

**State of California  
Office of Administrative Law**

In re:  
Commission on Peace Officer Standards and  
Training

Regulatory Action:

Title 11, California Code of Regulations

Adopt sections:

Amend sections: 1953, 1959

Repeal sections:

NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1,  
Section 100

OAL Matter Number: 2023-1218-01

OAL Matter Type: Nonsubstantive (N)

This action without regulatory effect by the Commission on Peace Officer Standards and Training (hereafter POST) amends POST's Forms 2-251 and 2-255 (the Personal History Statement - Peace Officer and the POST Personal History Statement - Public Safety Dispatcher, respectively) to conform them to Government Code section 12954 (as amended by Senate Bill 700, Ch. 408, Stats. 2023) concerning employment discrimination based on an individual's use of cannabis off the job and away from the workplace.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: January 17, 2024

  
Dale P. Mentink  
Assistant Chief Counsel

For: Kenneth J. Pogue  
Director

Original: Manuel Alvarez, Jr., Executive  
Director

Copy: Melani Singley

11 CCR § 1953

§ 1953. Peace Officer Background Investigation.

**Regulations 1953(a) – (b) continued**

(c) Personal History Statements

(1) Every peace officer candidate shall complete, sign, and date a personal history statement at the onset of the background investigation. A personal history statement can be either the *Personal History Statement -- Peace Officer*, POST 2-251 (1/2024) or until June 30, 2024, an alternative personal history statement.

(2) An alternative personal history statement shall include inquiries related to the following areas of investigation:

- A. Personal identifying information,
- B. Relatives and references contact information,
- C. Education history,
- D. Residence history,
- E. Experience and employment history,
- F. Military history,
- G. Financial history,
- H. Legal history,
- I. Driving history,
- J. Other topics related to moral character.

(3) The personal history statement shall also include inquiries addressing all disqualifications for peace officer appointment as specified in Government Code Section 1029(a).

(4) Effective July 1, 2024, the personal history statement shall be the *Personal History Statement -- Peace Officer*, POST 2-251 (1/2024), herein incorporated by reference, or an electronic personal history statement that is an exact replication of the questions contained in the POST 2-251.

**Regulations 1953(d) – (g)(4) continued**

NOTE: Authority cited: Sections 1029, 1030, 1031, 1031.2, 1031.3 and 1031.4, Government Code; and Sections 13503, 13506 and 13510, Penal Code. Reference: Sections 1029, 1030, 1031, 1031.2, 1031.3 and 1031.4, Government Code; Section 12500, Vehicle Code; Sections 13510, 13680, 13681, 13682, 13683 and 29805, Penal Code; and Title 18 Section 922(d)(9), US Code.

11 CCR § 1959

§ 1959. Public Safety Dispatcher Background Investigation.

**(Regulations 1959(a) – (b) continued)**

(c) Personal History Statements

Every public safety dispatcher candidate shall complete, sign, and date a personal history statement at the onset of the background investigation. A personal history statement can be either the *POST Personal History Statement -- Public Safety Dispatcher*, POST 2-255 (01/2024) or an alternative personal history statement. An alternative personal history statement shall include inquiries related to the following areas of investigation: personal identifying information, relatives and references contact information, education history, residence history, experience and employment history, military history, financial history, legal history, driving history, and other topics related to moral character.

**(Regulations 1959(d) – (g)(3) continued)**

NOTE: Authority cited: Sections 13503, 13506 and 13510, Penal Code. Reference: Section 13510, Penal Code.

**RESET** **PRINT**

Please download PDF and save it, before filling out. *Adobe Acrobat Reader* is the preferred program to use.

## 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 **in its entirety** and provide **accurate and truthful responses**.
- Following instructions provided 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 33) and identify the additional information by the question number.
- Following instructions provided by the hiring department, submit 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 prior instances of illegal drug use, driving under the influence, theft, or even arrest or misdemeanor conviction may not be, 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" and/or are disqualified during the background investigation 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 1/2024)

**SECTION 1: PERSONAL****1. YOUR FULL NAME**

LAST

FIRST

MIDDLE

**2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)**☐ N/A**3. ADDRESS WHERE YOU LIVE**

NUMBER / STREET

APT / UNIT

CITY

STATE

ZIP

**4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)****5. CONTACT NUMBERS**

HOME ( )

WORK ( )

EXT

OTHER ( )

☐ CELL☐ FAX**6. CONTACT EMAIL****7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)****8. EMPLOYMENT ELIGIBILITY**Are you legally authorized to work in the United States under federal law? ☐ Yes ☐ No**9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)****10. BIRTHDATE (MM/DD/YYYY)****11. SOCIAL SECURITY NUMBER**

- -

**12. DRIVER'S LICENSE**

NUMBER:

STATE:

EXPIRES:

**13. PHYSICAL DESCRIPTION**

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

**SECTION 2: RELATIVES AND REFERENCES****14. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable.

- Mark "Deceased," if appropriate.

- ***If more space is needed, continue on Page 33 – reference corresponding numbers.***

**14.A Spouse / Registered Domestic Partner**☐ Deceased☐ N/A

NAME

HOME ADDRESS (NUMBER / STREET / APT)

CITY

STATE

ZIP

HOME PHONE

WORK ADDRESS (NUMBER / STREET / APT)

CITY

STATE

ZIP

( )

WORK PHONE

CELL PHONE

EMAIL

( )

( )

DATE OF MARRIAGE/REGISTRATION

/

(MM/YYYY)

Is there, or has there ever been, a restraining or stay-away order  
in effect involving you and this individual?.....☐ Yes☐ No

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 2: RELATIVES AND REFERENCES** *continued***14.B Former Spouse / Former Registered Domestic Partner**☐ Deceased☐ N/A

|                               |                                      |                                      |  |                                                                                                                                                                          |       |     |
|-------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|
| NAME                          |                                      | HOME ADDRESS (NUMBER / STREET / APT) |  | CITY                                                                                                                                                                     | STATE | ZIP |
|                               |                                      |                                      |  |                                                                                                                                                                          |       |     |
| HOME PHONE                    | WORK ADDRESS (NUMBER / STREET / APT) |                                      |  | CITY                                                                                                                                                                     | STATE | ZIP |
| (     )                       |                                      |                                      |  |                                                                                                                                                                          |       |     |
| WORK PHONE                    | CELL PHONE                           | EMAIL                                |  |                                                                                                                                                                          |       |     |
| (     )                       | (     )                              |                                      |  |                                                                                                                                                                          |       |     |
| DATE OF MARRIAGE/REGISTRATION |                                      | DATE OF DISSOLUTION                  |  | 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 |       |     |
| / (MM/YYYY)                   |                                      | / (MM/YYYY)                          |  |                                                                                                                                                                          |       |     |

**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 | MAILING ADDRESS (IF DIFFERENT) |                                      |  | CITY | STATE | ZIP |
| (     )    |                                |                                      |  |      |       |     |
| WORK PHONE | CELL PHONE                     | EMAIL                                |  |      |       |     |
| (     )    | (     )                        |                                      |  |      |       |     |

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

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

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

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

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

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 2: RELATIVES AND REFERENCES** *continued***14.C Parents / Guardians / In-laws** *continued***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 provided on Page 33** ☐**14.D Brothers / Sisters**☐ N/AList **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 |       |     |

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 2: RELATIVES AND REFERENCES** *continued***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<br>ZIP |
| WORK PHONE<br>(      ) | CELL PHONE<br>(      ) | EMAIL                                |      |       |              |

**Supplemental relatives information provided on Page 33** ☐**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                                | 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                                | EMAIL |       |     |

**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                                | 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                                | EMAIL |       |     |

**Supplemental relatives information provided on Page 33** ☐



**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 2: RELATIVES AND REFERENCES** *continued***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?   |       |       |
|                              | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                   | STATE | ZIP   |
| 15.2                         | 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?   |       |       |
|                              | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                   | STATE | ZIP   |
|                              | 15.3                         | HOME PHONE<br>(      )                 | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE |
| WORK PHONE<br>(      )       |                              | CELL PHONE<br>(      )                 | EMAIL                                  |       |       |
| How do you know this person? |                              | How long have you known this person?   |                                        |       |       |
| NAME OF REFERENCE            |                              | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                   | STATE | ZIP   |
| 15.4                         |                              | HOME PHONE<br>(      )                 | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE |
|                              | WORK PHONE<br>(      )       | CELL PHONE<br>(      )                 | EMAIL                                  |       |       |
|                              | How do you know this person? |                                        | How long have you known this person?   |       |       |
|                              | NAME OF REFERENCE            | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                   | STATE | ZIP   |
|                              | 15.5                         | HOME PHONE<br>(      )                 | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY  | STATE |
| WORK PHONE<br>(      )       |                              | CELL PHONE<br>(      )                 | EMAIL                                  |       |       |
| How do you know this person? |                              | How long have you known this person?   |                                        |       |       |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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

|       |                                     |                                        |                                             |       |     |
|-------|-------------------------------------|----------------------------------------|---------------------------------------------|-------|-----|
| 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                                       |       |     |
|       | <i>How do you know this person?</i> |                                        | <i>How long have you known this person?</i> |       |     |
|       | NAME OF REFERENCE                   | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                        | STATE | ZIP |
| 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                                       |       |     |
|       | <i>How do you know this person?</i> |                                        | <i>How long have you known this person?</i> |       |     |
|       | NAME OF REFERENCE                   | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                        | STATE | ZIP |
| 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                                       |       |     |
|       | <i>How do you know this person?</i> |                                        | <i>How long have you known this person?</i> |       |     |
|       | NAME OF REFERENCE                   | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                        | STATE | ZIP |
| 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                                       |       |     |
|       | <i>How do you know this person?</i> |                                        | <i>How long have you known this person?</i> |       |     |
|       | NAME OF REFERENCE                   | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                        | STATE | ZIP |
| 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                                       |       |     |
|       | <i>How do you know this person?</i> |                                        | <i>How long have you known this person?</i> |       |     |
|       | NAME OF REFERENCE                   | HOME ADDRESS (NUMBER / STREET / APT)   | CITY                                        | STATE | ZIP |

Supplemental references information provided on Page 33 ☐

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish official transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on Page 33.*

|                                                                          |         |                                                        |         |
|--------------------------------------------------------------------------|---------|--------------------------------------------------------|---------|
| 16. CHECK APPLICABLE                                                     | MM/YYYY | MM/YYYY                                                | MM/YYYY |
| <input type="checkbox"/> High School Graduation:                         | /       | <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:                |
| 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:                |
| 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:                |

| 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 TRAINING?                           |
|                                                                            | /                                                       | /              | /                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                                                            | CITY                                                    | STATE          | TYPE OF SCHOOL OR TRAINING |                                                          |

Supplemental education information provided on Page 33 ☐

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 3: EDUCATION** *continued*

## LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? ..... ☐ YES ☐ 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?..... ☐ YES ☐ NO

/

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/<br>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/<br>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 provided on Page 33** ☐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.

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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.**

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**PERSONAL HISTORY STATEMENT – Peace Officer**

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**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 33.**

|                                       |                                                                                                   |       |       |                                                        |              |
|---------------------------------------|---------------------------------------------------------------------------------------------------|-------|-------|--------------------------------------------------------|--------------|
| 24.1                                  | ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)                                                |       |       | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                   |       |       | /                                                      | Present      |
|                                       | CITY                                                                                              | STATE | ZIP   | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|                                       |                                                                                                   |       |       |                                                        |              |
|                                       | MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER<br>(NUMBER / STREET / APT / PO BOX) |       |       | CONTACT NUMBER                                         |              |
|                                       |                                                                                                   |       | ( )   |                                                        |              |
| CITY                                  |                                                                                                   |       | STATE | ZIP                                                    | EMAIL        |
|                                       |                                                                                                   |       |       |                                                        |              |
| Name(s) of those with whom you live:  |                                                                                                   |       |       |                                                        |              |
| 24.2                                  | FORMER ADDRESS (NUMBER / STREET / APT)                                                            |       |       | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                   |       |       | /                                                      | /            |
|                                       | CITY                                                                                              | STATE | ZIP   | IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER  |              |
|                                       |                                                                                                   |       |       |                                                        |              |
|                                       | MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER<br>(NUMBER / STREET / APT / PO BOX) |       |       | CONTACT NUMBER                                         |              |
|                                       |                                                                                                   |       | ( )   |                                                        |              |
| CITY                                  |                                                                                                   |       | STATE | ZIP                                                    | EMAIL        |
|                                       |                                                                                                   |       |       |                                                        |              |
| Name(s) of those with whom you lived: |                                                                                                   |       |       |                                                        |              |
| Reason for moving:                    |                                                                                                   |       |       |                                                        |              |
| 24.3                                  | FORMER ADDRESS (NUMBER / STREET / APT)                                                            |       |       | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                   |       |       | /                                                      | /            |
|                                       | CITY                                                                                              | STATE | ZIP   | IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER  |              |
|                                       |                                                                                                   |       |       |                                                        |              |
|                                       | MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER<br>(NUMBER / STREET / APT / PO BOX) |       |       | CONTACT NUMBER                                         |              |
|                                       |                                                                                                   |       | ( )   |                                                        |              |
| CITY                                  |                                                                                                   |       | STATE | ZIP                                                    | EMAIL        |
|                                       |                                                                                                   |       |       |                                                        |              |
| Name(s) of those with whom you lived: |                                                                                                   |       |       |                                                        |              |
| Reason for moving:                    |                                                                                                   |       |       |                                                        |              |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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

|                                       |                                                                                                   |       |     |                                                       |              |
|---------------------------------------|---------------------------------------------------------------------------------------------------|-------|-----|-------------------------------------------------------|--------------|
| 24.4                                  | FORMER ADDRESS (NUMBER / STREET / APT)                                                            |       |     | FROM (MM/YYYY)                                        | TO (MM/YYYY) |
|                                       |                                                                                                   |       |     | /                                                     | /            |
|                                       | CITY                                                                                              | STATE | ZIP | IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|                                       | MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER<br>(NUMBER / STREET / APT / PO BOX) |       |     | CONTACT NUMBER                                        |              |
|                                       |                                                                                                   |       |     | ( )                                                   |              |
|                                       | CITY                                                                                              | STATE | ZIP | EMAIL                                                 |              |
|                                       |                                                                                                   |       |     |                                                       |              |
| Name(s) of those with whom you lived: |                                                                                                   |       |     |                                                       |              |
| Reason for moving:                    |                                                                                                   |       |     |                                                       |              |
| 24.5                                  | FORMER ADDRESS (NUMBER / STREET / APT)                                                            |       |     | FROM (MM/YYYY)                                        | TO (MM/YYYY) |
|                                       |                                                                                                   |       |     | /                                                     | /            |
|                                       | CITY                                                                                              | STATE | ZIP | IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |              |
|                                       | MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER<br>(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 provided on Page 33 ☐**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 33.

|      |                                                                                 |  |      |                |     |
|------|---------------------------------------------------------------------------------|--|------|----------------|-----|
| 25.1 | 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          |     |
|      |                                                                                 |  |      |                |     |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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

|                                                                                 |                                                      |       |                |     |  |
|---------------------------------------------------------------------------------|------------------------------------------------------|-------|----------------|-----|--|
| 25.2                                                                            | 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 |                |     |  |
|                                                                                 |                                                      |       |                |     |  |
| 25.3                                                                            | 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 |                |     |  |
|                                                                                 |                                                      |       |                |     |  |
| 25.4                                                                            | 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 |                |     |  |
|                                                                                 |                                                      |       |                |     |  |
| 25.5                                                                            | 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 provided on Page 33** ☐

|                                                                                                            |                              |                             |
|------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 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 <b>Questions 26 and/or 27</b> , explain (include when, where, and circumstances): |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |
| <hr/>                                                                                                      |                              |                             |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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**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 33.**

|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 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 WANTING TO LEAVE                                                                                                                                     |                |              |
|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |
| 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 |                                             |                |     |                                                                                                                                                                 |                |              |
| IF YES, explain:                                                                                                             |                                             |                |     |                                                                                                                                                                 |                |              |
|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |
|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |
|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |
|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |
|                                                                                                                              |                                             |                |     |                                                                                                                                                                 |                |              |

|      |                                           |                                       |                                           |                                 |                                       |              |
|------|-------------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------|---------------------------------------|--------------|
| 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: _____ | /            |



**PERSONAL HISTORY STATEMENT – Peace Officer**

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

|                      |                                             |                |                    |                                                                                                                                                                 |                |              |
|----------------------|---------------------------------------------|----------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 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: _____ |  |  |  | /              | /            |

|                      |                                             |                |                    |                                                                                                                                                                 |                |              |
|----------------------|---------------------------------------------|----------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 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)                   |                                             | ( )            |                    |                                                                                                                                                                 |                |              |

**PERSONAL HISTORY STATEMENT – Peace Officer**

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

|      |                                                                                                                                                                                        |                |              |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 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**

POST 2-251 (Rev 1/2024)

**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 provided on Page 33** ☐

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

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

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)..... ☐ YES ☐ NO
30. Have you ever been fired, released from probation, or asked to resign from any place of employment? ..... ☐ YES ☐ NO
31. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... ☐ YES ☐ NO
32. Have you ever quit without giving proper notice?..... ☐ YES ☐ NO
33. Have you ever resigned in lieu of termination? ..... ☐ YES ☐ 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?..... ☐ YES ☐ NO
35. Have you ever been 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. Have you ever received 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). If more space is needed, continue your response on page 33.***

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**Supplemental employment information provided on Page 33** ☐

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: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*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**.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If you applied more than once to the same agency, list each occurrence separately.**
- Give complete and accurate addresses.
- **If more space is needed, continue your response on Page 33.**

|      |                                |       |     |                                           |     |
|------|--------------------------------|-------|-----|-------------------------------------------|-----|
| 45.1 | NAME OF LAW ENFORCEMENT AGENCY |       |     | DATE APPLIED (MM/YYYY)                    |     |
|      |                                |       |     | /                                         |     |
|      | ADDRESS (NUMBER / STREET)      |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|      |                                |       |     |                                           |     |
|      | CITY                           | STATE | ZIP | CONTACT NUMBER                            | EXT |
|      |                                |       | ( ) |                                           |     |
|      | POSITION APPLIED FOR           |       |     | EMAIL                                     |     |
|      |                                |       |     |                                           |     |

**CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:**STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

|      |                                |       |     |                                           |     |
|------|--------------------------------|-------|-----|-------------------------------------------|-----|
| 45.2 | NAME OF LAW ENFORCEMENT AGENCY |       |     | DATE APPLIED (MM/YYYY)                    |     |
|      |                                |       |     | /                                         |     |
|      | ADDRESS (NUMBER / STREET)      |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|      |                                |       |     |                                           |     |
|      | CITY                           | STATE | ZIP | CONTACT NUMBER                            | EXT |
|      |                                |       | ( ) |                                           |     |
|      | POSITION APPLIED FOR           |       |     | EMAIL                                     |     |
|      |                                |       |     |                                           |     |

**CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:**STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

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

|             |                                |       |     |                                           |     |
|-------------|--------------------------------|-------|-----|-------------------------------------------|-----|
| <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: ☐ Application   ☐ Written   ☐ Physical Ability   ☐ Oral   ☐ Polygraph/CVSA   ☐ Background   ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired   ☐ On Eligibility List   ☐ Withdrew   ☐ Disqualified   ☐ Non-Select   ☐ 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: ☐ Application   ☐ Written   ☐ Physical Ability   ☐ Oral   ☐ Polygraph/CVSA   ☐ Background   ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired   ☐ On Eligibility List   ☐ Withdrew   ☐ Disqualified   ☐ Non-Select   ☐ 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: ☐ Application   ☐ Written   ☐ Physical Ability   ☐ Oral   ☐ Polygraph/CVSA   ☐ Background   ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired   ☐ On Eligibility List   ☐ Withdrew   ☐ Disqualified   ☐ Non-Select   ☐ Other (explain) \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

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

|             |                                |       |     |                                           |     |
|-------------|--------------------------------|-------|-----|-------------------------------------------|-----|
| <b>45.6</b> | NAME OF LAW ENFORCEMENT AGENCY |       |     | DATE APPLIED (MM/YYYY)                    |     |
|             |                                |       |     | /                                         |     |
|             | ADDRESS (NUMBER / STREET)      |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|             |                                |       |     |                                           |     |
|             | CITY                           | STATE | ZIP | CONTACT NUMBER                            | EXT |
|             |                                |       |     | ( )                                       |     |
|             | POSITION APPLIED FOR           |       |     | EMAIL                                     |     |
|             |                                |       |     |                                           |     |

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

|             |                                |       |     |                                           |     |
|-------------|--------------------------------|-------|-----|-------------------------------------------|-----|
| <b>45.7</b> | NAME OF LAW ENFORCEMENT AGENCY |       |     | DATE APPLIED (MM/YYYY)                    |     |
|             |                                |       |     | /                                         |     |
|             | ADDRESS (NUMBER / STREET)      |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|             |                                |       |     |                                           |     |
|             | CITY                           | STATE | ZIP | CONTACT NUMBER                            | EXT |
|             |                                |       |     | ( )                                       |     |
|             | POSITION APPLIED FOR           |       |     | EMAIL                                     |     |
|             |                                |       |     |                                           |     |

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_

|             |                                |       |     |                                           |     |
|-------------|--------------------------------|-------|-----|-------------------------------------------|-----|
| <b>45.8</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: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief/Exec Oral  
☐ Conditional OfferSTATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ Non-Select ☐ Other (explain) \_\_\_\_\_**Supplemental application information provided on Page 33** ☐

# PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 1/2024)

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

### PREVIOUS PEACE OFFICER EXPERIENCE

46. Do you have previous peace officer experience in this state or any other jurisdiction? ☐ YES ☐ NO  
(If no, skip to **Section 6: Military Experience**.)

**During, or after, your employment as a peace officer:**

(check Yes or No)

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 46.1  | Have you ever been terminated for cause from employment as a peace officer in any State? .....                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.2  | Have you ever had your peace officer certification suspended or revoked in any State, including California? .....                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.3  | Have you ever been dishonest in the reporting, investigation, or prosecution of a crime, or relating to the reporting of, or investigation of misconduct by, a peace officer or custodial officer, including, but not limited to, false statements, intentionally filing false reports, tampering with, falsifying, destroying, or concealing evidence, perjury, and tampering with data recorded by a body-worn camera or other recording device for purposes of concealing misconduct? ..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.4  | Have you ever abused your power, including but not limited to, intimidating witnesses, knowingly obtaining a false confession, or knowingly making a false arrest? .....                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.5  | Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force? .....                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.6  | Have you ever committed sexual assault as described in subdivision (b) of Penal Code Section 832.7, but to also include acts committed amongst members of any law enforcement agency? .....                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.7  | Have you ever demonstrated bias on the basis of actual or perceived race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status in violation of law or department policy or inconsistent with a peace officer's obligation to carry out their duties in a fair and unbiased manner? ....                                                                                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.8  | Have you ever committed acts that violate the law and are sufficiently egregious or repeated as to be inconsistent with a peace officer's obligation to uphold the law or respect the rights of members of the public? .....                                                                                                                                                                                                                                                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.9  | Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)? .....                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.10 | Have you ever failed to cooperate with an investigation into potential police misconduct, including an investigation conducted pursuant to Penal Code §13510.8? .....                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 46.11 | Have you ever failed to intercede when present and observing another officer using force that was clearly beyond that which was necessary? .....                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- If you answered "YES" to **ANY** of the item(s) in **Question 46**, fully explain (include dates and circumstances). *Reference the corresponding number (e.g., 46.5) for each explanation.*
- If more space is needed, continue your response on Page 33.

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Supplemental employment information provided on Page 33 ☐



**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 6: MILITARY EXPERIENCE**47. Are you required to register for the Selective Service?.....☐ YES ☐ NOIF YES, have you registered? .....☐ YES ☐ NO

IF NO, explain: \_\_\_\_\_

48. Have you ever served in the military? .....☐ YES ☐ NO

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

| BRANCH OF SERVICE | FROM (MM/YYYY) | TO (MM/YYYY) |
|-------------------|----------------|--------------|
|                   | /              | /            |

**TYPE OF DISCHARGE**☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ DishonorableRe-entry Code (1–4) if applicable – *refer to your DD-214*: \_\_\_\_\_

50. Are you currently participating in one of the following?

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): \_\_\_\_\_51. 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 ☐ NO52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....☐ YES ☐ NO53. Have you ever taken military property without permission for personal use, to sell, or to give away? .....☐ YES ☐ NOIf you answered "YES" to any of **Questions 51-53**, explain (include dates and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supplemental military information provided on Page 33** ☐**SECTION 7: FINANCIAL****54. INCOME AND EXPENSES**

For questions 54.1 and 54.2, fill in the amounts to the nearest dollar.

- For **Question 54.1**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 54.2**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

**54.1** What is your total monthly disposable income? .....\$ \_\_\_\_\_ per month**54.2** How much do you spend each month? .....\$ \_\_\_\_\_ per month55. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....☐ YES ☐ NO56. Have any of your bills ever been turned over to a collection agency? .....☐ YES ☐ NO57. Have you ever had purchased goods repossessed? .....☐ YES ☐ NO58. Have your wages ever been garnished? .....☐ YES ☐ NO59. Have you ever been delinquent on income or other tax payments? .....☐ YES ☐ NO60. Have you ever failed to file income tax or cheated/lie on an income tax form? .....☐ YES ☐ NO

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 7: FINANCIAL** *continued*

61. Have you ever avoided paying any lawful debt by moving away? ..... ☐ YES ☐ NO
62. Have you ever defaulted on (failed to pay) a loan? ..... ☐ YES ☐ NO
63. Have you ever borrowed money to pay for a gambling debt? ..... ☐ YES ☐ NO  
IF YES, do you currently have any outstanding debts as a result of gambling? ..... ☐ YES ☐ NO
64. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .. ☐ YES ☐ NO
65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ YES ☐ NO

**If you answered “YES” to any of Questions 55-65, explain** (include when, where, and why – reference corresponding numbers).

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**Supplemental financial information provided on Page 33** ☐

**SECTION 8: LEGAL****► Government Code section 1029(a) Disqualifiers**

- If you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should discuss your response with the hiring department and/or competent legal counsel before completing this section.

- 66.1** Have you ever been convicted of a felony? ..... ☐ YES ☐ NO
- 66.2** Have you ever been convicted of any offense in any other jurisdiction which would have been a felony if committed in this state? ..... ☐ YES ☐ NO
- 66.3** Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which would have been a felony if committed in this state? ..... ☐ YES ☐ NO
- 66.4** After January 1, 2004, have you ever been convicted of a crime based upon a verdict or finding of guilt of a felony by the trier of fact, or upon the entry of a plea of guilty or nolo contendere to a felony, regardless of whether, pursuant to subdivision (b) of Section 17 of the Penal Code, the court declared the offense to be a misdemeanor, or the offense become a misdemeanor by operation of law? ..... ☐ YES ☐ NO
- 66.5** Have you ever been charged with a felony and adjudged by a superior court to be mentally incompetent under Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code? ..... ☐ YES ☐ NO
- 66.6** Have you ever been found not guilty by reason of insanity of any felony? ..... ☐ YES ☐ NO
- 66.7** Have you ever been determined to be a mentally disordered sex offender pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code? ..... ☐ YES ☐ NO
- 66.8** Have you ever been adjudged addicted or in danger of becoming addicted to narcotics, convicted, and committed to a state institution as provided in Section 3051 of the Welfare and Institutions Code? ..... ☐ YES ☐ NO
- 66.9** Following exhaustion of all available appeals, have you ever been convicted of, or adjudicated through an administrative, military, or civil judicial process committed, any act that is a violation of Section 115, 115.3, 116, 116.5, or 117 of, or of any offense described in Chapter 1 (commencing with Section 92), Chapter 5 (commencing with Section 118), Chapter 6 (commencing with Section 132), or Chapter 7 (commencing with Section 142) of Title 7 of Part 1 of the Penal Code, including any act committed in another jurisdiction that would have been a violation of any of those sections if committed in this state? ..... ☐ YES ☐ NO
- 66.10** Have you ever been issued a certification described in Section 13510.1 of the Penal Code, and had that certification revoked by the Commission on Peace Officer Standards and Training, voluntarily surrendered that certification pursuant to subdivision (f) of Section 13510.8, or having met the minimum requirement for issuance of certification, been denied issuance of certification? ..... ☐ YES ☐ NO

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 8: LEGAL** *(continued)*

**66.11** Have you ever had your name listed in the National Decertification Index of the International Association of Directors of Law Enforcement Standards and Training or any other database designated by the federal government? ..... ☐ YES ☐ NO

**66.12** Have you ever had your certification as a law enforcement officer in any jurisdiction suspended or revoked?..... ☐ YES ☐ NO

**66.13** While employed as a law enforcement officer, have you ever engaged in serious misconduct that would have resulted in your certification being revoked by the commission if employed as a peace officer in this state? ..... ☐ YES ☐ NO

- If you answered "YES" to **ANY** of the item(s) in **Question 66**, fully explain circumstances, including dates and resolution. *Reference the corresponding number (e.g., 66.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

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**Supplemental disqualification information provided on Page 33** ☐

► **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 33.*

**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:

| <b>67.1</b> | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|-------------|--------|-----------------------|-------------------------------|
|             |        | /                     |                               |

DISPOSITION OR PENALTY

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| <b>67.2</b> | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|-------------|--------|-----------------------|-------------------------------|
|             |        | /                     |                               |

DISPOSITION OR PENALTY

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**Supplemental disclosure information provided on Page 33** ☐

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 8: LEGAL** *(continued)*

|                                                                                                                                                                |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 68. Have you ever been placed on court probation? .....                                                                                                        | <input type="checkbox"/> YES | <input type="checkbox"/> 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? .....                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 71. Have the police ever been called to your home for any reason? .....                                                                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 72. Have you or your spouse/partner ever been referred to Child Protective Services? .....                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....                                                   | <input type="checkbox"/> YES | <input type="checkbox"/> 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? ..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 77. Have you ever filed a false insurance or workers' compensation claim? .....                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> 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 33.

**Supplemental legal information provided on Page 33** ☐

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 78. Have you committed any of the following acts <b>within the past seven (7) years?</b> (You do NOT have to report any acts committed <b>prior to age 15.</b> )                                                                                                                                                                                                                                                                           |                                                                                                      |                                                          |
| <ul style="list-style-type: none"><li>You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.</li><li><b>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.</b></li></ul> |                                                                                                      |                                                          |
| 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 |

# **PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

## **SECTION 8: LEGAL** *(continued)*

|       |                                                                                                                              |                              |                             |
|-------|------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 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 | Joyriding (using a car or other vehicle without owner's permission).....                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.17 | 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 |
| 78.18 | Petty theft (value up to \$950, including shoplifting/switching price tags) .....                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.19 | Possession of alcohol as a minor (under the age of 21) .....                                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.20 | Possession of falsified or altered identification, including use of another person's ID (for any reason).....                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.21 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.22 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.23 | Reckless driving .....                                                                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.24 | 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 |
| 78.25 | Trespassing .....                                                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.26 | Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 78.27 | Any other act amounting to a misdemeanor.....                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> 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 33.***

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**Supplemental legal information provided on Page 33** ☐

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 8: LEGAL** *(continued)***► 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) .....                                                                           | <input type="checkbox"/> YES | <input type="checkbox"/> 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) ..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.3  | Blackmail or extortion .....                                                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.4  | Burglary (entering a structure or vehicle to commit theft or other crime) .....                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.5  | Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....                                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.6  | Elder abuse and/or neglect (physical and/or financial) .....                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.7  | Embezzlement (theft of money or other valuables entrusted to you) .....                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.8  | Felony drunk driving (involving injuries) .....                                                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.9  | Felony illegal sex acts .....                                                                                                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.10 | Forcible rape .....                                                                                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.11 | Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.12 | Fraudulent use of a credit, ATM, debit, and/or check card .....                                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.13 | Grand theft (value of over \$950, automobile, any firearm) .....                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.14 | Hit & run (with injuries) .....                                                                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.15 | Hate crime .....                                                                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.16 | Insurance fraud .....                                                                                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.17 | Murder, homicide, attempted murder, or assault with intent to commit murder .....                                                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.18 | Perjury (lying under oath) .....                                                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.19 | Possession of an explosive/destructive device .....                                                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.20 | Robbery (theft from another person using a weapon, force, or fear) .....                                                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 79.21 | Stalking (including, but not limited to, electronic communication) .....                                                                    | <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 |

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- 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., 79.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

### ► 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.*)
  - ▶ Fentanyl
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Hashish/Hashish Oil
  - ▶ Heroin / Opium
  - ▶ Marijuana
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Glue, paint, aerosol, or any substance containing toluene

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

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 8: LEGAL** *(continued)***81. Prior to the past six months:**☐ I have **never** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)☐ Excluding any use of cannabis, I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances**:

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82. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, excluding the use of cannabis off the job and away from the workplace? ☐ YES ☐ NO  
**If YES, indicate which activities (mark all that apply):**

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for AnotherIF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s)**, and **circumstances**.

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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, excluding the use of cannabis off the job and away from the workplace? ..... ☐ YES ☐ NO  
**If YES, explain:**

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**Supplemental drug information provided on Page 33** ☐**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 |
|----------------|---------------------------|-----------------|--------------------------------------|
|                |                           |                 |                                      |
| STATE OF ISSUE | LICENSE NUMBER (IF KNOWN) | TYPE OF LICENSE | NAME UNDER WHICH LICENSE WAS GRANTED |
|                |                           |                 |                                      |
| STATE OF ISSUE | LICENSE NUMBER (IF KNOWN) | TYPE OF LICENSE | NAME UNDER WHICH LICENSE WAS GRANTED |
|                |                           |                 |                                      |



**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

**SECTION 9: MOTOR VEHICLE INFORMATION** *(continued)*86. Have you ever been refused a driver's license by any state? ..... ☐ YES ☐ NO**IF YES, explain** (include when, where, and circumstances):

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87. Has your driver's license ever been suspended or revoked? ..... ☐ YES ☐ NO**IF YES, explain** (include when, where, and circumstances):

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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 | CONTACT NUMBER<br>( ) |  |
| 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 | CONTACT NUMBER<br>( ) |  |

89. Have you received any traffic citations, excluding parking citations, **within the past seven years?** ☐ YES ☐ NO**IF YES, give details below.**

|      |                                         |  |                                                                                                                                                               |  |      |  |       |
|------|-----------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|-------|
| 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 |  |      |  |       |

**PERSONAL HISTORY STATEMENT – Peace Officer**

POST 2-251 (Rev 1/2024)

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

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 ***within the past seven years?*** ..... ☐ YES    ☐ NO***IF YES, give details below.***

|      |                                                          |                        |                                                          |                                                                     |
|------|----------------------------------------------------------|------------------------|----------------------------------------------------------|---------------------------------------------------------------------|
| 91.1 | DATE OF ACCIDENT (MM/YYYY)                               | LOCATION (STREET)      | CITY                                                     | STATE                                                               |
|      | /                                                        |                        |                                                          |                                                                     |
|      | POLICE REPORT                                            | LAW ENFORCEMENT AGENCY | AT FAULT?                                                | WAS THE ACCIDENT?                                                   |
|      | <input type="checkbox"/> YES <input type="checkbox"/> NO |                        | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury |
| 91.2 | DATE OF ACCIDENT (MM/YYYY)                               | LOCATION (STREET)      | CITY                                                     | STATE                                                               |
|      | /                                                        |                        |                                                          |                                                                     |
|      | POLICE REPORT                                            | LAW ENFORCEMENT AGENCY | AT FAULT?                                                | WAS THE ACCIDENT?                                                   |
|      | <input type="checkbox"/> YES <input type="checkbox"/> NO |                        | <input type="checkbox"/> YES <input type="checkbox"/> NO | <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 provided on Page 33** ☐**SECTION 10: OTHER TOPICS**94. Have you ever applied for a concealed carry weapon (CCW) permit?..... ☐ YES    ☐ NOIf YES, have you ever been refused a CCW permit? ..... ☐ YES    ☐ NO95. 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    ☐ NO96. ***Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ YES    ☐ NO97. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, law enforcement gang, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? ..... ☐ YES    ☐ NO98. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, law enforcement gang, hate group, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? ..... ☐ YES    ☐ NO99. Are you or have you ever engaged in membership in a hate group, participation in any hate group activity, or advocacy of public expressions of hate, as defined in Section 13680 of the Penal Code?..... ☐ YES    ☐ NO

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100. Have you ever made postings, statements or endorsements advocating discrimination, genocide, or violence against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? ..... ☐ YES ☐ NO

101. Have you ever expressed or exhibited bias against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation?..... ☐ YES ☐ NO

***If more space is needed, continue your response on Page 33.***

## SECTION 11: CERTIFICATION

*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.*

**Date:**

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

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- 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.

## 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 **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

- 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 23) 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 – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

## SECTION 1: PERSONAL

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

## SECTION 2: RELATIVES AND REFERENCES

|                                                                                                                                                                                                                                                                                              |  |                                        |                                                                                                                                                                          |      |                                   |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|------------------------------|
| 14. IMMEDIATE FAMILY                                                                                                                                                                                                                                                                         |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| <ul style="list-style-type: none"><li>Provide all applicable information in the spaces below.</li><li>Mark "Deceased," if appropriate.</li><li>Mark "N/A" if a category is not applicable.</li><li>If more space is needed, continue on page 23 – reference corresponding numbers.</li></ul> |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| 14.A Spouse / Registered Domestic Partner                                                                                                                                                                                                                                                    |  |                                        |                                                                                                                                                                          |      | <input type="checkbox"/> Deceased | <input type="checkbox"/> N/A |
| NAME                                                                                                                                                                                                                                                                                         |  | HOME ADDRESS (NUMBER / STREET / APT)   |                                                                                                                                                                          | CITY | STATE                             | ZIP                          |
|                                                                                                                                                                                                                                                                                              |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| HOME PHONE                                                                                                                                                                                                                                                                                   |  | WORK ADDRESS (NUMBER / STREET / SUITE) |                                                                                                                                                                          | CITY | STATE                             | ZIP                          |
| ( )                                                                                                                                                                                                                                                                                          |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| WORK PHONE                                                                                                                                                                                                                                                                                   |  | CELL PHONE                             | EMAIL                                                                                                                                                                    |      |                                   |                              |
| ( )                                                                                                                                                                                                                                                                                          |  | ( )                                    |                                                                                                                                                                          |      |                                   |                              |
| DATE OF MARRIAGE/REGISTRATION                                                                                                                                                                                                                                                                |  |                                        | 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 |      |                                   |                              |
| / (MM/YYYY)                                                                                                                                                                                                                                                                                  |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| 14.B Former Spouse / Former Registered Domestic Partner                                                                                                                                                                                                                                      |  |                                        |                                                                                                                                                                          |      | <input type="checkbox"/> Deceased | <input type="checkbox"/> N/A |
| NAME                                                                                                                                                                                                                                                                                         |  | HOME ADDRESS (NUMBER / STREET / APT)   |                                                                                                                                                                          | CITY | STATE                             | ZIP                          |
|                                                                                                                                                                                                                                                                                              |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| HOME PHONE                                                                                                                                                                                                                                                                                   |  | WORK ADDRESS (NUMBER / STREET / SUITE) |                                                                                                                                                                          | CITY | STATE                             | ZIP                          |
| ( )                                                                                                                                                                                                                                                                                          |  |                                        |                                                                                                                                                                          |      |                                   |                              |
| WORK PHONE                                                                                                                                                                                                                                                                                   |  | CELL PHONE                             | EMAIL                                                                                                                                                                    |      |                                   |                              |
| ( )                                                                                                                                                                                                                                                                                          |  | ( )                                    |                                                                                                                                                                          |      |                                   |                              |
| DATE OF MARRIAGE/REGISTRATION                                                                                                                                                                                                                                                                |  | DATE OF DISSOLUTION                    | 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 |      |                                   |                              |
| / (MM/YYYY)                                                                                                                                                                                                                                                                                  |  | / (MM/YYYY)                            |                                                                                                                                                                          |      |                                   |                              |

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

## 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.
- If more space is needed, continue on page 23 – reference corresponding numbers.

**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 23 ☐

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 01/2024)

**SECTION 2: RELATIVES AND REFERENCES** *continued***14.D Brothers / Sisters**☐ N/A

- List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

**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 23 ☐**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.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

**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                                         |  |       |     |



## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

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

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 |       |     |

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 23 ☐

### 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.
- If more space is needed, continue on page 23 – reference corresponding numbers.

|      |                              |                                        |       |                                      |     |
|------|------------------------------|----------------------------------------|-------|--------------------------------------|-----|
| 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? |     |

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 01/2024)

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

|       |                              |                                        |       |                                      |     |
|-------|------------------------------|----------------------------------------|-------|--------------------------------------|-----|
| 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? |     |
|       |                              |                                        |       |                                      |     |
| 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 23 ☐

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

## SECTION 3: EDUCATION

- **NOTE:** You may 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 23.

16. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate? ..... ☐ Yes ☐ No

### 17. LIST HIGH SCHOOL(S) ATTENDED

|      |                     |                |              |                                                          |
|------|---------------------|----------------|--------------|----------------------------------------------------------|
| 17.1 | NAME OF HIGH SCHOOL | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU GRADUATE?                                        |
|      |                     | /              | /            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | CITY                |                |              | STATE                                                    |
|      |                     |                |              |                                                          |
| 17.2 | NAME OF HIGH SCHOOL | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU GRADUATE?                                        |
|      |                     | /              | /            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      | CITY                |                |              | STATE                                                    |
|      |                     |                |              |                                                          |

### 18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

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

### 19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

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

Supplemental education information included on Page 23 ☐

### LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course?..... ☐ Yes ☐ 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 | /                         |

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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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 courses information included on Page 23 ☐

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, 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. Include when the disciplinary action(s) occurred, name of school(s)/academy, 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 23.

|                                      |                                                                                                |       |     |                                                        |                |
|--------------------------------------|------------------------------------------------------------------------------------------------|-------|-----|--------------------------------------------------------|----------------|
| 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 – Public Safety Dispatcher**

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

|                                       |                                                                                                |       |     |                                                        |              |
|---------------------------------------|------------------------------------------------------------------------------------------------|-------|-----|--------------------------------------------------------|--------------|
| <b>24.2</b>                           | FORMER ADDRESS (NUMBER / STREET / APT)                                                         |       |     | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                |       |     | /                                                      | /            |
|                                       | 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 lived: |                                                                                                |       |     |                                                        |              |
| Reason for moving:                    |                                                                                                |       |     |                                                        |              |
| <b>24.3</b>                           | FORMER ADDRESS (NUMBER / STREET / APT)                                                         |       |     | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                |       |     | /                                                      | /            |
|                                       | 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 lived: |                                                                                                |       |     |                                                        |              |
| Reason for moving:                    |                                                                                                |       |     |                                                        |              |
| <b>24.4</b>                           | FORMER ADDRESS (NUMBER / STREET / APT)                                                         |       |     | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                |       |     | /                                                      | /            |
|                                       | 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 lived: |                                                                                                |       |     |                                                        |              |
| Reason for moving:                    |                                                                                                |       |     |                                                        |              |
| <b>24.5</b>                           | FORMER ADDRESS (NUMBER / STREET / APT)                                                         |       |     | FROM (MM/YYYY)                                         | TO (MM/YYYY) |
|                                       |                                                                                                |       |     | /                                                      | /            |
|                                       | 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 lived: |                                                                                                |       |     |                                                        |              |
| Reason for moving:                    |                                                                                                |       |     |                                                        |              |

Supplemental residence information included on Page 23 ☐

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## 25. LIST OF HOUSEMATES

- |      |                                                                                 |  |       |                          |       |     |
|------|---------------------------------------------------------------------------------|--|-------|--------------------------|-------|-----|
| 25.1 | NAME OF HOUSEMATE                                                               |  |       | CONTACT NUMBER<br>(    ) |       |     |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            |  | CITY  |                          | STATE | ZIP |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) |  | EMAIL |                          |       |     |
| 25.2 | NAME OF HOUSEMATE                                                               |  |       | CONTACT NUMBER<br>(    ) |       |     |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            |  | CITY  |                          | STATE | ZIP |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) |  | EMAIL |                          |       |     |
| 25.3 | NAME OF HOUSEMATE                                                               |  |       | CONTACT NUMBER<br>(    ) |       |     |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            |  | CITY  |                          | STATE | ZIP |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) |  | EMAIL |                          |       |     |
| 25.4 | NAME OF HOUSEMATE                                                               |  |       | CONTACT NUMBER<br>(    ) |       |     |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            |  | CITY  |                          | STATE | ZIP |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) |  | EMAIL |                          |       |     |
| 25.5 | NAME OF HOUSEMATE                                                               |  |       | CONTACT NUMBER<br>(    ) |       |     |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            |  | CITY  |                          | STATE | ZIP |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) |  | EMAIL |                          |       |     |
| 25.6 | NAME OF HOUSEMATE                                                               |  |       | CONTACT NUMBER<br>(    ) |       |     |
|      | CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)                            |  | CITY  |                          | STATE | ZIP |
|      | NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) |  | EMAIL |                          |       |     |

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

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 28. JOB EXPERIENCE

- List **ALL** jobs you have had ***within the past ten years***, 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 23.*

|                                                                                                                              |                                             |                |      |                                                                                                                                                                 |              |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 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 WANTING TO LEAVE                                                                                                                                     |              |
|                                                                                                                              |                                             |                |      |                                                                                                                                                                 |              |
| 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 |                                             |                |      |                                                                                                                                                                 |              |
| IF YES, explain:                                                                                                             |                                             |                |      |                                                                                                                                                                 |              |
|                                                                                                                              |                                             |                |      |                                                                                                                                                                 |              |
|                                                                                                                              |                                             |                |      |                                                                                                                                                                 |              |
|                                                                                                                              |                                             |                |      |                                                                                                                                                                 |              |
|                                                                                                                              |                                             |                |      |                                                                                                                                                                 |              |

|      |                                                                                                                                                                                        |  |  |  |                |              |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------|--------------|
| 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 – Public Safety Dispatcher**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

|                      |                                                                                                                                                                                        |                |                                                                                                                                                                 |                |              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 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)                   |                                                                                                                                                                                        | ( )            |                                                                                                                                                                 |                |              |
| 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: _____ |                |                                                                                                                                                                 | /              | /            |



**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

|                      |                                             |                |                    |                                                                                                                                                                 |              |
|----------------------|---------------------------------------------|----------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 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 23** ☐

|     |                                                                                                                                                                                  |                                                          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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 |
| 35. | Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. | Have you ever been counseled at work due to lateness or absences?                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. | Did you ever receive an unsatisfactory performance review?                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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 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 29–40**, explain (include when, where, and circumstances – *reference corresponding numbers*).

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**Supplemental employment information included on Page 23** ☐

41. 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? \_\_\_\_

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

IF YES, when? \_\_\_\_

Name of employer: \_\_\_\_

43. 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: \_\_\_\_

44. 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 44**, list **EVERY** agency you have applied to, **starting with the most recent**.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 23.*

|                                                                                                                                                                                                                                                                                                                  |                                |       |       |                                           |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|-------|-------------------------------------------|-----|
| 44.1                                                                                                                                                                                                                                                                                                             | NAME OF LAW ENFORCEMENT AGENCY |       |       | DATE APPLIED (MM/YYYY)                    |     |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       | /                                         |     |
|                                                                                                                                                                                                                                                                                                                  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|                                                                                                                                                                                                                                                                                                                  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       | ( )                                       |     |
| POSITION APPLIED FOR                                                                                                                                                                                                                                                                                             |                                |       | EMAIL |                                           |     |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:                                                                                                                                                                                                                                              |                                |       |       |                                           |     |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |                                           |     |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) ____                                                                  |                                |       |       |                                           |     |

|                                                                                                                                                                                                                                                                                                                  |                                |       |       |                                           |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|-------|-------------------------------------------|-----|
| 44.2                                                                                                                                                                                                                                                                                                             | NAME OF LAW ENFORCEMENT AGENCY |       |       | DATE APPLIED (MM/YYYY)                    |     |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       | /                                         |     |
|                                                                                                                                                                                                                                                                                                                  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|                                                                                                                                                                                                                                                                                                                  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       | ( )                                       |     |
| POSITION APPLIED FOR                                                                                                                                                                                                                                                                                             |                                |       | EMAIL |                                           |     |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:                                                                                                                                                                                                                                              |                                |       |       |                                           |     |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |                                           |     |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) ____                                                                  |                                |       |       |                                           |     |

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

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

|                                                                                                                                                                                                                                                                                                                  |                                |       |       |                                           |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|-------|-------------------------------------------|------------------------|--|
| 44.3                                                                                                                                                                                                                                                                                                             | NAME OF LAW ENFORCEMENT AGENCY |       |       |                                           | DATE APPLIED (MM/YYYY) |  |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       |                                           | /                      |  |
|                                                                                                                                                                                                                                                                                                                  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|                                                                                                                                                                                                                                                                                                                  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT                    |  |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       | ( )                                       |                        |  |
| POSITION APPLIED FOR                                                                                                                                                                                                                                                                                             |                                |       | EMAIL |                                           |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:                                                                                                                                                                                                                                              |                                |       |       |                                           |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |                                           |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____                                                                 |                                |       |       |                                           |                        |  |

  

|                                                                                                                                                                                                                                                                                                                  |                                |       |       |                                           |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|-------|-------------------------------------------|------------------------|--|
| 44.4                                                                                                                                                                                                                                                                                                             | NAME OF LAW ENFORCEMENT AGENCY |       |       |                                           | DATE APPLIED (MM/YYYY) |  |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       |                                           | /                      |  |
|                                                                                                                                                                                                                                                                                                                  | ADDRESS (NUMBER / STREET)      |       |       | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |                        |  |
|                                                                                                                                                                                                                                                                                                                  | CITY                           | STATE | ZIP   | CONTACT NUMBER                            | EXT                    |  |
|                                                                                                                                                                                                                                                                                                                  |                                |       |       | ( )                                       |                        |  |
| POSITION APPLIED FOR                                                                                                                                                                                                                                                                                             |                                |       | EMAIL |                                           |                        |  |
| CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:                                                                                                                                                                                                                                              |                                |       |       |                                           |                        |  |
| STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer |                                |       |       |                                           |                        |  |
| STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____                                                                 |                                |       |       |                                           |                        |  |

Supplemental employment information is included on Page 23 ☐

### SECTION 6: MILITARY EXPERIENCE

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

46. Have you ever served in the military? ..... ☐ Yes ☐ No

47. If you answered "YES" to Question 46, include the following service information:

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

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

49. 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

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

51. 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 49–51** explain (include dates and circumstances).

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Supplemental military information included on Page 23 ☐

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

SECTION 7: FINANCIAL

52. INCOME AND EXPENSES

- For each of the following questions (52A and B), fill in the amounts to the nearest dollar.
- For **Question 52A**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 52B**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) What is your total monthly disposable income? ..... \$ \_\_\_\_\_ per month

B) How much do you spend each month? ..... \$ \_\_\_\_\_ per month

53. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ..... ☐ Yes ☐ No
54. Have any of your bills ever been turned over to a collection agency? ..... ☐ Yes ☐ No
55. Have you ever had purchased goods repossessed? ..... ☐ Yes ☐ No
56. Have your wages ever been garnished? ..... ☐ Yes ☐ No
57. Have you ever been delinquent on income or other tax payments? ..... ☐ Yes ☐ No
58. Have you ever failed to file income tax or cheated/lie on an income tax form? ..... ☐ Yes ☐ No
59. Have you ever had an employment bond refused? ..... ☐ Yes ☐ No
60. Have you ever avoided paying any lawful debt by moving away? ..... ☐ Yes ☐ No
61. Have you ever defaulted on (failed to pay) a loan? ..... ☐ Yes ☐ No
62. Have you ever borrowed money to pay for a gambling debt? ..... ☐ Yes ☐ No  
IF YES, do you currently have any outstanding debts as a result of gambling? ..... ☐ Yes ☐ No
63. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ..... ☐ Yes ☐ No
64. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ Yes ☐ No
65. Have you written three or more bad checks in a one-year period? ..... ☐ Yes ☐ No

If you answered "YES" to any of **Questions 53–65**, explain (include when, where, and why – *reference corresponding numbers*).

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

### SECTION 8: LEGAL

#### ► Disclosure of Arrests and Convictions

- If you are applying for a dispatcher position at a criminal justice agency (as defined in Penal Code 13101), you are required to report detentions, arrests, and convictions (per Labor Code 432.7), except where sealed or expunged by law. If you are applying for a dispatcher position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.**
- If more space is needed, continue your response on page 23.

66. Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) 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:

|      | CHARGE                 | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|------|------------------------|-----------------------|-------------------------------|
| 66.1 |                        | /                     |                               |
|      | DISPOSITION OR PENALTY |                       |                               |
|      |                        |                       |                               |
|      |                        |                       |                               |
|      |                        |                       |                               |
| 66.2 |                        | /                     |                               |
|      | DISPOSITION OR PENALTY |                       |                               |
|      |                        |                       |                               |
|      |                        |                       |                               |
|      |                        |                       |                               |

Supplemental disclosure information included on Page 23 ☐

67. Have you ever been placed on court probation? ..... ☐ Yes ☐ No

68. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by juvenile court.) ..... ☐ Yes ☐ No

69. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ..... ☐ Yes ☐ No

70. Have the police ever been called to your home for any reason? ..... ☐ Yes ☐ No

71. Have you or your spouse/partner ever been referred to Child Protective Services? ..... ☐ Yes ☐ No

72. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ..... ☐ Yes ☐ No

73. 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

74. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ..... ☐ Yes ☐ No

75. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? ..... ☐ Yes ☐ No

76. Have you ever filed a false insurance or workers' compensation claim? ..... ☐ Yes ☐ No

If you answered "YES" to any of **Questions 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on page 23.

|  |
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|  |
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# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

## SECTION 8: LEGAL *continued*

### ► Involvement in Criminal Acts – Part 1

77. 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.**

|       |                                                                                                                                |                              |                             |
|-------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 77.1  | Animal abuse and/or neglect .....                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.2  | Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.3  | Battery (use of force or violence upon another) .....                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.4  | Brandishing a weapon (any type of weapon) .....                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.5  | Carrying a concealed weapon without a permit.....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.6  | Contributing to the delinquency of a minor .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.7  | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.8  | 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 |
| 77.9  | 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 |
| 77.10 | Filing a false police report .....                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.11 | Hit & run collision (no injuries) .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.12 | Illegal gambling .....                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.13 | Illegal hunting and/or fishing (for example, without a license, out of season).....                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.14 | Impersonating a peace officer (pretending to be a police officer) .....                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.15 | Indecent exposure and/or lewd or obscene conduct .....                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.16 | Intentionally writing a bad check .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.17 | Joyriding (using a car or other vehicle without owner's permission) .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.18 | 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 |
| 77.19 | Petty theft (value up to \$950, including shoplifting/switching price tags) .....                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.20 | Possession of alcohol as a minor (under the age of 21).....                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.21 | Possession of falsified or altered identification, including use of another person's ID (for any reason) .....                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.22 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.23 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.24 | Reckless driving .....                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.25 | 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 |
| 77.26 | Trespassing.....                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

### SECTION 8: LEGAL *continued*

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 77.27                                                                                                                                                                                                                                                                                                                                                                              | Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.28                                                                                                                                                                                                                                                                                                                                                                              | Any other act amounting to a misdemeanor.....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"><li>• If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 77</b>, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 77.5) for each explanation.</i></li><li>• <i>If more space is needed, continue your response on page 23.</i></li></ul> |                                                                                                       |                              |                             |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                              |                             |

Supplemental legal information included on Page 23 ☐

### ► Involvement in Criminal Acts – Part 2

78. **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.**

|       |                                                                                                                                             |                              |                             |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 78.1  | Arson (intentionally destroying property by setting a fire) .....                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.2  | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.3  | Blackmail or extortion .....                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.4  | Burglary (entering a structure or vehicle to commit theft or other crime) .....                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.5  | Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.6  | Elder abuse and/or neglect (physical and/or financial) .....                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.7  | Embezzlement (theft of money or other valuables entrusted to you) .....                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.8  | Felony drunk driving (involving injuries) .....                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.9  | Felony illegal sex acts .....                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.10 | Forcible rape .....                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.11 | Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.12 | Fraudulent use of a credit, ATM, debit, and/or check card .....                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.13 | Grand theft (value of over \$950, automobile, any firearm) .....                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.14 | Hit & run (with injuries) .....                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.15 | Hate crime .....                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.16 | Insurance fraud .....                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.17 | Murder, homicide, attempted murder, or assault with intent to commit murder .....                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.18 | Perjury (lying under oath) .....                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.19 | Possession of an explosive/destructive device .....                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.20 | Robbery (theft from another person using a weapon, force, or fear) .....                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

### SECTION 8: LEGAL *continued*

|       |                                                   |                              |                             |
|-------|---------------------------------------------------|------------------------------|-----------------------------|
| 78.21 | Stalking .....                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.22 | Theft of a vehicle and/or vehicle parts .....     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.23 | Viewing and/or possessing child pornography ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.24 | 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 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.3) for each explanation*
- *If more space is needed, continue your response on page 23.*

Supplemental legal information included on Page 23 ☐

#### ► 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*)
  - Heroin / Opium
  - Mescaline
  - Morphine
  - PCP / Angel Dust
  - Quaaludes
  - Steroids
  - Glue, paint, or any substance containing toluene

79. **Within the past six months**, excluding the legal use of marijuana outside of the workplace, have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No

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

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

- ☐ I have **never** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was marijuana.)
- ☐ **Excluding any use of marijuana**, 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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81. 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, excluding the legal use of marijuana outside of the workplace? ☐ Yes ☐ No

**If YES, indicate which activities (mark all that apply):**

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

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

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## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

### SECTION 8: LEGAL *continued*

82. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications, excluding the legal use of marijuana outside of the workplace? ..... ☐ Yes ☐ No

IF YES, explain:

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Supplemental drug information included on Page 23 ☐

### SECTION 9: MOTOR VEHICLE INFORMATION

83. Current Driver's License:

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

84. 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 |
|----------------|---------------------------|-----------------|--------------------------------------|
|                |                           |                 |                                      |
|                |                           |                 |                                      |
|                |                           |                 |                                      |

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

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

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

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

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

|      |                                         |                                                                                                                                                               |      |       |
|------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 87.1 | 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 |      |       |
| 87.2 | 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 |      |       |

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

### SECTION 9: MOTOR VEHICLE INFORMATION

88. 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:

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Supplemental motor vehicle information included on Page 23 ☐

89. 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)

/

/

90. 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

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

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Supplemental motor vehicle information included on Page 23 ☐

### SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon?..... ☐ Yes ☐ No

92. 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

93. 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

94. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ Yes ☐ No

95. 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 91-95**, give details including dates and circumstances – *reference corresponding numbers*).

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Supplemental other topics information included on Page 23 ☐

### SECTION 11: CERTIFICATION

96. 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 – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

**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.