POST 2-251 (Rev 02/2018)

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator
 or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), 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:

4 VOUD FUI	1: PERSONAL								
1. YOUR FULI	L NAME								
LAST			F	IRST			MIDDLE		
2. OTHER NA	MES YOU HAVE USE	D OR BEEN KNOWN	BY (INCLUDE MAIDE	N NAME AND	NICKNAMES)				□ N/A
3. ADDRESS	WHERE YOU LIVE								
NUMBER / S	STREET						APT / UNIT		
CITY							STATE ZIP)	
4. MAILING A	DDRESS, IF DIFFERE	NT FROM ABOVE (F	FOR EXAMPLE, PO BO	OX)					
5. CONTACT			, \			/			
HOME ()	WORK	()	EXT	OTHER	()	CELL	FAX	
6. CONTACT	EMAIL			7. LIST AI	LL OTHER EMAIL ADDRESSE	ES (SEPARATED BY CO	DMMAS)		
				7					
8. CITIZENSH	IIP								
Are you a	a U.S. citizen?							Yes	☐ No
IF NO, ar	re you a resident	alien who is elig	jible and has appli	ied for U.S	. citizenship?			Yes	☐ No
9. BIRTH PLA	CE (CITY / COUNTY	/ STATE / COUNTRY	′)						
10. BIRTHDATE	E (MM/DD/YYYY)	11. SOCIAL SECU	IRITY NUMBER 1	12. DRIVER'S	LICENSE				
		_	_	NUMBER:		STATE:	EXPIRES	S:	
13. PHYSICAL	. DESCRIPTION								
HEIGHT:		WEI	GHT:		HAIR COLOR:		EYE COLOR:		
SECTION									
	2: RELATIVES	AND REFERI	ENCES						
14. IMMEDIA		AND REFERI	ENCES						
	TE FAMILY			. • Mar	k "Deceased," if approp	oriate.			
• Prov	TE FAMILY vide all applicable	e information in	the spaces below.		k "Deceased," if approp ore space is needed, c		5 – reference con	responding	numbers.
Prov Mari	TE FAMILY vide all applicable k "N/A" if a categ	e information in to	the spaces below. able.						
Prov Mari 14.A Spous	TE FAMILY vide all applicable	e information in to ory is not applic	the spaces below. able.	• If m	ore space is needed, c	ontinue on page 25		Deceased	□ N/A
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SECTION	2: RELATIVES AND REFERE	NCES continued							
14.C Paren	its / Guardians / In-laws								
List AL	LL parents/guardians/in-laws livin	g or deceased, including bio	ological, adoptive, foste	r, step-pare	nts, etc.				
14.C.1 Par	rent / Guardian / In-law:	her	other Step-father	☐ In-law	Other:		Deceased		
NAME		HOME ADDRESS (NUMBER / STF	REET / APT)	CITY		STATE	ZIP		
	LUCKE BUONE	AND THE APPROACH IN DIFFEREN		OUT		07.475	710		
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NI)	CITY		STATE	ZIP		
	WORK PHONE	CELL PHONE	EMAIL						
	()	()							
14.C.2 Par	rent / Guardian / In-law:	her Father Step-m	other Step-father	☐ In-law	☐ Other:		Deceased		
NAME	Wot	HOME ADDRESS (NUMBER / STF		CITY	Guior.	STATE	ZIP		
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP		
	()	CELL PHONE	EMAIL						
	WORK PHONE								
14.C.3 Par	rent / Guardian / In-law:	her ☐ Father ☐ Step-m THOME ADDRESS (NUMBER / STF		☐ In-law	Other:	STATE	☐ Deceased		
INAIVIE		HOME ADDRESS (NUMBER / STR	REEL/API)	CITY		STATE	ZIP		
	HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP		
	()								
	WORK PHONE	CELL PHONE	EMAIL						
	()	()							
14.C.4 Par	rent / Guardian / In-law:	her	other Step-father	☐ In-law	Other:		Deceased		
NAME		HOME ADDRESS (NUMBER / STF	REET / APT)	CITY		STATE	ZIP		
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP		
	WORK PHONE	CELL PHONE	EMAIL						
	()	()	LIVI (IL						
14.C.5 Par	rent / Guardian / In-law:	│	other Step-father	☐ In-law	Other:		Deceased		
NAME	I Moti	HOME ADDRESS (NUMBER / STE		CITY	Otilei.	STATE	ZIP		
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP		
	()								
	WORK PHONE	CELL PHONE	EMAIL						
	()	()							
	rent / Guardian / In-law: Mot	her Father Step-m			Other:		Deceased		
NAME		HOME ADDRESS (NUMBER / STR	REET / APT)	CITY		STATE	ZIP		
	HOME PHONE	MAILING ADDRESS (IF DIFFEREN	NT)	CITY		STATE	ZIP		
	()								
	WORK PHONE	CELL PHONE	EMAIL			•	•		
	()								

Supplemental relatives information included on page 25

SECTION 2: RELATIVES AND REFERENCES continued										
14.D Broth	hers	/ Sisters								□ N/A
List A	ALL L	.IVING sib	lings, includ	ing ha	lf-s	iblings, step-siblings, foste	r-siblings, etc.			
14.D.1 Sil	ibling	: Bro	ther	ster		Half-brother Half-sister	r			
NAME				AGE	EF	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
							-			
		HOME PHO	NE		N	MAILING ADDRESS (IF DIFFEREN	II)	CITY	STATE	ZIP
		WORK PHO	NE		- (CELL PHONE	EMAIL			
		()	IVL			()	LIVIAL			
14.D.2 Sil	ibling	: Bro	ther 🔲 Si	ster		Half-brother Half-siste	r Other:			
NAME				AGE	E	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
		HOME PHO	NE		N	MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		() WORK PHO	NE			CELL PHONE	EMAIL			
		()	IV.			()	LIVITALL			
4450 00	LI.		ther De	. to :: .	<u> </u>	` ,				
NAME	bling	: Bro	ther			Half-brother Half-sister HOME ADDRESS (NUMBER / STR		CITY	STATE	ZIP
		HOME PHO	NE		N	MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		()								
		WORK PHO	NE		(CELL PHONE	EMAIL			
14.D.4 Sit	bling	: Bro	ther Si	ster		Half-brother Half-sister	Other:			
NAME				AGE	EF	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP
		HOME PHON	NE		N	MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP
		() WORK PHO	NE			CELL PHONE	EMAIL			
		()	INE.			()	EWAIL			
	ا ا	, ,			<u> </u>	· /				
Supplemei	ental r	elatives in	formation ii	iclude	d o	n page 25				
14.E Child										□ N/A
						al, adopted, step, and/or fo arent/guardian, if other tha		other children who reside with you. F	Provide	the name
14.E.1 Ch	hild:	Son	☐ Daught	er [Other:				
NAME				AGE		CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
						ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
						CONTACT NUMBER	EMAIL			
	hild:	Son	☐ Daugh		_	Other:	LUE OTHER THAN YOU			
NAME				AGE	-	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)			
					4	ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	7IP
						ADDITION (NOMBER / STILEET /	7.1.7		OIAIE	
						CONTACT NUMBER	EMAIL			
						()				
					L	, ,				

SECTION 2: RELATIVES AND REFERENCES continued										
14.E.3	Child:	☐ Son	☐ Daughter							
NAME				AGE	CUSTODIAL PARENT/GUARDIAN (IF	F OTHER	R THAN YOU)			
					ADDRESS (NUMBER / STREET / AP	T)		CITY	STATE	ZID
					ADDRESS (NUMBER / STREET / AP	1)		CITY	SIAIE	ZIP
					CONTACT NUMBER E	EMAIL				
					()					
14.E.4	Child:	Son	☐ Daughter	. 🗆	Other:					
NAME	Cilia.	☐ 30II	☐ Daugniei	AGE	CUSTODIAL PARENT/GUARDIAN (IF	F OTHER	R THAN YOU)			
					ADDRESS (NUMBER / STREET / AP	T)		CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL				
					()					
Supp	lemental r	elatives in	formation inc	luded (on page 25 🗌					
15. LIS	ST OF REFER	RENCES								
•	List 7-1 0) people w	vho know you	well, s	uch as close personal relation	nships,	social and fan	nily friends, teachers, military colleag	jues, an	d/or
	co-work	ers. Do N	OT include rel	latives,	employers, housemates, or a	•		elsewhere.		
45.4	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / /	APT)	CITY	STATE	ZIP
15.1										
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
		()	NIE.		OF IL PLONE	1.	T. A.A.II			
		WORK PHO)NE		CELL PHONE	ļ.	EMAIL			
		()			()					
		How do yo	ou know this per	son?				How long have you known this person?	1	
	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / A	APT)	CITY	STATE	ZIP
15.2										
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
		()								
		WORK PHO	NE		CELL PHONE	E	EMAIL			
		()			()					
		How do yo	ou know this per	son?				How long have you known this person?	1	
	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	REET / /	APT)	CITY	STATE	ZIP
15.3							,			
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
		()								
		WORK PHO	DNE		CELL PHONE	E	EMAIL			
		()			()					
		How do yo	ou know this per	son?				How long have you known this person?	1	
	NAME OF R	-		-	HOME ADDRESS (NUMBER / ST	DEET /	ADT)	CITY	STATE	710
15.4	NAME OF R	LI LINEINUE			HOWL ADDITESS (MONDER / ST	NLCI/I	AL 1)	OIT	SIAIE	LIF
		HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP
		()					•			
		WORK PHO	ONE		CELL PHONE	E	EMAIL			
		()			()					
		How do	nu know this see	2000		<u>l</u>		How long have you known this man		
	How do you know this person? How long have you known this person?									

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SEC	TION 2:	RELATIVES AND REFERENC	ES continued						
15.5	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	7IP		
		()	WORK AND RESOURCE TO THE ET	, 00112)		OIXIL	211		
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		How do you know this person?			How long have you known this person?				
15.6	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ CHITE)	CITY	STATE	ZID		
		()	WORK ADDITESS (NOMBER / STREET	730HL)	CITT	SIAIL	ZIF		
		WORK PHONE	CELL PHONE	EMAIL					
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		()	()		T				
		How do you know this person?			How long have you known this person?				
15.7	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.7									
		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?				
				How long have you known this pers					
15.8	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
.0.0									
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()							
		WORK PHONE	CELL PHONE	EMAIL					
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		How do you know this person?			How long have you known this person?				
45.5	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
15.9									
		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?				
15.10	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP		
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP		
		()		,					
		WORK PHONE	CELL PHONE	EMAIL					
		()	()						
		,	\ /						
		How do you know this person?			How long have you known this person?				

Supplemental references information included on page 25

SEC	CTION 3:	EDUCATION								
			•	iish transcripts or other pro ur response on page 25.	oof to support all	of your e	ducationa	I claims in Sec	tion 3.	
16 C	HECK APPLI	CARLE	MM/YYYY		MM/YYYY					MM/YYYY
	_	ool Diploma:	/	High School Equivalency		□ Calif	ornia High :	School Proficienc	v Certificate:	/
		— Прина.	,	Triigit Oorloot Equivalency	Test. ,				y Cortillodic.	
17. LI		HOOL(S) ATTENI	DED				T.		(4440)	
17.1	NAME OF HI	GH SCHOOL					F	FROM (MM/YYYY)	TO (MM/YY	YY)
				LOTTY				1	OTATE	1
				CITY					STATE	
	NAME OF HI	GH SCHOOL					F	FROM (MM/YYYY)	TO (MM/YY	YY)
17.2	NAME OF	GITOOTICOL						/	TO (WINN,	1
				CITY				, 	STATE	<i>'</i>
18. LI		LEGES AND UNI\ OLLEGE/UNIVERS	VERSITIES ATTE	NDED	FROM (MM/YYYY)	TO (MM/)	YYYY)	TOTAL UNITS COI	MPLETED	
18.1					/		1		_	SEM SYSTEM
		ADDRESS (NUME	BER / STREET)		•			DEGREE EA	<u> </u>	
								YES [NO TYPE:	
		CITY				STATE Z	ZIP	MAJOR / AF	REA OF STUDY	
	NAME OF C	OLLEGE/UNIVERS	SITY		FROM (MM/YYYY)	TO (MM/)	YYYY)	TOTAL UNITS COI	MPLETED	
18.2					/		/	a	QTR SYSTEM .	SEM SYSTEM
		ADDRESS (NUME	BER / STREET)					DEGREE EA		
	ļ								NO TYPE:	
	ļ	CITY				STATE Z	ZIP	MAJOR / AR	REA OF STUDY	
18.3	NAME OF C	OLLEGE/UNIVERS	ITY		FROM (MM/YYYY)	TO (MM/)	YYYY)	TOTAL UNITS COI		
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	ļ	ADDRESS (NUME	SER/SIREEI)					DEGREE EA		
	ļ	CITY				STATE Z	ZIP		NO TYPE:	
		CITY				SIAIE	IIP	IVIAJUN / AI	(EA UF 310D1	
		<u> </u>								
19. LI				S SCHOOLS / INSTITUTES ATTEN			T=2 (4.040.0	T DID V		
19.1	NAME OF T	RADE, VOCATION	AL, OR BUSINESS	S SCHOOL/INSTITUTE	FROM (M	M/YYYY)	TO (MM/YY	לאY) טוט YC	OU COMPLETE THE	COURSE?
		CITY			STA	те Ітуре	/ OF SCHOOL	OR TRAINING	Yes] NO
		CITT				1112	OF GOLIOCE	OK HAMMING		
Sunr	-lamontal c	ducation infor		-d -n nogo 25 🗍						
Supp	Nementar e	aucauon mion	Tlauon menue	ed on page 25						
LIST	ALL POST B	ASIC COURSES	ATTENDED							
20.	Have you	ever taken a P	C832 (Arrest a	ind/or Firearms) Course?					Yes	☐ No
	-		wing information							
		A. COURSE P	RESENTER NAME				LOCATION	I (CITY / STATE)		
		B. COURSE C						C	OMPLETION DATE	(MM/YYYY)
		Did you	successfully co	omplete the course?			🔲 '	Yes 🗌 No	/	

SE	CTION 3: EDUCATION continued						
21.	Have you ever attended a POST Basic Course/Academy: Re	gular, Mo	dular, Specializ	ed Investig	ators', Reserve	e, or Dispatche	er? 🗌 Yes 🔲 No
	IF YES, provide the following information:						
21.1	NAME OF COURSE PRESENTER/ACADEMY		FROM (M	M/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?
21.1				/	/		Yes No
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICER	/ ACADEMY CO	OORDINATOR	CONT	TACT NUMBER
						()
21.2	NAME OF COURSE PRESENTER/ACADEMY		FROM (M	M/YYYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?
	LOCATION (OTATE)	NAME OF T	RAINING OFFICER	/	/	2017	∐ Yes ∐ No
	LOCATION (CITY, STATE)	NAME OF TH	KAINING OFFICER	ACADEMY CO	JURDINATUR	CONT	FACT NUMBER
Cum	polamental POST basis source information included on Posts 2)				(,
Sup	plemental POST basic course information included on Page 2	:5 🗀					
	Have you ever been subject to any disciplinary action, includir from any high school(s), college/university, business, trade so IF YES, describe in detail below. Starting with high school, list POST basic course academy. Include when the disciplinary action of the age of 18, have you cheated on an exam, or assiste cheating on any POST exam?	ethool, or P any and a ction(s) occ	OST basic cou	rse/academ ctions receif f school(s),	ived in any sch and explanation	nool, education on of circumsta	al institution, or ances.
24. 1							
•	(
•	 If the residence is a military base, identify name of base in a unless you shared individual quarters. 	address, r	nearest city, sta	ite, and zip	code. Do NOT	list military ba	rracks mates
		25.					
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (I	MM/YYYY)	TO (MM/YYYY)
24.1	ASSESS WILLIAM TO THE MONDER OF THE TO THE PROPERTY OF THE PRO				T INOINI (I	1	Present
	CITY	STATE	ZIP	IF RENTIN	G: PROPERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER. RENT COLLECTOR. OR OW	/NER (NUMB	ER / STREET / AP1	/ PO BOX)		CONTACT NUME	BER
		-				()	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you live:		1	1			

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SEC	TION 4: RESIDENCE HISTORY continued						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)
24.2					/		1
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	FR / STREET / APT /	PO BOX)		CONTACT NUMB	IFR .
	WWW.LINGY.BBRESS STATISTICS EXTENSIONAL TOTAL CONTROL	LIT (ITOINID	EIC/OIIIEEI//II I/	10200)		, ,	ZIV.
	CITY	STATE	ZID	EMAIL		()	
	CITT	SIAIE	ZIF	EWAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
24.3	TOTALE TYPE STATES (TOTALE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP				1	,	1
	OLTV	STATE	710	IF PENTING: DDG	,	NACED DENT OF	I LECTOR OR OWNER
	CITY	SIAIE	ZIP	IF RENTING: PROP	PERITIVIA	ANAGER, RENT CC	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						()	
	CITY	STATE	ZIP	EMAIL			
	Name (a) of these with whom you lived:	•					
	Name(s) of those with whom you lived:						
	Reason for moving:						
					r		
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
					/		1
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	ANAGER, RENT CC	LLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						()	
	CITY	STATE	ZIP	EMAIL			
	N () ()			•			
	Name(s) of those with whom you lived:						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)						
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
					/		1
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						()	
	CITY	STATE	ZIP	EMAIL			
		<u> </u>		ı			
	Name(s) of those with whom you lived:						
	Pageon for maying:						
	Reason for moving:						
	Cumplemental residence information included on nego 25	· <u></u>	·		· <u></u>		

Supplemental residence information included on page 25

	TION 4:	RESIDENCE HISTORY continued							
			la esta d	and a during the		40.00	er or ol		45
•		contact information for all housemates listed in Question 24 with whom you I I list anyone for whom you have already provided contact information.	nave	resided during the	pasi	10 yea	irs or si	nce age	e 15.
		space is needed, continue your response on page 25.							
		OUSEMATE			CONT	TACT NUN	/BER		
25.1					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		`	•	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
25.2	NAME OF H	OUSEMATE			CON	TACT NUI	MBER		
	-				()			
	l	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			•	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	IOUSEMATE			CON.	TACT NUI	MBER		
25.3					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			-	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CON	TACT NUI	MBER		
25.4	-				()			
	l	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CON	TACT NUI	MBER		
25.5					()			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
Sunr	lomontal	housemate information included on page 25							
συμμ	nememan i	iousemate information included on page 25							
26.	Have you	ever been evicted or asked to leave a residence?						Yes	□ No
27.	Have you	ever left a residence owing rent, utilities, or other household expenses?						Yes	∐ No
ı	f you ansv	wered "YES" to Questions 26 and/or 27, explain (include when, where, and ci	ircums	stances):					
				,					
_									
_									

B EXPERIENCE								
	t-time temporary self-employm	ent and vo	lunteer (F	Regin with w	our current or most	recent)		
			,	•		recent.)		
		base, assig	illillerits, c	or utilit or ass	signinent.			
	•							
Il more space is needed, continue your res	sponse on page 25.							
NAME OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTA	CT NUMBER	EXT		
				()			
CITY		STATE	ZIP	EMAIL		<u> </u>		
JOB TITLE / RANK								
						ployed U Volunteer		
DUTIES / ASSIGNMENTS			REASON	FOR LEAVING	i			
SUPERVISOR	L CONTACT NUMBER	IFYT	EMAII					
SOI ENVISOR		LXI.	LIVIALE					
NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.	EMAIL					
1)	()							
2)	()							
•	()							
	our current employer?					Yes No		
IF YES, explain:								
PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)		
,] Other:			FROM (MM/YYYY)	TO (MM/YYYY)		
☐ Student ☐ Between jobs ☐ Leav] Other:			_ /	1		
,] Other:						
☐ Student ☐ Between jobs ☐ Leav] Other:		CONTA	_ /	1		
Student Between jobs Leav] Other:		CONTA	FROM (MM/YYYY)	TO (MM/YYYY)		
Student Between jobs Leav		Other:	ZIP		FROM (MM/YYYY) / CT NUMBER	TO (MM/YYYY)		
Student Between jobs Leav			ZIP	(FROM (MM/YYYY) / CT NUMBER	TO (MM/YYYY)		
Student Between jobs Leav			TYPE OF	(EMAIL EMPLOYMEN	FROM (MM/YYYY) / CT NUMBER) T (CHECK ALL THAT AP	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav			TYPE OF	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY			TYPE OF	(EMAIL EMPLOYMEN	FROM (MM/YYYY) / CT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS	ve of absence	STATE	TYPE OF	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav			TYPE OF	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CCT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR	ve of absence	STATE	TYPE OF FREASON	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CCT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS	ve of absence	STATE	TYPE OF	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CCT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS 1)	ve of absence	STATE	TYPE OF FREASON	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CCT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS	ve of absence	STATE	TYPE OF FREASON	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CCT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
Student Between jobs Leav NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS 1)	CONTACT NUMBER () CONTACT NUMBER ()	STATE	TYPE OF FREASON	EMAIL EMPLOYMEN T PT [FROM (MM/YYYY) / CCT NUMBER) T (CHECK ALL THAT AP Temp Self-em	/ TO (MM/YYYY) / EXT		
	If you have military experience, including relief that List ALL periods of unemployment in excellence space is needed, continue your relief more space is	If you have military experience, including reserve duty, enter your military List ALL periods of unemployment in excess of 30 days. If more space is needed, continue your response on page 25. NAME OF CURRENT EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR CONTACT NUMBER () NAMES OF CO-WORKERS 1) () Would there be a problem if we contact your current employer?	If you have military experience, including reserve duty, enter your military base, assign List ALL periods of unemployment in excess of 30 days. If more space is needed, continue your response on page 25. NAME OF CURRENT EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY STATE JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR CONTACT NUMBER EXT. () NAMES OF CO-WORKERS CONTACT NUMBER EXT. 1) 2) () Would there be a problem if we contact your current employer?	If you have military experience, including reserve duty, enter your military base, assignments, of List ALL periods of unemployment in excess of 30 days. If more space is needed, continue your response on page 25. NAME OF CURRENT EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY STATE ZIP JOB TITLE / RANK TYPE OF DUTIES / ASSIGNMENTS REASON SUPERVISOR CONTACT NUMBER EXT. EMAIL () NAMES OF CO-WORKERS CONTACT NUMBER EXT. EMAIL 1) () 2) () Would there be a problem if we contact your current employer?	If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignments. List ALL periods of unemployment in excess of 30 days. If more space is needed, continue your response on page 25. NAME OF CURRENT EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTACT CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMEN FT PT DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER () NAMES OF CO-WORKERS CONTACT NUMBER () NAMES OF CO-WORKERS CONTACT NUMBER () Would there be a problem if we contact your current employer?	If more space is needed, continue your response on page 25. NAME OF CURRENT EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APP FT Temp Self-employments Self-employments		

SEC.	TION 5: EXPERIENCE AND EMPLOYM	ENT continued						
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
28.5							1	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTAC	T NUMBER	EXT
						()	1	
	CITY			STATE	7ID	EMAIL	<u>'</u>	
	CITT			IAIL	ZIF	LIVIAIL		
	JOB TITLE / RANK						(CHECK ALL THAT APPL)	
					☐ FT	PT L	Temp Self-employ	ed Volunteer
	DUTIES / ASSIGNMENTS				REASON	FOR LEAVING		
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL			
		()						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL			
		/ \	LXI.		LIVIAIL			
	1)	()						
	2)	()						
							r	
28.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		· ·				FROM (MM/YYYY)	TO (MM/YYYY)
20.0	☐ Student ☐ Between jobs ☐ Leav	/e of absence ☐ Travel ☐] Othe	er:			/	/
28.7	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
20							/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTAC	T NUMBER	EXT
						()	1	
	CITY		5	STATE	ZIP	EMAIL		
	JOB TITLE / RANK				TYPE OF	EMPLOYMENT	(CHECK ALL THAT APPL)	Υ)
							Temp Self-employ	
	DUTIES / ASSIGNMENTS					FOR LEAVING	Temp	Volunteer Volunteer
	DUTIES / ASSIGNMENTS				NLASON	TORLLAVING		
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL			
	SUPERVISOR		LXI.		LIVIAIL			
		()						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL			
	1)	()						
	2)	()						
		,						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)
28.8	☐ Student ☐ Between jobs ☐ Leav	/e of absence ☐ Travel ☐	Othe	er:			1	1
	<u> </u>			-			1	
20.0	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
28.9							1	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTAC	T NUMBER	EXT
						()		
	CITY		[5	STATE	ZIP	EMAIL		
	IOD TITLE (DANK				TVDE OF	EMPLOYMENT	CUEOK ALL THAT ADDIN	
	JOB TITLE / RANK						(CHECK ALL THAT APPL)	
							Temp Self-employ	/ea Volunteer
	DUTIES / ASSIGNMENTS				REASON	FOR LEAVING		
	CHREDVICOR	CONTACT NUMBER	EVE		E144.			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL			
		()						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL			
	1)	()						
	2)	()						
	<u> </u>	()						

Student	SEC.	TION 5: EXP	ERIENCE AND EM	IPLOYMENT	continued							
STATE ZIP CONTACT NUMBER EXT EMAIL	28 10		,	,	.	—				` i	ТО	(MM/YYYY)
ADDRESS NUMBER / STREET / SUITE / OR BASE)	20.10	☐ Student	∐ Between jobs	Leave of	absence Travel		:			/		1
ADDRESS NUMBER / STREET / SUITE / OR BASE)		NAME OF EMPLO	OYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (N	IM/YYYY)
CITY STATE ZIP EMAIL JOS TITLE / RANK. TYPE OF DIR-COVMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS CONTACT NUMBER EXT. EMAIL 1) ()	28.11	TO THE OT LIMIT EX	71_1011							/	. 0 (1
CITY STATE ZIP EMAIL DUTIES TASSIGNMENTS CONTACT NAMEER EXT EMAIL		ADDRESS (NUM	BER / STREET / SUITE / C	OR BASE)					CONTACT	NUMBER		EXT
TYPE OF BARLOYMENT (GRECK APLICABLE)		,		,					()			
PT PT Temp Self-employed V		CITY				STA	ATE Z	IP .	EMAIL			
PT PT Temp Self-employed V												
DUTIES / ASSIGNMENTS SUPERVISOR		JOB TITLE / RAN	K					TYPE OF EMP	PLOYMENT	(CHECK ALL THAT APP	LY)	
SUPERVISOR CONTACT NUMBER EXT. EMAIL								☐ FT ☐	PT 🗌	Temp Self-emplo	oyed	Volunteer
CONTACT NUMBER EXT. EMAIL		DUTIES / ASSIGN	IMENTS					REASON FOR	R LEAVING			
CONTACT NUMBER EXT. EMAIL												
1)		SUPERVISOR		CON	ITACT NUMBER	EXT.		EMAIL				
1)				()							
22.12 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MMYYYY) TO (MMYYY / / /) TO (MMYYYY) TO (MMYYYYY) TO (MMYYYY) TO (MMYYYYY) TO (MMYYYYYYY) TO (MMYYYYY) TO (MMYYYYY) TO (MMYYYYY) TO (MMYYYYY) TO (MMYYYYY) TO (MMYYYYY) TO (MMYYYYYY) TO (MMYYYYYY) TO (MMYYYYYY) TO (MMYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY			VORKERS	CON	ITACT NUMBER	EXT.		EMAIL				
28.12 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) Student Between jobs Leave of absence Travel Other:		1)		()							
28.12		2)		()							
28.12		PERIOD OF LINE	MPI OVMENT (CHECK AF							FROM (MM/VVVV)	TO (N	MM/VVVV
28.13 NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY STATE JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS SUPERVISOR CONTACT NUMBER TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) PT PT Temp Self-employed V REASON FOR LEAVING NAMES OF CO-WORKERS CONTACT NUMBER EXT. EMAIL NAMES OF CO-WORKERS CONTACT NUMBER EXT. EMAIL 1) 2) () Supervisor EXT. EMAIL 1) 2) FROM (MMYYYYY) TO (MMYYY) Supplemental employment information included on Page 25 29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) 30. Have you ever been fired, released from probation, or asked to resign from any place of employment? 31. Were you ever unit without giving proper notice? 32. Have you ever quit without giving proper notice? 33. Have you ever resigned in lieu of termination? Yes 34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)	28.12		,	,	f absence	☐ Other	:			/	10 (10	
ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER EXT. EMAIL 1) () 20. () EXAMIL EMAIL () 21. PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) 23. A PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) 24. Leave of absence Travel Other: FROM (MMYYYY) Supplemental employment information included on Page 25 25. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) Yes 30. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes 31. Were you ever quit without giving proper notice? Yes 32. Have you ever resigned in lieu of termination? Yes 33. Have you ever been accused of discrimination? Yes 34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)										,		
ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTACT NUMBER CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS REASON FOR LEAVING VIDENTIFY Temp Self-employed VIDENTIFY Self-employed VIDENTIFY V	00.40	NAME OF EMPLO	OYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (N	IM/YYYY)
CITY	28.13									/		1
JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT		ADDRESS (NUM	BER / STREET / SUITE / C	OR BASE)					CONTACT	NUMBER		EXT
JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT									()			
DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER () NAMES OF CO-WORKERS () () PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) () Supplemental employment information included on Page 25 28. Have you ever been disciplined at work? (This includes written warnings, formal letters of counselling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) 30. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes 31. Were you ever quit without giving proper notice? Yes 32. Have you ever resigned in lieu of termination? Yes 33. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)		CITY				STA	TE Z	IP	EMAIL			
DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER () NAMES OF CO-WORKERS () () PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) () Supplemental employment information included on Page 25 28. Have you ever been disciplined at work? (This includes written warnings, formal letters of counselling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) 30. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes 31. Were you ever quit without giving proper notice? Yes 32. Have you ever resigned in lieu of termination? Yes 33. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)												
DUTIES / ASSIGNMENTS CONTACT NUMBER		JOB IIILE / RAN	K							•	•	
SUPERVISOR CONTACT NUMBER EXT. EMAIL		DUTIES / ASSIGN	IMENTS							Temp Sen-emplo	byed	volunteer
CONTACT NUMBER EXT. EMAIL		DOTIES / AGGIGI	VIVILIATO					REAGONTOI	CLLAVIIVO			
CONTACT NUMBER EXT. EMAIL		SUPERVISOR		CON	ITACT NUMBER	IEXT.		EMAIL				
1)				()							
2) () FROM (MMYYYYY) TO (MMYYYY) 28.14 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MMYYYYY) TO (MMYYYY) Supplemental employment information included on Page 25 29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) Yes 30. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes 31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes 32. Have you ever quit without giving proper notice? Yes 33. Have you ever resigned in lieu of termination? Yes 34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)		NAMES OF CO-V	VORKERS	CON	ITACT NUMBER	EXT.		EMAIL				
PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		1)		()							
PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		2)		1)							
Student Between jobs Leave of absence Travel Other:					,	<u> </u>						
Supplemental employment information included on Page 25 29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	28 14		,	· · ·						FROM (MM/YYYY)	TO (N	IM/YYYY)
29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	20.14	☐ Student	☐ Between jobs	☐ Leave of	fabsence		<u> </u>			/		1
reprimands, suspensions, reductions in pay, reassignments, or demotions.)	Supp	plemental emp	oyment information	included on	Page 25 🗌							
30. Have you ever been fired, released from probation, or asked to resign from any place of employment?										_		
31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	1	reprimands, su	spensions, reductior	ns in pay, reas	ssignments, or demotions	5.)				[Ye	s No
31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	30.	Have vou ever	been fired released	I from probation	on or asked to resign from	m anv pla	ce of	emplovment?	>	Γ	∃Ye	s \square No
32. Have you ever quit without giving proper notice?	00.	- I lavo you over	Door mod, released	THOM Probation	on, or doked to redigit from	Traily pla		omploymont:				
33. Have you ever resigned in lieu of termination?	31.	Were you ever	involved in a physic	al/verbal alter	rcation with a supervisor,	co-worke	r, or c	ustomer?		[Ye	s No
34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.)	32. l	Have you ever	quit without giving p	roper notice?						[Ye	s No
\cdot	33. I	Have you ever	resigned in lieu of te	ermination?						[Ye	s No
by a co-worker, superior, subordinate or customer?		•		•						_	Ye	s 🗌 No

SEC	CTION 5: EXPERIENCE AND EMPL	OYMENT continued						
35.	Were you ever the subject of a written	complaint at work that resulted in discip	olinary a	action against y	ou?	Yes	□No	
36.	Have you ever been counseled at wor	k due to lateness or absences?				Yes	□No	
37.	Did you ever receive an unsatisfactory	y performance review?				Yes	☐ No	
38.	Have you ever sold, released, or give	n away legally confidential information?				Yes	☐ No	
39.	Have you ever called in sick when you	u were neither sick nor caring for a sick t	family n	nember?		Yes	☐ No	
	IF YES, how many sick days have you	u used in the past five years which were	not du	e to illness? _	Days			
40.		ever engaged in sexual intercourse or to not include lawful contact such as pat se					□No	
41.	to co-workers or other persons withou	ever sent photographs of yourself or ot it prior authorization and/or consent? (No pursuant to official law enforcement invo	OTE: D	o not include <i>la</i>	<i>wful</i> exchange o	of	□No	
	If you answered "YES" to any of Questions 29–41 , explain (include when, where, and circumstances – <i>reference corresponding numbers</i>).						<i>).</i>	
Sup	pplemental employment information inc	luded on Page 25						
42.	In the past three years, have you miss	sed days or been late to work due to dru	g or ald	ohol consumpti	on?	Yes	□No	
	If YES, how often?							
43.	Has your work performance ever beer	n affected by your use of alcohol or drug	js?			Yes	☐ No	
	IF YES, when?	Name of employe	er:					
44.		en warned by an employer about your d					□No	
	IF YES, when?	Name of employe	er:					
45.	Have you ever applied for any positio	n at this or any other law enforcement a	gency (city, county, sta	ate, or federal)?	Yes	☐ No	
	 Have you ever applied for any position at this or any other law enforcement agency (city, county, state, or federal)?							
45.1	NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY	′)	
	ADDRESS (NUMBER / STREET)				BACKGDOLIND IN	/ VESTIGATOR'S NAME (IF K	(NOWN)	
	ADDRESS (NUMBER / STREET)				DACKGROUND IN	VESTIGATOR S NAME (IF R	MINOVVIN)	
	CITY		STATE	ZIP	CONTACT NUMBE	ER I	EXT	
					()			
	POSITION APPLIED FOR			EMAIL				
	CHECK EACH STEP IN THE PROCESS THAT	YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Writter	n	-		ground		onal Offer	

SECI	ION 5: EXPERIENCE AND EMPLOYMENT continued					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)
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	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
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	OLTV	OTATE	710	CONTACT NUMBER	-D	EXT
	CITY	STATE	ZIP	CONTACT NUMBE	=K	EXI
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:				_	
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground 🔲 Chi	ef's Oral Condit	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired	er (explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	YY)
45.3					1	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	I VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER .	EXT
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	POSITION APPLIED FOR		EMAIL	,		
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	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	raranh/C	NSA D Back	ground \square Chi	of's Oral Condit	ional Offer
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	STATUS: Hired On Eligibility List Withdrew Disqualified	」List Ex	pired	er (explain)		
	NAME OF LAW ENFORCEMENT ACENCY				DATE ADDITED (MM/VVV	/V)
45.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)
45.4					1	
45.4	NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)			BACKGROUND IN		
45.4				BACKGROUND IN	1	
45.4		STATE	ZIP	BACKGROUND IN	/ VESTIGATOR'S NAME (IF	
45.4	ADDRESS (NUMBER / STREET)	STATE	ZIP		/ VESTIGATOR'S NAME (IF	KNOWN)
45.4	ADDRESS (NUMBER / STREET)	STATE	ZIP		/ VESTIGATOR'S NAME (IF	KNOWN)
45.4	ADDRESS (NUMBER / STREET) CITY	STATE			/ VESTIGATOR'S NAME (IF	KNOWN)
45.4	ADDRESS (NUMBER / STREET) CITY	STATE			/ VESTIGATOR'S NAME (IF	KNOWN)
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR		EMAIL	CONTACT NUMBE	/ VESTIGATOR'S NAME (IF	EXT
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT
45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT
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45.4	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified	/graph/C	EMAIL	CONTACT NUMBE	VESTIGATOR'S NAME (IF	EXT ional Offer
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	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR	/graph/C	EMAIL EVSA Back spired Other	ground Chier (explain)	/ VESTIGATOR'S NAME (IF ef's Oral □ Condit □ DATE APPLIED (MM/YYY) / VESTIGATOR'S NAME (IF	EXT ional Offer (Y)
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C] List Ex STATE	EMAIL EVSA Back spired Other	contact number () ground	ef's Oral Condit DATE APPLIED (MM/YYY) VESTIGATOR'S NAME (IF	EXT ional Offer (Y) EXT
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL EVSA Back Spired Other ZIP EMAIL EVSA Back	CONTACT NUMBER () ground	ef's Oral Condit DATE APPLIED (MM/YYY) VESTIGATOR'S NAME (IF	EXT ional Offer (Y) EXT
	ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrew Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C	EMAIL EVSA Back Spired Other ZIP EMAIL EVSA Back	CONTACT NUMBER () ground	ef's Oral Condit DATE APPLIED (MM/YYY) VESTIGATOR'S NAME (IF	EXT ional Offer (Y) EXT

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SECT	TION 5: EXPERIENCE AND EMPLOYMENT continued					
45.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y	YYY)
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	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME	(IF KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ΞR	EXT
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	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA ☐ Backo	ground	ief's Oral	ditional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified					
45.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y	YYY)
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	/ IVESTIGATOR'S NAME	(IF KNOWN)
	,					(·· · · · · · · · · · · · · · · · · · ·
	CITY	STATE	ZIP	CONTACT NUMBE	≣R	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	/graph/C	:VSA ☐ Backo	ground	ief's Oral	ditional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Othe	er (explain)	<u></u>	
	Supplemental employment information is included on Page 25					
SEC	TION 6: MILITARY EXPERIENCE					
46.	Are you required to register for the Selective Service?					∕es □ No
	IF YES, have you registered?					∕es
	IF NO, explain:					
47.	Have you ever served in the military?				\	∕es ∐ No
40	If you answered "YES" to Question 47, include the following service informati	ion:				
48.	BRANCH OF SERVICE	1011.		FROM (MM/YYY	Y) TO (MM/\	/YYY)
	534,67 67 62,47,62			/	.,	1
	TYPE OF DISCHARGE					
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Oth	er than	Honorable)	Bad Condu	ct Dishonor	able
	Re-entry Code (1–4) if applicable – refer to your DD-214:					
40	Are you currently participating in one of the following?					
49.	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation	nn ende	(MM/DD/YY):			
	_ ,		<u> </u>	<u> </u>		
	Have you ever been the subject of any judicial or non-judicial disciplinary act office hours, company punishment)?	•				∕es □ No
51.	Were you ever denied a security clearance, or had a clearance revoked, sus	pended	, or downgraded	l?		∕es □ No
52.	Have you ever taken military property without permission for personal use, to	sell, or	to give away?			∕es □ No
	If you answered "YES" to any of Questions 50-52 , explain (include dates an	d circur	nstances).			
	plemental military information included on Page 25					

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_		7: FINANCIAL			
53.	INCOM	E AND EXPENSES			
	• Fo	r each of the following questions (53A and B), fill in the amounts to the nearest dollar.			
		r Question 53A: Provide your total monthly disposable income. Include money from investments, rental income, al	•		·
		r Question 53B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payme nintenance, entertainment, etc., as well as any other obligations you may have.	nts, foo	d, gas and	car
		A) What is your total monthly disposable income?	\$	per r	month
		B) How much do you spend each month?	\$	per r	month
54.	Have	you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?		Yes	□No
55.	Have	any of your bills ever been turned over to a collection agency?		Yes	□ No
56.	Have	you ever had purchased goods repossessed?		Yes	☐ No
57.	Have	your wages ever been garnished?		Yes	☐ No
58.	Have	you ever been delinquent on income or other tax payments?		Yes	☐ No
59.	Have	you ever failed to file income tax or cheated/lied on an income tax form?		Yes	☐ No
60.	Have	you ever had an employment bond refused?		Yes	□ No
61.	Have	you ever avoided paying any lawful debt by moving away?		Yes	□No
62.	Have	you ever defaulted on (failed to pay) a loan?		Yes	□No
63.	Have	you ever borrowed money to pay for a gambling debt?		Yes	☐ No
	IF YE	S, do you currently have any outstanding debts as a result of gambling?		Yes	☐ No
64.	Have	you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)	?	Yes	☐ No
65.	Have	you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?		Yes	□No
66.	Have	you written three or more bad checks in a one-year period?		Yes	☐ No
	If you	answered "YES" to any of Questions 54-66 , explain (include when, where, and why – reference corresponding nu	umbers)).	
			,		

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► Disclosure of Arrests and Convictions

• This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.

•	If more space is needed, continue your response on page 25.								
67.	Have you EVER been detained by law enforcement for investigation misdemeanor or felony offense in this state or any other legal jurisor of Military Justice)?	diction (including offense	s in the Uniform Code	s 🗌 No					
	IF YES, explain each incident:								
67.1		APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY						
	DISPOSITION OR PENALTY								
67.2		APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY						
07.2	DISPOSITION OR PENALTY								
	DISPOSITION ON PENALTT								
Sup	plemental disclosure information included on Page 25								
68.	Have you ever been placed on court probation?		Ye	s 🗌 No					
	Were you ever required to appear before a juvenile court for an act committed as an adult?		Ye	s 🗌 No					
70.	Have you ever been a party in a civil lawsuit (e.g., small claims action support, etc.)?			s 🗌 No					
71.	Have the police ever been called to your home for any reason?								
72.	Have you or your spouse/partner ever been referred to Child Prote	ctive Services?		s 🗌 No					
73.	Have you ever been the subject of an emergency protective order/	restraining order/stay-aw	ay order? Ye	s 🗌 No					
74.	Have you settled any civil suit in which you, your insurance compart to make payment to the other party?			s 🗌 No					
75.	Have you ever fraudulently received welfare, unemployment competer or federal assistance?		ensation, or other state Ye	s 🗌 No					
76.	Have you ever been required to repay any welfare payments, unen federal assistance?			s 🗌 No					
77.	Have you ever filed a false insurance or workers' compensation cla	aim?		s 🗌 No					
	If you answered "YES" to any of Questions 68-77 , explain (include numbers). If more space is needed, continue your response on page		, dates, and circumstances – <i>reference corre</i>	esponding					

SECT	FION 8: LEGAL continued	
► In	volvement in Criminal Acts – Part 1	
78. l	Have you committed any of the following acts within the past seven (7) years? (You do NOT have to report any acts committed prior	' to age 15.)
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.	
•	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or s relieved you from reporting the detention, arrest, or conviction that arose from it.	tate law
78.1	Animal abuse and/or neglect Yes	s 🗌 No
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	s 🗌 No
78.3	Battery (use of force or violence upon another)	s 🗌 No
78.4	Brandishing a weapon (any type of weapon)	s 🗌 No
78.5	Carrying a concealed weapon without a permit Yes	s 🗌 No
78.6	Contributing to the delinquency of a minor	s 🔲 No
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	s 🗌 No
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	s 🗌 No
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	s 🗌 No
78.10	Filing a false police report	s 🗌 No
78.11	Hit & run collision (no injuries)	s 🗌 No
78.12	Illegal gambling	s 🗌 No
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	s 🗌 No
78.14	Impersonating a peace officer (pretending to be a police officer)	s 🗌 No
78.15	Indecent exposure and/or lewd or obscene conduct Yes	s 🗌 No
78.16	Intentionally writing a bad check Yes	s 🗌 No
78.17	Joyriding (using a car or other vehicle without owner's permission)	s 🗌 No
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	s 🗌 No
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	s 🗌 No
78.20	Possession of alcohol as a minor (under the age of 21)	s 🗌 No
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	s 🗌 No
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	s 🗌 No
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	s 🗌 No
78.24	Reckless driving	s 🗌 No
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	s 🗌 No
78.26	Treenassing	з П No

SECT	FION 8: LEGAL continued	
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No
78.28	Any other act amounting to a misdemeanor	□No
•	If you answered "YES" to ANY of the item(s) in Question 78 , fully explain circumstances, including dates, names of individuals involve and resolution. <i>Reference the corresponding number</i> (e.g., 78.5) for each explanation.	ed,
•	If more space is needed, continue your response on page 25.	
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0		
Suppl	lemental legal information included on Page 25	
► In	volvement in Criminal Acts – Part 2	
79.	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 relieved you from reporting the detention, arrest, or conviction that arose from it.	law
79.1	Arson (intentionally destroying property by setting a fire)	□No
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	□No
79.3	Blackmail or extortion Yes	□No
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□ No
79.6	Elder abuse and/or neglect (physical and/or financial) Yes	□No
79.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
79.8	Felony drunk driving (involving injuries)	□No
79.9	Felony illegal sex acts Yes	☐ No
79.10	Forcible rape Yes	☐ No
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□ No
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	☐ No
79.13	Grand theft (value of over \$950, automobile, any firearm)	□No
79.14	Hit & run (with injuries)	☐ No
79.15	Hate crime Yes	☐ No
79.16	Insurance fraud Yes	□No
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	☐ No
79.18	Perjury (lying under oath) Yes	☐ No
79.19	Possession of an explosive/destructive device Yes	□No
79.20	Robbery (theft from another person using a weapon, force, or fear)	□No

SEC	FION 8: LEGAL continued	
79.21	Stalking	
79.22	Theft of a vehicle and/or vehicle parts	Yes No
79.23	Viewing and/or possessing child pornography	Yes No
79.24	Any other act amounting to a felony	Yes □ No
•	If you answered "YES" to ANY of the item(s) in Question 79, fully explain	n circumstances, including dates, names of individuals involved,
	and resolution. Reference the corresponding number (e.g., 79.3) for each If more space is needed, continue your response on page 25.	n explanation.
▶ III	egal Use of Drugs	
•	For the purpose of responding to the following questions, "illegal drugs" inc	clude the unauthorized or illegal use of prescription medications
	or over-the-counter drugs; it also includes the illegal use of any other subs	
•	Your responses should include — <i>but not be limited to</i> — your use of an	
	Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)	Marijuana (with or without a prescription)
	Barbiturates (Downers)	Mescaline
	Cocaine / Crack Cocaine	Morphine
	▶ Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	► PCP / Angel Dust
	► GHB (Date Rape Drug)	▶ Quaaludes
	► Hallucinogens (Peyote, LSD, Mushrooms)	► Steroids
	► Hashish / Hashish Oil	► Tetrahydrocannabinal (THC)
	► Heroin / Opium	► Glue, paint, or any substance containing toluene
80.	Within the past six months, have you used any drug(s) as indicated abov	/e? Yes No
	F YES, give details including drug(s) used, most recent date used, and d	circumstances:
	5 6(7)	
81.	Prior to the past six months:	
	I have <i>never</i> used any drug recreationally.	
	I have tried or used one or more drugs, but only under <i>limited</i> circums events, etc.)	stances (for example, experimentation, at parties, concerts, special
	F YOU CHECKED BOX 2, give details including drug(s) used, most recei	nt date used, and circumstances:
	3 3.7	
_		
_		

SEC	CTION 8: LEGAL	L continued					
82.		engaged in any of the act				s, including marijuana and/or pr	escription
	Sold Manufactured Purchased Furnished Cultivated Carried or F					Carried or Held for Anoth	ner
	IF ANY ITEM IS	CHECKED, give details in	cluding drug(s) involv	ed, over what ti	me period(s), and circur	mstances.	
83.		<i>five years</i> , have you assoed drugs or narcotics, and/				ers who Yes	□ No
Sup	plemental drug in	formation included on Pag	ge 25 🗌				
SEC	CTION 9: MOTO	R VEHICLE INFORMAT	TION				
84.	Current Driver's I	License:					
	STATE OF ISSUE	LICENSE NUMBER		ATE (MM/DD/YYYY) /	NAME UNDER WHICH LICENS	SE WAS GRANTED	
05	List other states	where you have been lice	nsed to operate a moto	r vehicle:			
65.		LICENSE NUMBER (IF KNOWN)			NAME UNDER WHICH LICENS	SE WAS GRANTED	
86.	-	een refused a driver's licer				Yes	□ No
87.	-	license ever been susper				Yes	□ No

SEC	TION 9: MOTOR VEHICLE INFORMATION contin	lued						
88.	List your current liability insurance on your vehicle(s).							
00.4	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y	(YY)	VEHICLE LI	CENSE	
88.1	☐ Insured ☐ Bonded ☐ Cash Deposit							
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE	(MM/DD/YYYY)
	ADDRESS (ALLIMDED/STDEET)	CITY		LCTATE	ZID		CONTACT NUMBER	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	£
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y)	/VV)	VEHICLE LI	CENSE	
88.2	☐ Insured ☐ Bonded ☐ Cash Deposit	VEHICLE WARE		ILAK (II	111)	VEHICLE EN	CLINGE	
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE	(MM/DD/YYYY)
							1 1	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	₹
							()	
00.0	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y	(YY)	VEHICLE LI	CENSE	
88.3	☐ Insured ☐ Bonded ☐ Cash Deposit							
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE	(MM/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		()	Ĺ
							,	
89.	Have you received any traffic citations, excluding parl			ars. 🗌	Yes	☐ No <i>I</i> I	f YES, give detail	ls below.
89.1	NATURE OF VIOLATION	LOCATION	N (STREET)		CITY			STATE
	DATE VIOLATION OCCURRED AG	CTION TAKEN						
	Month: Year:	☐ Not Guilty	Fined	Г	Traffi	c School	☐ Dismis	sed
	NATURE OF VIOLATION		N (STREET)		CITY			STATE
89.2								
		CTION TAKEN			7			
_	Month: Year:	☐ Not Guilty	Fined			c School	Dismis	
89.3	NATURE OF VIOLATION	LOCATION	N (STREET)		CITY			STATE
	DATE VIOLATION OCCURRED AC	CTION TAKEN						
	Month: Year:	☐ Not Guilty	Fined		Traffi	c School	Dismis	sed
	lles a traffic situation or an unsultant in a comment			4- 41	f alland	(abaalı	all that apply	
90.	Has a traffic citation ever resulted in a warrant or cause	-						
		ed to Complete Traff	ic School F	alled to F	ay tne	Required	Fine	
	IF CHECKED, explain circumstances:							
91. H	lave you been involved as the driver in a motor vehic	le accident <i>within th</i>	he past seven years	s ?			Yes	☐ No
- 1	F YES, give details below.							
91.1	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE
	POLICE REPORT LAW ENFORCEMENT AGENC	· V		AT FAULT?)	IMAG	THE ACCIDENT?	
	Yes No	71		Yes				n-injury
	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY		· ['		STATE
91.2	1							
	POLICE REPORT LAW ENFORCEMENT AGENC	Y		AT FAULT?			THE ACCIDENT?	
	Yes No			Ye:	s 🗌 1	No	☐ Injury ☐ No	n-injury

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SECTION 9: MOTOR VEHICLE INFORMATION continued					
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE	
91.3	1				
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?	
	Yes No		☐ Yes ☐ No	☐ Injury ☐ Non-injury	
92.	92. Have you ever driven a vehicle without auto insurance, as required by law?				
	IF YES, GIVE REASON FROM (MM/YYYY) TO (MM/YYYY)				
				/ /	
93.	Have you ever been refused automobile liability insurance or a bond, or had them cancelled?				
	IF YES, GIVE REASON DATE (MM/YYYY)				
		INSURANCE COMPANY			
Supplemental motor vehicle information included on page 25					
SECTION 10: OTHER TOPICS					
94.	Have you ever been refused a permit to carry a concealed weapon?				
95.	that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality,				
	gender, sexual preference, or disability?				
96.	Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? Yes No				
97.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?				
98.	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?				
	If you answered "YES" to any	of Questions 94–98 , give details including date	es and circumstances – <i>reference c</i>	orresponding numbers).	
SECTION 11: CERTIFICATION					
99.	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 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.

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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.