

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

# PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 2/2018)

## SECTION 1: PERSONAL

|   |          |                                   |  |                               |  |
|---|----------|-----------------------------------|--|-------------------------------|--|
| <b>1. YOUR FULL NAME</b>  |          |                                   |  |                               |  |
| LAST  | FIRST    | MIDDLE                            |  |                               |  |
| 2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)           |          |                                   |  |                               | <input type="checkbox"/> N/A                             |
| <b>3. ADDRESS WHERE YOU LIVE</b>  |          |                                   |  |                               |  |
| NUMBER / STREET   |          |                                   |  | APT / UNIT                    |  |
| CITY  |          |                                   | STATE  | ZIP                           |  |
| <b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>                    |          |                                   |  |                               |  |
| <b>5. CONTACT NUMBERS</b>   |          |                                   |  |                               |  |
| HOME ( )  | WORK ( ) | EXT                               | OTHER ( )  | <input type="checkbox"/> CELL | <input type="checkbox"/> FAX                             |
| <b>6. CONTACT EMAIL</b>   |          |                                   | <b>7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b> |                               |  |
| <b>8. CITIZENSHIP</b>   |          |                                   |  |                               |  |
| Are you a U.S. citizen? .....   |          |                                   |  |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? ..... |          |                                   |  |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>                                     |          |                                   |  |                               |  |
| <b>10. BIRTHDATE (MM/DD/YYYY)</b>   |          | <b>11. SOCIAL SECURITY NUMBER</b> |  | <b>12. DRIVER'S LICENSE</b>   |  |
|   |          | - -                               |  | NUMBER:                       | STATE: EXPIRES:  |
| <b>13. PHYSICAL DESCRIPTION</b>   |          |                                   |  |                               |  |
| HEIGHT:   | WEIGHT:  | HAIR COLOR:                       | EYE COLOR:   |                               |  |

## SECTION 2: RELATIVES AND REFERENCES

|   |  |  |  |   |                                   |                              |
|---|--|--|--|---|-----------------------------------|------------------------------|
| <b>14. IMMEDIATE FAMILY</b>   |  |  |  |   |                                   |                              |
| <ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>Mark "Deceased," if appropriate.</li> <li>If more space is needed, continue on page 25 – reference corresponding numbers.</li> </ul> |  |  |  |   |                                   |                              |
| <b>14.A Spouse / Registered Domestic Partner</b>  |  |  |  |   | <input type="checkbox"/> Deceased | <input type="checkbox"/> N/A |
| NAME  |  | HOME ADDRESS (NUMBER / STREET / APT)   |  | CITY  | STATE                             | ZIP                          |
|   |  |  |  |   |                                   |                              |
| HOME PHONE<br>( )   |  | WORK ADDRESS (NUMBER / STREET / SUITE) |  | CITY  | STATE                             | ZIP                          |
|   |  |  |  |   |                                   |                              |
| WORK PHONE<br>( )   |  | CELL PHONE<br>( )                      |  | EMAIL   |                                   |                              |
|   |  |  |  |   |                                   |                              |
| DATE OF MARRIAGE/REGISTRATION<br>/ (MM/YYYY)  |  |  |  | Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... |                                   |                              |
|   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |                              |
| <b>14.B Former Spouse / Former Registered Domestic Partner</b>  |  |  |  |   | <input type="checkbox"/> Deceased | <input type="checkbox"/> N/A |
| NAME  |  | HOME ADDRESS (NUMBER / STREET / APT)   |  | CITY  | STATE                             | ZIP                          |
|   |  |  |  |   |                                   |                              |
| HOME PHONE<br>( )   |  | WORK ADDRESS (NUMBER / STREET / SUITE) |  | CITY  | STATE                             | ZIP                          |
|   |  |  |  |   |                                   |                              |
| WORK PHONE<br>( )   |  | CELL PHONE<br>( )                      |  | EMAIL   |                                   |                              |
|   |  |  |  |   |                                   |                              |
| DATE OF MARRIAGE/REGISTRATION<br>/ (MM/YYYY)  |  | DATE OF DISSOLUTION<br>/ (MM/YYYY)     |  | Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... |                                   |                              |
|   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |                              |

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**SECTION 2: RELATIVES AND REFERENCES *continued***

**14.C Parents / Guardians / In-laws**

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

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

|                   |                                      |       |       |     |
|-------------------|--------------------------------------|-------|-------|-----|
| NAME              | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
| HOME PHONE<br>( ) | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) | CELL PHONE<br>( )                    | EMAIL |       |     |

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

|                   |                                      |       |       |     |
|-------------------|--------------------------------------|-------|-------|-----|
| NAME              | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
| HOME PHONE<br>( ) | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) | CELL PHONE<br>( )                    | EMAIL |       |     |

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

|                   |                                      |       |       |     |
|-------------------|--------------------------------------|-------|-------|-----|
| NAME              | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
| HOME PHONE<br>( ) | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) | CELL PHONE<br>( )                    | EMAIL |       |     |

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

|                   |                                      |       |       |     |
|-------------------|--------------------------------------|-------|-------|-----|
| NAME              | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
| HOME PHONE<br>( ) | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) | CELL PHONE<br>( )                    | EMAIL |       |     |

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

|                   |                                      |       |       |     |
|-------------------|--------------------------------------|-------|-------|-----|
| NAME              | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
| HOME PHONE<br>( ) | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) | CELL PHONE<br>( )                    | EMAIL |       |     |

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

|                   |                                      |       |       |     |
|-------------------|--------------------------------------|-------|-------|-----|
| NAME              | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
| HOME PHONE<br>( ) | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) | CELL PHONE<br>( )                    | EMAIL |       |     |

Supplemental relatives information included on page 25

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 2: RELATIVES AND REFERENCES** *continued*

**14.D Brothers / Sisters**

N/A

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

**14.D.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

|                   |     |                                      |       |       |     |
|-------------------|-----|--------------------------------------|-------|-------|-----|
| NAME              | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
|                   |     |                                      |       |       |     |
| HOME PHONE<br>( ) |     | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) |     | CELL PHONE<br>( )                    | EMAIL |       |     |

**14.D.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

|                   |     |                                      |       |       |     |
|-------------------|-----|--------------------------------------|-------|-------|-----|
| NAME              | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
|                   |     |                                      |       |       |     |
| HOME PHONE<br>( ) |     | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) |     | CELL PHONE<br>( )                    | EMAIL |       |     |

**14.D.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

|                   |     |                                      |       |       |     |
|-------------------|-----|--------------------------------------|-------|-------|-----|
| NAME              | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
|                   |     |                                      |       |       |     |
| HOME PHONE<br>( ) |     | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) |     | CELL PHONE<br>( )                    | EMAIL |       |     |

**14.D.4 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: \_\_\_\_\_

|                   |     |                                      |       |       |     |
|-------------------|-----|--------------------------------------|-------|-------|-----|
| NAME              | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY  | STATE | ZIP |
|                   |     |                                      |       |       |     |
| HOME PHONE<br>( ) |     | MAILING ADDRESS (IF DIFFERENT)       | CITY  | STATE | ZIP |
| WORK PHONE<br>( ) |     | CELL PHONE<br>( )                    | EMAIL |       |     |

Supplemental relatives information included on page 25

**14.E Children**

N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

**14.E.1 Child:**  Son  Daughter  Other: \_\_\_\_\_

|      |     |   |       |       |     |
|------|-----|---|-------|-------|-----|
| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |       |       |     |
|      |     |   |       |       |     |
|      |     | ADDRESS (NUMBER / STREET / APT)               | CITY  | STATE | ZIP |
|      |     |   |       |       |     |
|      |     | CONTACT NUMBER<br>( )                         | EMAIL |       |     |

**14.E.2 Child:**  Son  Daughter  Other: \_\_\_\_\_

|      |     |   |       |       |     |
|------|-----|---|-------|-------|-----|
| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |       |       |     |
|      |     |   |       |       |     |
|      |     | ADDRESS (NUMBER / STREET / APT)               | CITY  | STATE | ZIP |
|      |     |   |       |       |     |
|      |     | CONTACT NUMBER<br>( )                         | EMAIL |       |     |

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**SECTION 2: RELATIVES AND REFERENCES *continued***

**14.E.3 Child:**  Son  Daughter  Other: \_\_\_\_\_

|      |     |   |       |       |     |
|------|-----|---|-------|-------|-----|
| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |       |       |     |
|      |     | ADDRESS (NUMBER / STREET / APT)               | CITY  | STATE | ZIP |
|      |     | CONTACT NUMBER<br>( )                         | EMAIL |       |     |

**14.E.4 Child:**  Son  Daughter  Other: \_\_\_\_\_

|      |     |   |       |       |     |
|------|-----|---|-------|-------|-----|
| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |       |       |     |
|      |     | ADDRESS (NUMBER / STREET / APT)               | CITY  | STATE | ZIP |
|      |     | CONTACT NUMBER<br>( )                         | EMAIL |       |     |

Supplemental relatives information included on page 25

**15. LIST OF REFERENCES**

- List 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

|      |                              |  |       |                                      |     |  |
|------|------------------------------|--|-------|--------------------------------------|-----|--|
| 15.1 | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|      | HOME PHONE<br>( )            | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|      | WORK PHONE<br>( )            | CELL PHONE<br>( )                      | EMAIL |                                      |     |  |
|      | How do you know this person? |  |       | How long have you known this person? |     |  |

|      |                              |  |       |                                      |     |  |
|------|------------------------------|--|-------|--------------------------------------|-----|--|
| 15.2 | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|      | HOME PHONE<br>( )            | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|      | WORK PHONE<br>( )            | CELL PHONE<br>( )                      | EMAIL |                                      |     |  |
|      | How do you know this person? |  |       | How long have you known this person? |     |  |

|      |                              |  |       |                                      |     |  |
|------|------------------------------|--|-------|--------------------------------------|-----|--|
| 15.3 | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|      | HOME PHONE<br>( )            | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|      | WORK PHONE<br>( )            | CELL PHONE<br>( )                      | EMAIL |                                      |     |  |
|      | How do you know this person? |  |       | How long have you known this person? |     |  |

|      |                              |  |       |                                      |     |  |
|------|------------------------------|--|-------|--------------------------------------|-----|--|
| 15.4 | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|      | HOME PHONE<br>( )            | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|      | WORK PHONE<br>( )            | CELL PHONE<br>( )                      | EMAIL |                                      |     |  |
|      | How do you know this person? |  |       | How long have you known this person? |     |  |

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**SECTION 2: RELATIVES AND REFERENCES *continued***

|       |                              |  |       |                                      |     |  |
|-------|------------------------------|--|-------|--------------------------------------|-----|--|
| 15.5  | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|       | HOME PHONE<br>(    )         | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|       | WORK PHONE<br>(    )         | CELL PHONE<br>(    )                   | EMAIL |                                      |     |  |
|       | How do you know this person? |  |       | How long have you known this person? |     |  |
|       |                              |  |       |                                      |     |  |
| 15.6  | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|       | HOME PHONE<br>(    )         | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|       | WORK PHONE<br>(    )         | CELL PHONE<br>(    )                   | EMAIL |                                      |     |  |
|       | How do you know this person? |  |       | How long have you known this person? |     |  |
|       |                              |  |       |                                      |     |  |
| 15.7  | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|       | HOME PHONE<br>(    )         | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|       | WORK PHONE<br>(    )         | CELL PHONE<br>(    )                   | EMAIL |                                      |     |  |
|       | How do you know this person? |  |       | How long have you known this person? |     |  |
|       |                              |  |       |                                      |     |  |
| 15.8  | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|       | HOME PHONE<br>(    )         | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|       | WORK PHONE<br>(    )         | CELL PHONE<br>(    )                   | EMAIL |                                      |     |  |
|       | How do you know this person? |  |       | How long have you known this person? |     |  |
|       |                              |  |       |                                      |     |  |
| 15.9  | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|       | HOME PHONE<br>(    )         | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|       | WORK PHONE<br>(    )         | CELL PHONE<br>(    )                   | EMAIL |                                      |     |  |
|       | How do you know this person? |  |       | How long have you known this person? |     |  |
|       |                              |  |       |                                      |     |  |
| 15.10 | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY  | STATE                                | ZIP |  |
|       | HOME PHONE<br>(    )         | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE                                | ZIP |  |
|       | WORK PHONE<br>(    )         | CELL PHONE<br>(    )                   | EMAIL |                                      |     |  |
|       | How do you know this person? |  |       | How long have you known this person? |     |  |
|       |                              |  |       |                                      |     |  |

Supplemental references information included on page 25

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 25.*

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

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

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

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

Supplemental education information included on page 25

| LIST ALL POST BASIC COURSES ATTENDED  |  |
|---|--|
| <b>20. Have you ever taken a PC832 (Arrest and/or Firearms) Course?</b> .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, provide the following information:  |  |
| A. COURSE PRESENTER NAME  | LOCATION (CITY / STATE)                                  |
|   |  |
| B. COURSE COMPLETION  | COMPLETION DATE (MM/YYYY)                                |
| Did you successfully complete the course?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | /  |

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**SECTION 3: EDUCATION *continued***

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher?  Yes  No  
 IF YES, provide the following information:

|      |                                  |  |  |              |  |
|------|----------------------------------|--|--|--------------|--|
| 21.1 | NAME OF COURSE PRESENTER/ACADEMY |  | FROM (MM/YYYY)                                 | TO (MM/YYYY) | DID YOU PASS/GRADUATE?                                   |
|      |                                  |  | /  | /            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | LOCATION (CITY, STATE)           |  | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR |              | CONTACT NUMBER   |
|      |                                  |  |  |              | ( )  |
| 21.2 | NAME OF COURSE PRESENTER/ACADEMY |  | FROM (MM/YYYY)                                 | TO (MM/YYYY) | DID YOU PASS/GRADUATE?                                   |
|      |                                  |  | /  | /            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | LOCATION (CITY, STATE)           |  | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR |              | CONTACT NUMBER   |
|      |                                  |  |  |              | ( )  |

Supplemental **POST** basic course information included on Page 25

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy?  Yes  No  
 IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: RESIDENCE HISTORY**

24. LIST OF RESIDENCES
- List all residences **during the last 10 years or since age 15**.
  - Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
  - If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
  - If more space is needed, continue your response on page 25.

|                                      |  |       |     |  |                |
|--------------------------------------|--|-------|-----|--|----------------|
| 24.1                                 | ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)   |       |     | FROM (MM/YYYY)   | TO (MM/YYYY)   |
|                                      |  |       |     | /  | <b>Present</b> |
|                                      | CITY   | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |                |
|                                      |  |       |     |  |                |
|                                      | MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) |       |     |  | CONTACT NUMBER |
|                                      |  |       |     |  | ( )            |
|                                      | CITY   | STATE | ZIP | EMAIL  |                |
|                                      |  |       |     |  |                |
| Name(s) of those with whom you live: |  |       |     |  |                |
|                                      |  |       |     |  |                |



**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 4: RESIDENCE HISTORY *continued***

|  |  |       |       |   |              |
|--|--|-------|-------|---|--------------|
| <b>24.2</b>  | FORMER ADDRESS (NUMBER / STREET / APT) |       |       | FROM (MM/YYYY)  | TO (MM/YYYY) |
|  |  |       |       | /   | /            |
|  | CITY                                   | STATE | ZIP   | <b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|  |  |       |       |   |              |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) |  |       |       | CONTACT NUMBER  |              |
|  |  |       |       | (    )  |              |
| CITY   | STATE                                  | ZIP   | EMAIL |   |              |
|  |  |       |       |   |              |

Name(s) of those with whom you lived:

Reason for moving:

|  |  |       |       |   |              |
|--|--|-------|-------|---|--------------|
| <b>24.3</b>  | FORMER ADDRESS (NUMBER / STREET / APT) |       |       | FROM (MM/YYYY)  | TO (MM/YYYY) |
|  |  |       |       | /   | /            |
|  | CITY                                   | STATE | ZIP   | <b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|  |  |       |       |   |              |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) |  |       |       | CONTACT NUMBER  |              |
|  |  |       |       | (    )  |              |
| CITY   | STATE                                  | ZIP   | EMAIL |   |              |
|  |  |       |       |   |              |

Name(s) of those with whom you lived:

Reason for moving:

|  |  |       |       |   |              |
|--|--|-------|-------|---|--------------|
| <b>24.4</b>  | FORMER ADDRESS (NUMBER / STREET / APT) |       |       | FROM (MM/YYYY)  | TO (MM/YYYY) |
|  |  |       |       | /   | /            |
|  | CITY                                   | STATE | ZIP   | <b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|  |  |       |       |   |              |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) |  |       |       | CONTACT NUMBER  |              |
|  |  |       |       | (    )  |              |
| CITY   | STATE                                  | ZIP   | EMAIL |   |              |
|  |  |       |       |   |              |

Name(s) of those with whom you lived:

Reason for moving:

|  |  |       |       |   |              |
|--|--|-------|-------|---|--------------|
| <b>24.5</b>  | FORMER ADDRESS (NUMBER / STREET / APT) |       |       | FROM (MM/YYYY)  | TO (MM/YYYY) |
|  |  |       |       | /   | /            |
|  | CITY                                   | STATE | ZIP   | <b>IF RENTING:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|  |  |       |       |   |              |
| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) |  |       |       | CONTACT NUMBER  |              |
|  |  |       |       | (    )  |              |
| CITY   | STATE                                  | ZIP   | EMAIL |   |              |
|  |  |       |       |   |              |

Name(s) of those with whom you lived:

Reason for moving:

Supplemental residence information included on page 25

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 4: RESIDENCE HISTORY *continued***

**25. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- If more space is needed, continue your response on page 25.*

|             |   |                |
|-------------|---|----------------|
| <b>25.1</b> | NAME OF HOUSEMATE   | CONTACT NUMBER |
|             |   | (    )         |
|             | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            | CITY           |
|             |   | STATE    ZIP   |
|             | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL          |
|             |   |                |

  

|             |   |                |
|-------------|---|----------------|
| <b>25.2</b> | NAME OF HOUSEMATE   | CONTACT NUMBER |
|             |   | (    )         |
|             | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            | CITY           |
|             |   | STATE    ZIP   |
|             | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL          |
|             |   |                |

  

|             |   |                |
|-------------|---|----------------|
| <b>25.3</b> | NAME OF HOUSEMATE   | CONTACT NUMBER |
|             |   | (    )         |
|             | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            | CITY           |
|             |   | STATE    ZIP   |
|             | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL          |
|             |   |                |

  

|             |   |                |
|-------------|---|----------------|
| <b>25.4</b> | NAME OF HOUSEMATE   | CONTACT NUMBER |
|             |   | (    )         |
|             | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            | CITY           |
|             |   | STATE    ZIP   |
|             | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL          |
|             |   |                |

  

|             |   |                |
|-------------|---|----------------|
| <b>25.5</b> | NAME OF HOUSEMATE   | CONTACT NUMBER |
|             |   | (    )         |
|             | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            | CITY           |
|             |   | STATE    ZIP   |
|             | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL          |
|             |   |                |

*Supplemental housemate information included on page 25*

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 26. Have you ever been evicted or asked to leave a residence? .....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Have you ever left a residence owing rent, utilities, or other household expenses? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "YES" to **Questions 26 and/or 27**, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**28. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- *If more space is needed, continue your response on page 25.*

|   |   |                |       |   |              |
|---|---|----------------|-------|---|--------------|
| 28.1  | NAME OF CURRENT EMPLOYER OR MILITARY UNIT   |                |       | FROM (MM/YYYY)  | TO (MM/YYYY) |
|   |   |                |       | /   | /            |
|   | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |       | CONTACT NUMBER  | EXT          |
|   |   |                |       | ( )   |              |
|   | CITY  |                | STATE | ZIP   | EMAIL        |
|   |   |                |       |   |              |
|   | JOB TITLE / RANK                            |                |       | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |              |
|   |   |                |       | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |              |
|   | DUTIES / ASSIGNMENTS                        |                |       | REASON FOR LEAVING  |              |
|   |   |                |       |   |              |
| 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, explain:<br>_____<br>_____<br>_____<br>_____<br>_____ |   |                |       |   |              |

|      |  |                |              |
|------|--|----------------|--------------|
| 28.2 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  | FROM (MM/YYYY) | TO (MM/YYYY) |
|      | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ | /              | /            |

|                     |   |                |       |   |              |
|---------------------|---|----------------|-------|---|--------------|
| 28.3                | NAME OF EMPLOYER OR MILITARY UNIT           |                |       | FROM (MM/YYYY)  | TO (MM/YYYY) |
|                     |   |                |       | /   | /            |
|                     | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |       | CONTACT NUMBER  | EXT          |
|                     |   |                |       | ( )   |              |
|                     | CITY  |                | STATE | ZIP   | EMAIL        |
|                     |   |                |       |   |              |
|                     | JOB TITLE / RANK                            |                |       | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |              |
|                     |   |                |       | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |              |
|                     | DUTIES / ASSIGNMENTS                        |                |       | REASON FOR LEAVING  |              |
|                     |   |                |       |   |              |
| SUPERVISOR          |   | CONTACT NUMBER | EXT.  | EMAIL   |              |
|                     |   | ( )            |       |   |              |
| NAMES OF CO-WORKERS |   | CONTACT NUMBER | EXT.  | EMAIL   |              |
| 1)                  |   | ( )            |       |   |              |
| 2)                  |   | ( )            |       |   |              |

|      |  |                |              |
|------|--|----------------|--------------|
| 28.4 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  | FROM (MM/YYYY) | TO (MM/YYYY) |
|      | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ | /              | /            |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

|                      |   |                |                    |   |                |              |
|----------------------|---|----------------|--------------------|---|----------------|--------------|
| 28.5                 | NAME OF EMPLOYER OR MILITARY UNIT           |                |                    |   | FROM (MM/YYYY) | TO (MM/YYYY) |
|                      |   |                |                    |   | /              | /            |
|                      | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |                    | CONTACT NUMBER  | EXT            |              |
|                      |   |                |                    | ( )   |                |              |
|                      | CITY  | STATE          | ZIP                | EMAIL   |                |              |
|                      |   |                |                    |   |                |              |
|                      | JOB TITLE / RANK                            |                |                    | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |                |              |
|                      |   |                |                    | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |                |              |
| DUTIES / ASSIGNMENTS |   |                | REASON FOR LEAVING |   |                |              |
|                      |   |                |                    |   |                |              |
| SUPERVISOR           |   | CONTACT NUMBER | EXT.               | EMAIL   |                |              |
|                      |   | ( )            |                    |   |                |              |
| NAMES OF CO-WORKERS  |   | CONTACT NUMBER | EXT.               | EMAIL   |                |              |
| 1)                   |   | ( )            |                    |   |                |              |
| 2)                   |   | ( )            |                    |   |                |              |

|      |  |  |  |  |                |              |
|------|--|--|--|--|----------------|--------------|
| 28.6 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|      | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ |  |  |  | /              | /            |

|                      |   |                |                    |   |                |              |
|----------------------|---|----------------|--------------------|---|----------------|--------------|
| 28.7                 | NAME OF EMPLOYER OR MILITARY UNIT           |                |                    |   | FROM (MM/YYYY) | TO (MM/YYYY) |
|                      |   |                |                    |   | /              | /            |
|                      | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |                    | CONTACT NUMBER  | EXT            |              |
|                      |   |                |                    | ( )   |                |              |
|                      | CITY  | STATE          | ZIP                | EMAIL   |                |              |
|                      |   |                |                    |   |                |              |
|                      | JOB TITLE / RANK                            |                |                    | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |                |              |
|                      |   |                |                    | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |                |              |
| DUTIES / ASSIGNMENTS |   |                | REASON FOR LEAVING |   |                |              |
|                      |   |                |                    |   |                |              |
| SUPERVISOR           |   | CONTACT NUMBER | EXT.               | EMAIL   |                |              |
|                      |   | ( )            |                    |   |                |              |
| NAMES OF CO-WORKERS  |   | CONTACT NUMBER | EXT.               | EMAIL   |                |              |
| 1)                   |   | ( )            |                    |   |                |              |
| 2)                   |   | ( )            |                    |   |                |              |

|      |  |  |  |  |                |              |
|------|--|--|--|--|----------------|--------------|
| 28.8 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|      | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ |  |  |  | /              | /            |

|                      |   |                |                    |   |                |              |
|----------------------|---|----------------|--------------------|---|----------------|--------------|
| 28.9                 | NAME OF EMPLOYER OR MILITARY UNIT           |                |                    |   | FROM (MM/YYYY) | TO (MM/YYYY) |
|                      |   |                |                    |   | /              | /            |
|                      | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |                    | CONTACT NUMBER  | EXT            |              |
|                      |   |                |                    | ( )   |                |              |
|                      | CITY  | STATE          | ZIP                | EMAIL   |                |              |
|                      |   |                |                    |   |                |              |
|                      | JOB TITLE / RANK                            |                |                    | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |                |              |
|                      |   |                |                    | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |                |              |
| DUTIES / ASSIGNMENTS |   |                | REASON FOR LEAVING |   |                |              |
|                      |   |                |                    |   |                |              |
| SUPERVISOR           |   | CONTACT NUMBER | EXT.               | EMAIL   |                |              |
|                      |   | ( )            |                    |   |                |              |
| NAMES OF CO-WORKERS  |   | CONTACT NUMBER | EXT.               | EMAIL   |                |              |
| 1)                   |   | ( )            |                    |   |                |              |
| 2)                   |   | ( )            |                    |   |                |              |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

|       |  |  |  |  |                |              |
|-------|--|--|--|--|----------------|--------------|
| 28.10 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|       | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ |  |  |  | /              | /            |

|                      |   |                |      |   |                |              |
|----------------------|---|----------------|------|---|----------------|--------------|
| 28.11                | NAME OF EMPLOYER OR MILITARY UNIT           |                |      |   | FROM (MM/YYYY) | TO (MM/YYYY) |
|                      |   |                |      |   | /              | /            |
|                      | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |      | CONTACT NUMBER  | EXT            |              |
|                      |   |                |      | ( )   |                |              |
|                      | CITY  | STATE          | ZIP  | EMAIL   |                |              |
|                      |   |                |      |   |                |              |
|                      | JOB TITLE / RANK                            |                |      | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |                |              |
|                      |   |                |      | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |                |              |
| DUTIES / ASSIGNMENTS |   |                |      | REASON FOR LEAVING  |                |              |
|                      |   |                |      |   |                |              |
| SUPERVISOR           |   | CONTACT NUMBER | EXT. | EMAIL   |                |              |
|                      |   | ( )            |      |   |                |              |
| NAMES OF CO-WORKERS  |   | CONTACT NUMBER | EXT. | EMAIL   |                |              |
| 1)                   |   | ( )            |      |   |                |              |
| 2)                   |   | ( )            |      |   |                |              |

|       |  |  |  |  |                |              |
|-------|--|--|--|--|----------------|--------------|
| 28.12 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|       | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ |  |  |  | /              | /            |

|                      |   |                |      |   |                |              |
|----------------------|---|----------------|------|---|----------------|--------------|
| 28.13                | NAME OF EMPLOYER OR MILITARY UNIT           |                |      |   | FROM (MM/YYYY) | TO (MM/YYYY) |
|                      |   |                |      |   | /              | /            |
|                      | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |                |      | CONTACT NUMBER  | EXT            |              |
|                      |   |                |      | ( )   |                |              |
|                      | CITY  | STATE          | ZIP  | EMAIL   |                |              |
|                      |   |                |      |   |                |              |
|                      | JOB TITLE / RANK                            |                |      | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |                |              |
|                      |   |                |      | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |                |              |
| DUTIES / ASSIGNMENTS |   |                |      | REASON FOR LEAVING  |                |              |
|                      |   |                |      |   |                |              |
| SUPERVISOR           |   | CONTACT NUMBER | EXT. | EMAIL   |                |              |
|                      |   | ( )            |      |   |                |              |
| NAMES OF CO-WORKERS  |   | CONTACT NUMBER | EXT. | EMAIL   |                |              |
| 1)                   |   | ( )            |      |   |                |              |
| 2)                   |   | ( )            |      |   |                |              |

|       |  |  |  |  |                |              |
|-------|--|--|--|--|----------------|--------------|
| 28.14 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)  |  |  |  | FROM (MM/YYYY) | TO (MM/YYYY) |
|       | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ |  |  |  | /              | /            |

**Supplemental employment information included on Page 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. | Have you ever been fired, released from probation, or asked to resign from any place of employment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. | Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. | Have you ever quit without giving proper notice?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. | Have you ever resigned in lieu of termination?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. | Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

35. Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? .....  Yes  No

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

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

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

39. Have you ever called in sick when you were neither sick nor caring for a sick family member?.....  Yes  No  
 IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days

40. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.)..  Yes  No

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

If you answered "YES" to any of **Questions 29–41**, explain (include when, where, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental employment information included on Page 25

42. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....  Yes  No  
 If YES, how often? \_\_\_\_\_

43. Has your work performance ever been affected by your use of alcohol or drugs? .....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

44. *In the past three years*, have you been warned by an employer about your drinking or drug habits and their impact on your performance?.....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

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

- If you answered "YES" to Question 45, 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 25.*

|  |                                |  |       |   |                        |  |
|--|--------------------------------|--|-------|---|------------------------|--|
| <b>45.1</b>  | NAME OF LAW ENFORCEMENT AGENCY |  |       |   | DATE APPLIED (MM/YYYY) |  |
|  |                                |  |       |   | /                      |  |
|  | ADDRESS (NUMBER / STREET)      |  |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|  | CITY                           |  | STATE | ZIP                                       | CONTACT NUMBER         |  |
|  |                                |  |       | (    )                                    |                        |  |
| POSITION APPLIED FOR   |                                |  | EMAIL |   |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  |                                |  |       |   |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |  |       |   |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____   |                                |  |       |   |                        |  |

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

|  |                                |       |       |   |                        |  |
|--|--------------------------------|-------|-------|---|------------------------|--|
| <b>45.2</b>  | NAME OF LAW ENFORCEMENT AGENCY |       |       |   | DATE APPLIED (MM/YYYY) |  |
|  |                                |       |       |   | /                      |  |
|  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT                    |  |
|  |                                |       |       | (    )                                    |                        |  |
| POSITION APPLIED FOR   |                                |       | EMAIL |   |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  |                                |       |       |   |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |   |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____   |                                |       |       |   |                        |  |

|  |                                |       |       |   |                        |  |
|--|--------------------------------|-------|-------|---|------------------------|--|
| <b>45.3</b>  | NAME OF LAW ENFORCEMENT AGENCY |       |       |   | DATE APPLIED (MM/YYYY) |  |
|  |                                |       |       |   | /                      |  |
|  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT                    |  |
|  |                                |       |       | (    )                                    |                        |  |
| POSITION APPLIED FOR   |                                |       | EMAIL |   |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  |                                |       |       |   |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |   |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____   |                                |       |       |   |                        |  |

|  |                                |       |       |   |                        |  |
|--|--------------------------------|-------|-------|---|------------------------|--|
| <b>45.4</b>  | NAME OF LAW ENFORCEMENT AGENCY |       |       |   | DATE APPLIED (MM/YYYY) |  |
|  |                                |       |       |   | /                      |  |
|  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT                    |  |
|  |                                |       |       | (    )                                    |                        |  |
| POSITION APPLIED FOR   |                                |       | EMAIL |   |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  |                                |       |       |   |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |   |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____   |                                |       |       |   |                        |  |

|  |                                |       |       |   |                        |  |
|--|--------------------------------|-------|-------|---|------------------------|--|
| <b>45.5</b>  | NAME OF LAW ENFORCEMENT AGENCY |       |       |   | DATE APPLIED (MM/YYYY) |  |
|  |                                |       |       |   | /                      |  |
|  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT                    |  |
|  |                                |       |       | (    )                                    |                        |  |
| POSITION APPLIED FOR   |                                |       | EMAIL |   |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  |                                |       |       |   |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |   |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____   |                                |       |       |   |                        |  |

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

|   |                                |       |     |   |                             |     |
|---|--------------------------------|-------|-----|---|-----------------------------|-----|
| <b>45.6</b>   | NAME OF LAW ENFORCEMENT AGENCY |       |     |   | DATE APPLIED (MM/YYYY)<br>/ |     |
| ADDRESS (NUMBER / STREET)   |                                |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                             |     |
| CITY  |                                | STATE | ZIP | CONTACT NUMBER<br>( )                     |                             | EXT |
| POSITION APPLIED FOR  |                                |       |     | EMAIL                                     |                             |     |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:<br>STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer<br>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____ |                                |       |     |   |                             |     |

|   |                                |       |     |   |                             |     |
|---|--------------------------------|-------|-----|---|-----------------------------|-----|
| <b>45.7</b>   | NAME OF LAW ENFORCEMENT AGENCY |       |     |   | DATE APPLIED (MM/YYYY)<br>/ |     |
| ADDRESS (NUMBER / STREET)   |                                |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                             |     |
| CITY  |                                | STATE | ZIP | CONTACT NUMBER<br>( )                     |                             | EXT |
| POSITION APPLIED FOR  |                                |       |     | EMAIL                                     |                             |     |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:<br>STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer<br>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____ |                                |       |     |   |                             |     |

*Supplemental employment information is included on Page 25*

**SECTION 6: MILITARY EXPERIENCE**

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

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

48. If you answered "YES" to Question 47, include the following service information:

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

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

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

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

52. Have you ever taken military property without permission for personal use, to sell, or to give away? .....  Yes  No

If you answered "YES" to any of **Questions 50-52**, explain (include dates and circumstances).  
 \_\_\_\_\_  
 \_\_\_\_\_

*Supplemental military information included on Page 25*





**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 8: LEGAL**

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. 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, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? .....  Yes  No

IF YES, explain each incident:

| 67.1                   | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|------------------------|--------|-----------------------|-------------------------------|
|                        |        | /                     |                               |
| DISPOSITION OR PENALTY |        |                       |                               |
| <hr/> <hr/> <hr/>      |        |                       |                               |
| 67.2                   | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|                        |        | /                     |                               |
| DISPOSITION OR PENALTY |        |                       |                               |
| <hr/> <hr/> <hr/>      |        |                       |                               |

Supplemental disclosure information included on Page 25

68. Have you ever been placed on court probation? .....  Yes  No
69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....  Yes  No
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No
71. Have the police ever been called to your home for any reason? .....  Yes  No
72. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....  Yes  No
74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....  Yes  No
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....  Yes  No
77. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered "YES" to any of **Questions 68-77**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 25.*

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**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 8: LEGAL *continued***

**► Involvement in Criminal Acts – Part 1**

78. 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 state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

|       |  |                              |                             |
|-------|--|------------------------------|-----------------------------|
| 78.1  | Animal abuse and/or neglect .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.2  | Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.3  | Battery (use of force or violence upon another) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.4  | Brandishing a weapon (any type of weapon) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.5  | Carrying a concealed weapon without a permit .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.6  | Contributing to the delinquency of a minor .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.7  | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.8  | Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs .....                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.9  | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.10 | Filing a false police report .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.11 | Hit & run collision (no injuries) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.12 | Illegal gambling .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.13 | Illegal hunting and/or fishing (for example, without a license, out of season) .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.14 | Impersonating a peace officer (pretending to be a police officer) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.15 | Indecent exposure and/or lewd or obscene conduct .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.16 | Intentionally writing a bad check .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.17 | Joyriding (using a car or other vehicle without owner's permission) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.18 | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.19 | Petty theft (value up to \$950, including shoplifting/switching price tags) .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.20 | Possession of alcohol as a minor (under the age of 21) .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.21 | Possession of falsified or altered identification, including use of another person's ID (for any reason) .....                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.22 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.23 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.24 | Reckless driving .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.25 | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) .....      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.26 | Trespassing .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 8: LEGAL** *continued*

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

78.28 Any other act amounting to a misdemeanor .....  Yes  No

- If you answered "YES" to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.5) for each explanation.*
- *If more space is needed, continue your response on page 25.*

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Supplemental legal information included on Page 25

**► Involvement 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 law relieved you from reporting the detention, arrest, or conviction that arose from it.**

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

79.3 Blackmail or extortion .....  Yes  No

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

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

79.8 Felony drunk driving (involving injuries) .....  Yes  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.) .....  Yes  No

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

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

79.14 Hit & run (with injuries) .....  Yes  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 .....  Yes  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) .....  Yes  No

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 8: LEGAL** *continued*

|       |   |                              |                             |
|-------|---|------------------------------|-----------------------------|
| 79.21 | Stalking .....                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 79.22 | Theft of a vehicle and/or vehicle parts .....     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 79.23 | Viewing and/or possessing child pornography ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 79.24 | Any other act amounting to a felony .....         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- If you answered "YES" to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.3) for each explanation.*
- *If more space is needed, continue your response on page 25.*

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**▶ Illegal Use of Drugs**

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:
  - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - ▶ Barbiturates (*Downers*)
  - ▶ Cocaine / Crack Cocaine
  - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Hashish / Hashish Oil
  - ▶ Heroin / Opium
  - ▶ Marijuana (*with or without a prescription*)
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Tetrahydrocannabinol (THC)
  - ▶ Glue, paint, or any substance containing toluene

80. **Within the past six months**, have you used any drug(s) as indicated above? .....  Yes  No

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

81. **Prior to the past six months:**

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

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**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 8: LEGAL *continued***

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

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

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

\_\_\_\_\_

\_\_\_\_\_

83. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? .....  Yes  No

IF YES, explain:

\_\_\_\_\_

\_\_\_\_\_

Supplemental drug information included on Page 25

**SECTION 9: MOTOR VEHICLE INFORMATION**

84. Current Driver's License:

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

85. List other states where you have been licensed to operate a motor vehicle:

| STATE OF ISSUE | LICENSE NUMBER (IF KNOWN) | TYPE OF LICENSE | NAME UNDER WHICH LICENSE WAS GRANTED |
|----------------|---------------------------|-----------------|--------------------------------------|
|                |                           |                 |                                      |
|                |                           |                 |                                      |
|                |                           |                 |                                      |

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 2/2018)

**SECTION 9: MOTOR VEHICLE INFORMATION *continued***

|   |  |  |               |             |                                     |
|---|--|--|---------------|-------------|-------------------------------------|
| 88. List your current liability insurance on your vehicle(s). |  |  |               |             |                                     |
| 88.1  | TYPE OF COVERAGE<br><input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |  | VEHICLE MAKE  | YEAR (YYYY) | VEHICLE LICENSE                     |
|   | INSURANCE COMPANY  |  | POLICY NUMBER |             | EXPIRATION DATE (MM/DD/YYYY)<br>/ / |
|   | ADDRESS (NUMBER/STREET)  |  | CITY          | STATE       | ZIP                                 |
| 88.2  | TYPE OF COVERAGE<br><input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |  | VEHICLE MAKE  | YEAR (YYYY) | VEHICLE LICENSE                     |
|   | INSURANCE COMPANY  |  | POLICY NUMBER |             | EXPIRATION DATE (MM/DD/YYYY)<br>/ / |
|   | ADDRESS (NUMBER/STREET)  |  | CITY          | STATE       | ZIP                                 |
| 88.3  | TYPE OF COVERAGE<br><input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |  | VEHICLE MAKE  | YEAR (YYYY) | VEHICLE LICENSE                     |
|   | INSURANCE COMPANY  |  | POLICY NUMBER |             | EXPIRATION DATE (MM/DD/YYYY)<br>/ / |
|   | ADDRESS (NUMBER/STREET)  |  | CITY          | STATE       | ZIP                                 |

|   |  |  |   |      |       |
|---|--|--|---|------|-------|
| 89. Have you received any traffic citations, excluding parking citations, <b><i>within the past seven years.</i></b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If YES, give details below.</i></b> |  |  |   |      |       |
| 89.1  | NATURE OF VIOLATION  |  | LOCATION (STREET)   | CITY | STATE |
|   | DATE VIOLATION OCCURRED<br>Month:                      Year: |  | ACTION TAKEN<br><input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed |      |       |
| 89.2  | NATURE OF VIOLATION  |  | LOCATION (STREET)   | CITY | STATE |
|   | DATE VIOLATION OCCURRED<br>Month:                      Year: |  | ACTION TAKEN<br><input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed |      |       |
| 89.3  | NATURE OF VIOLATION  |  | LOCATION (STREET)   | CITY | STATE |
|   | DATE VIOLATION OCCURRED<br>Month:                      Year: |  | ACTION TAKEN<br><input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed |      |       |

90. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear    Failed to Complete Traffic School    Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

\_\_\_\_\_

\_\_\_\_\_

|  |   |                        |   |  |  |
|--|---|------------------------|---|--|--|
| 91. Have you been involved as the driver in a motor vehicle accident <b><i>within the past seven years?</i></b> ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                        |   |  |  |
| IF YES, give details below.  |   |                        |   |  |  |
| 91.1   | DATE OF ACCIDENT (MM/YYYY)  | LOCATION (STREET)      | CITY  | STATE  |  |
|  | POLICE REPORT<br><input type="checkbox"/> Yes <input type="checkbox"/> No | LAW ENFORCEMENT AGENCY | AT FAULT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE ACCIDENT?<br><input type="checkbox"/> Injury <input type="checkbox"/> Non-injury |  |
| 91.2   | DATE OF ACCIDENT (MM/YYYY)  | LOCATION (STREET)      | CITY  | STATE  |  |
|  | POLICE REPORT<br><input type="checkbox"/> Yes <input type="checkbox"/> No | LAW ENFORCEMENT AGENCY | AT FAULT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE ACCIDENT?<br><input type="checkbox"/> Injury <input type="checkbox"/> Non-injury |  |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**SECTION 9: MOTOR VEHICLE INFORMATION** *continued*

|   |                            |                        |   |  |
|---|----------------------------|------------------------|---|--|
| 91.3  | DATE OF ACCIDENT (MM/YYYY) | LOCATION (STREET)      | CITY  | STATE  |
|   | /                          |                        |   |  |
| POLICE REPORT<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                            | LAW ENFORCEMENT AGENCY | AT FAULT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE ACCIDENT?<br><input type="checkbox"/> Injury <input type="checkbox"/> Non-injury |

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

IF YES, GIVE REASON

|  |                |              |
|--|----------------|--------------|
|  | FROM (MM/YYYY) | TO (MM/YYYY) |
|  | /              | /            |

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

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? .....  Yes  No

95. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....  Yes  No

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?.....  Yes  No

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? .....  Yes  No

If you answered "YES" to any of **Questions 94–98**, give details including dates and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

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**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.**



**PERSONAL HISTORY STATEMENT – Peace Officer**

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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.