile court for an act which could have been a crime if committed by an adult?

Yes No If Yes, please give details (including when, where and why):

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|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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15. Have you ever been reported to a law enforcement agency as a missing person or a runaway?

Yes No If Yes, please give details (including when, where and why)

| | |
|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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16. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? (e.g. Small Claims, Restraining Orders, Divorce, Child Custody)

Yes No If Yes, please give details (including when, where and why)

| | |
|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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|-------------------|--|
| Approximate Date: | |
| Circumstances: | |
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17. Have you or anyone in your immediate family (father, mother, sister, brother, child, spouse, significant other), or co-habitant ever been a member or associated with any street gang?

Yes No If Yes, please provide details (i.e., Name of gang, location, dates, street name, etc.):

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18. Has any family member or significant other ever been on probation or parole or incarcerated in a jail, prison or other correctional facility?

Yes No If Yes, please provide details:

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19. Is anyone (family member or not) currently residing in your home on probation or parole?

Yes No If yes, please provide details

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20. Have you or anyone in your immediate family (father, mother, sister, brother, child, spouse, significant other) ever been a victim of a crime whether reported or unreported?

Yes No If Yes, please provide details:

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21. Do you communicate or have contact with anyone presently incarcerated in a jail, prison, or other correctional facility? Is so, who?

Yes No If Yes, please provide details:

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22. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

Yes No If Yes, please provide details:

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23. Have you ever been accused of sexual harassment?

Yes No If Yes, please provide details:

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24. Do you have any substantiated child abuse allegations against you?

Yes No If Yes, please provide details:

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| IV. | BEHAVIORIAL (Undetected Acts): Have you EVER committed any of the following: | YES | NO |
|-----|--------------------------------------------------------------------------------------------|------------|-----------|
| a) | Battery (Use of force upon another) | | |
| b) | Bestiality (Sex act with an animal) | | |
| c) | Contributing to the delinquency of a minor | | |
| d) | Driving under the influence of alcohol and/or drugs | | |
| e) | Drunk in public (being so intoxicated public that you're not able to care for yourself) | | |
| f) | Hit and run collision (no injuries) | | |
| g) | Illegal gambling | | |
| h) | Indecent exposure (including flashing or mooning) | | |
| i) | Petty theft (value up to \$750, including switching price tags) | | |
| j) | Possession of stolen property (including vehicles or vehicle parts) | | |
| k) | Prostitution or soliciting a prostitute | | |
| l) | Resisting arrest (including running from the police) | | |
| m) | Sex in a public place (auto, beach, etc.) | | |
| n) | Vandalism (including "tagging," malicious mischief and/or property damage) | | |
| o) | Any other act amounting to a misdemeanor or felony | | |

If you answered yes to any item(s) in the above questions, fully explain the circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (IV-c, etc.) for each explanation.

V. DRUG USE: The following questions ask about your current and past drug use. This covers ANY drug, including the unauthorized use of prescription or over-the-counter drugs. Your answers should include, **but not be limited to** your use of any of the following drugs:

| | | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Amphetamines (cross tops, whites bennies, uppers, etc.) | Methamphetamines (Speed, Crank, Crystal, etc.) | Marijuana | Barbiturates (downers, reds, depressants, candy, etc.) |
| Hallucinogens | Morphine | PCP (Sherms, angel dust, rocket fuel, KJ, etc.) | Cocaine/Crack Cocaine (coke, flake, snow, rock, ice, etc.) |
| Hashish/Hash Oil | Heroin/Opium (horse, smack, black tar, etc.) | Quaaludes, Valium, tranquilizers, muscle relaxers, sleeping pills (non-prescription) | Designer Drugs (Ecstasy, Special K, Synthetic Heroin, Roofies, etc.) |
| Any Inhalants (Toluene, glue/other volatile substances, nitrous oxide, etc.) | LSD (acid, cube, etc.) | Steroids | Non-prescribed Drugs |
| Mescaline/Peyote | Psilocybin (Mushrooms, shrooms, etc.) | Thai slicks (opiated grass) | Amyl Nitrate (poppers) |
| Other (List all other not listed above that you have used, tried, or experimented with): | | | |

Within the past two years, have you use any drug(s) as indicated above? Yes No
If yes, give details, including drug(s) used, number of uses, how ingested, and circumstances:

Prior to the past two years (check all that apply):

I have **never** used any drug recreationally.

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

If checked, give the details including drugs used, first used, most recent date used, number of uses, how ingested, and circumstances.

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

Sold

Purchased

Cultivated

Manufactured

Furnished

Carried or held for another

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

| V. | Drugs Used: (Con't.) | YES | NO |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a) | Do any of your friends, immediate family, or associates use any illegal drugs? | | |
| b) | Have you EVER remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, or manufactured? | | |
| c) | Have you ever had to register as a narcotic offender? | | |
| d) | Have you ever knowingly allowed anyone to use illegal drugs in your home? Substance _____ | | |
| e) | Have you ever worked under the influence of illegal drugs? | | |
| f) | Have you ever been a "middle man" for a drug deal? | | |
| g) | Have you or anyone other than a medical person injected anything into your body? | | |
| h) | Have you ever tested positive on an employment related drug test? | | |

If you answered yes to any of the above questions, explain (including when, where, and circumstances; indicate corresponding number):

25. When was the last time you were present at a private gathering where drugs were being used? Please provide details such as date, type of location, and circumstances:

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VI. An investigation of your driving history will be made through a records check. To expedite this process, please supply the following information:

26. California Driver's License Number: _____
Expiration Date: _____
Name under which license was granted: _____

27. Please list other states where you have been licensed to operator a motor vehicle

| | |
|--------------|-----------------------------------------|
| State: _____ | Name under which license granted: _____ |
| State: _____ | Name under which license granted: _____ |
| State: _____ | Name under which license granted: _____ |

28. Have you ever been refused a driver's license by any state?

Yes No

If Yes, please give details (including when, where and why)

29. Has your license ever been suspended, revoked or placed on negligent operator's probation?
Yes No
If Yes, please give details (including when, where and why)

30. Have you received a traffic citation (excluding parking citations) within the **last 5 years**?
Yes No If Yes, please list citations. Use last page, if necessary:
Nature of Violation: _____
Date of Violation: _____
Approx Location: _____
What was fine/penalty _____

Nature of Violation: _____
Date of Violation: _____
Approx Location: _____
What was fine/penalty _____

31. Have you been involved in a motor vehicle accident within the **last 5 years**?
Yes No If Yes, please list citations. Use last page, if necessary:
Date: _____ Police Investigation? Yes No
At Fault? Yes No Injury Yes No
Location: _____ Police Agency: _____
Details: _____

Date: _____ Police Investigation? Yes No
Injury? Yes No
At Fault? Yes No
Location: _____ Police Agency: _____
Details: _____

Date: _____ Police Investigation? Yes No
At Fault? Yes No Injury? Yes No
Location: _____ Police Agency: _____
Details: _____

VI.
32.

MILITARY

Have you ever served in the armed forces, National Guard or military reserves?

Yes No If yes, please provide a copy of all pages of Discharge Papers (DD214) and provide details:

Branch of Service: _____
Service Number: _____ Dates of Service From: _____ To: _____
Type of Discharge: _____

33. Please list current and past draft classifications in chronological order beginning with the most recent: _____

34. Are you currently participating in any military reserve or National Guard program?
Yes No List: _____

35. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?
Yes No If Yes, please give details (including branch of service, when, where and circumstances): _____

VII.

36.

REFERENCES

In the spaces below, please list, as references, two (2) individuals who have knowledge of you and your qualifications. **(EXCLUDE RELATIVES, FORMER EMPLOYERS AND SUPERVISORS. DO NOT LIST HUSBAND OR WIFE AS SEPARATE REFERENCES).**

a) Mr. Mrs. Ms. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone numbers: _____ Email: _____
Home: _____ Work: _____ Cell: _____
Length of Time Known: _____ Relationship: _____

b) Mr. Mrs. Ms. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone numbers: _____ Email: _____
Home: _____ Work: _____ Cell: _____
Length of Time known: _____ Relationship: _____

37. In the spaces below, please list two (2) individuals who are social acquaintances (i.e., persons whom you have seen frequently during the past year) and have knowledge of your qualifications **(EXCLUDE RELATIVES, FORMER EMPLOYERS AND SUPERVISORS. DO NOT LIST HUSBAND OR WIFE AS SEPARATE REFERENCES).**

a) Mr. Mrs. Ms. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone numbers: _____ Email: _____
Home: _____ Work: _____ Cell: _____
Length of Time Known: _____ Relationship: _____

b) Mr. Mrs. Ms. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact phone numbers: _____ Email: _____
Home: _____ Work: _____ Cell: _____
Length of Time Known: _____ Relationship: _____

VIII.
38.

EMPLOYMENT (Please list last 10 years) Use Additional Space Page, if necessary.

a)

Name of Employer: _____
Supervisor's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Phone Numbers: () _____ () _____ () _____
Home Work Cell

Date of Employment: From: _____ To: _____
MO/YR MO/YR

Job Title: _____ Full-Time: Part-Time: Volunteer:
Reason for Leaving: _____

Duties: _____

b)

Name of Employer: _____
Supervisor's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Phone Numbers: () _____ () _____ () _____
Home Work Cell

Date of Employment: From: _____ To: _____
MO/YR MO/YR

Job Title: _____ Full-Time: Part-Time: Volunteer:
Reason for Leaving: _____

Duties: _____

c)

Name of Employer: _____
Supervisor's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Phone Numbers: () _____ () _____ () _____
Home Work Cell

Date of Employment: From: _____ To: _____
MO/YR MO/YR

Job Title: _____ Full-Time: Part-Time: Volunteer:
Reason for Leaving: _____

Duties: _____

d)

Name of Employer: _____
Supervisor's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Phone Numbers: () _____ () _____ () _____
Home Work Cell

Date of Employment: From: _____ To: _____
MO/YR MO/YR

Job Title: _____ Full-Time: Part-Time: Volunteer:
Reason for Leaving: _____

Duties: _____

A. In the above listed employment, have you ever been disciplined? (This includes written warning, formal letter of counseling, reprimands, suspension, reductions in pay, reassignments, or demotions)

Yes No If Yes, please explain:

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B. Have you ever been fired, released while on probation, asked to resign or resigned in lieu of termination from any place of employment?

Yes No If Yes, please explain:

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------------------------------|------|
| <p>39. Have you ever applied to any other law enforcement agency (city, county, state, or federal)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on Page 28. | | | | |
| A) Name of agency: | | | Date applied: | |
| Address (Number /Street): | | | Background investigator's name (if known): | |
| City | State | Zip | Contact number () | EXT: |
| Position applied for: | | | Email and fax number | |
| Check each step in the process that you completed, and your status: | | | | |
| Steps: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional job offer | | | | |
| Status: <input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> List Expired <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified / If so, why? | | | | |
| B) Name of agency: | | | Date applied: | |
| Address (Number / Street): | | | Background investigator's name (if known): | |
| City | State | Zip | Contact number: () | EXT: |
| Position applied for: | | | Email and fax number: | |
| Check each step in the process that you completed, and your status: | | | | |
| Steps: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional job offer | | | | |
| Status: <input type="checkbox"/> Hired <input type="checkbox"/> On list <input type="checkbox"/> List Expired <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified / If so, why? | | | | |

40. Please list all your residences during the **last 10 years** (list no information prior to your 15th birthday). Begin with your current residence.

a)
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Residency: From: _____ To: _____
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

b)
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Residency: From: _____ To: _____
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

c)
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Residency: From: _____ To: _____
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

d)
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Residency: From: _____ To: _____
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: _____
Contact
Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact Numbers: Home: _____ Work: _____ Cell: _____

e)
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Residency: From: _____ To: _____
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: _____
Contact Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact Numbers: Home: _____ Work: _____ Cell: _____

Name: _____
Contact Numbers: Home: _____ Work: _____ Cell: _____

IX. FINANCIAL If you answer yes to any of the following questions, please explain. If needed, please use the additional space page.

- 41. Have you ever had any of your bills turned over to a collections agency? Yes No
- 42. Have you ever had a poor credit rating? Yes No
- 43. Have you ever failed to pay a loan? Yes No
- 44. Have you ever been refused credit? Yes No
- 45. Have you ever been delinquent on income or other tax payments? Yes No
- 46. Have you ever had your wages garnished? Yes No
- 47. Have you ever filed for a declared bankruptcy (Chapter 7, 11 or 13)? Yes No

I hereby certify that all the statements made in this Personal History Statement are true and complete. **I understand that any misstatement or omission of material facts will subject me to disqualification or dismissal.**

Signature in Full _____

Date Completed _____

