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.

Approved Text of Regulations 1953 and 1959

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.

State of California – Department of Justice PERSONAL HISTORY STATEMENT - Peace Officer POST 2-251 (1/2024)

Commission on Peace Officer Standards and Training (POST) 860 Stillwater Road, Suite 100 West Sacramento, CA 95605-1630 • 916 227-3909

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:

SECTION 1: PERSONAL								
1. YOUR FULL NAME								
LAST		F	IRST		MIDDLE			
2. OTHER NAMES YOU HAVE	USED OR BE	EN KNOWN	BY (INCLUDE MAID	EN NAME AND NIC	KNAMES)			
								□ N/A
3. ADDRESS WHERE YOU LIV	Æ							
NUMBER / STREET					APT	/ UNIT		
CITY					STA	TE	ZIP	
4. MAILING ADDRESS, IF DIFI	FERENT FRO	M ABOVE (FO	OR EXAMPLE, PO E	BOX)				
5. CONTACT NUMBERS								
HOME ()	WORK ()	EXT	OTHER	₹()		CELL	FAX
6. CONTACT EMAIL			7. LIST ALL OTH	ER EMAIL ADDRES	SES (SEPARATED	BY COMMA	S)	
8. EMPLOYMENT ELIGIBILITY	•							
Are you legally authorized	to work in th	ne United Sta	ates under federal	law?			Yes	☐ No
9. BIRTH PLACE (CITY / COU	NTY / STATE	/ COUNTRY)						
10. BIRTHDATE (MM/DD/YYYY) 11. SOCIA	AL SECURITY	/ NUMBER	12. DRIVER'S LIC		Λ.Τ.Γ.	EVDIDE	-C.
		-	<u>-</u>	NUMBER:	517	ATE:	EXPIRE	:5:
13. PHYSICAL DESCRIPTION								
HEIGHT:	WEIGHT:		HAIR COLOR:		EYE C	OLOR:		
SECTION 2: RELATIVES AN	D REFEREN	CES						
14. IMMEDIATE FAMILY								
Provide all applicable info	rmation in the	e snaces held	DW •	Mark "Deceased,"	' if appropriate			
Mark "N/A" if a category is				If more space is	needed, continue	on Page 3	3 – refei	rence
				corresponding n	umbers.			
14.A Spouse / Registered Do	mestic Partne	er				Dece	eased	□ N/A
NAME		HOME ADD	RESS (NUMBER / S	STREET / APT)	CITY		STATE	ZIP
HOME PHONE	WORK ADI	DRESS (NUM	BER / STREET / AP	T)	CITY		STATE	ZIP
()								
WORK PHONE	CELL PHO	NE	EMAIL					
()	()						
DATE OF MARRIAGE/REGIS					•			
DATE OF MARRIAGE/REGISTRATION Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?								

SECTION 2: RELATIVES AND) REFEREN	CES continued						
14.B Former Spouse / Former	Registered I	Domestic Partner				☐ De	ceased	□ N/A
NAME		HOME ADDRESS (N	NUMBER / ST	TREET / APT)	CITY		STATE	ZIP
HOME PHONE	WORK ADI	DRESS (NUMBER / ST	TREET / APT)	CITY		STATE	ZIP
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WORK PHONE	CELL PHO	NE	EMAIL					
()	()							
DATE OF MARRIAGE/REGIST	RATION [ATE OF DISSOLUTION	DN	Is there, or has there	e ever been, a re	estraining	or stav-a	wav
/ (MN	I/YYYY)	1	(MM/YYYY)	order in effect involvi				_
14.C Parents / Guardians / In-la	aws				<u> </u>			
List ALL parents/guardia		ing or deceased, incl	udina hiologi	ical adoptive foster s	sten-narents et	<u> </u>		
14.C.1 Parent / Guardian / In-l	aw: ☐ Mothe	er □ Father □ S HOME ADDRESS (N	tep-mother	Step-father In	-law		L STATE	Deceased ZIP
IVAIVIE		HOWE ADDRESS (IV	NUIVIDER / 3 I	REET/APT)	CITT		SIAIE	ZIF
HOME PHONE	L MALLINIC A	DDRESS (IF DIFFERE	-NIT\		CITY		STATE	ZIP
HOME PHONE	MAILING A	DDRESS (IF DIFFERE	=IN I)		CITY		SIAIE	ZIP
()	OF L. BUIG		LEMAN					
WORK PHONE	CELL PHO	NE	EMAIL					
()	()						_	
14.C.2 Parent / Guardian / In-l	aw: 🗆 Mothe		tep-mother	☐ Step-father ☐ In-				Deceased
NAME		HOME ADDRESS (N	NUMBER / ST	TREET / APT)	CITY		STATE	ZIP
HOME PHONE	MAILING A	DDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
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WORK PHONE	CELL PHO	NE	EMAIL					
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14.C.3 Parent / Guardian / In-l	aw: 🗆 Mothe	er 🗌 Father 🗌 S	tep-mother	☐ Step-father ☐ In	-law Other:			Deceased
NAME		HOME ADDRESS (N	NUMBER / ST	TREET / APT)	CITY		STATE	ZIP
HOME PHONE	MAILING A	DDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
()								
WORK PHONE	CELL PHO	NE	EMAIL					
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14.C.4 Parent / Guardian / In-l	u aw: ☐ Mothe	er 🗆 Father 🗆 S	tep-mother	☐ Step-father ☐ In-	-law Other:			Deceased
NAME		HOME ADDRESS (N			CITY		STATE	
HOME PHONE	MAILING A	l DDRESS (IF DIFFERE	ENT)		CITY		STATE	ZIP
()								
WORK PHONE	CELL PHO	NE	EMAIL					
()	()							

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SECTION 2: RELATIVES AND REFERENCES continued								
14.C Parents / Guardians / In-l	laws continued							
14.C.5 Parent / Guardian / In-l		•	-law Other:		Deceased			
NAME	HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STATE	ZIP			
HOME PHONE	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP			
()								
WORK PHONE	CELL PHONE	EMAIL						
()	()							
14.C.6 Parent / Guardian / In-l	law: ☐ Mother ☐ Father ☐ St	tep-mother \square Step-father \square In	-law Other:		Deceased			
NAME	HOME ADDRESS (N	IUMBER / STREET / APT)	CITY	STATE	ZIP			
HOME PHONE	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP			
()								
WORK PHONE	CELL PHONE	EMAIL						
()	()							
Supplemental relatives info	ormation provided on Page 33							
14.D Brothers / Sisters					∐ N/A			
List ALL LIVING siblings	s, including half-siblings, step-siblin	igs, foster-siblings, etc.						
14.D.1 Sibling: ☐ Brother	☐ Sister ☐ Half-brother ☐ Ha	alf-sister Other:						
NAME		(NUMBER / STREET / APT)	CITY	STATE	ZIP			
HOME PHONE	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP			
()								
WORK PHONE	CELL PHONE	EMAIL						
()	()							
14.D.2 Sibling: Brother	☐ Sister ☐ Half-brother ☐ Ha	। alf-sister □ Other:						
NAME		(NUMBER / STREET / APT)	CITY	STATE	ZIP			
HOME PHONE	MAILING ADDRESS (IF DIFFERE	NT)	CITY	STATE	ZIP			
()								
WORK PHONE	CELL PHONE	EMAIL						
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	☐ Sister ☐ Half-brother ☐ Ha	I off sistor \(\sum \) Other:						
NAME		(NUMBER / STREET / APT)	CITY	STATE	ZIP			
		,						
HOME PHONE		NT)	CITY	STATE	ZIP			
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WORK PHONE	CELL PHONE	EMAIL						
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Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 2: RELATIVES AND	SECTION 2: RELATIVES AND REFERENCES continued										
14.D.4 Sibling: ☐ Brother											
NAME	AGE I	HOME ADDRESS (NUMBER	/STREET/APT)	CITY	STATE	ZIP					
HOME PHONE	MAILING ADDR	ESS (IF DIFFERENT)		CITY	STATE	ZIP					
()											
WORK PHONE	CELL PHONE	EMAIL									
()	()										
Cumplemental relatives info	l'	lad on Page 22 🗆									
Supplemental relatives info	rmation provid	ed on Page 33 ⊔									
14.E Children						□ N/A					
List ALL LIVING skilder	- il				.: -!: 41						
		al, adopted, step, and/or fos n of the custodial parent/gua			side with you.						
			, ,								
14.E.1 Child: ☐ Son ☐ Da	aughter	r:CUSTODIAL PARENT/GU	ADDIAN (IF OTLIED T	LIANI VOLI)							
INAIVIE	AGE	CUSTODIAL PARENT/GU	ARDIAN (IF OTHER T	HAN YOU)							
		ADDDESO (AU INIDED / OT	DEET (ADT)	LOID	LOTATE	710					
		ADDRESS (NUMBER / ST	REET/APT)	CITY	STATE	ZIP					
		CONTACT NUMBER	EMAIL								
14.E.2 Child: ☐ Son ☐ Da	aughter Othe	er:	<u>.</u>								
NAME	AGE	CUSTODIAL PARENT/GU	ARDIAN (IF OTHER T	HAN YOU)							
		ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP					
		CONTACT NUMBER	EMAIL								
14.E.3 Child: □ Son □ Da			l								
NAME	aughter	CUSTODIAL PARENT/GU	ARDIAN (IF OTHER T	HAN YOU)							
			, -	,							
		ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP					
		,	,								
		CONTACT NUMBER	EMAIL								
		CONTROL NOMBER	LIVI) (IL								
14.E.4 Child: Son Da	•										
NAME	AGE	CUSTODIAL PARENT/GU	ARDIAN (IF OTHER T	HAN YOU)							
		ADDRESS (NUMBER / ST	REET / APT)	CITY	STATE	ZIP					
		CONTACT NUMBER	EMAIL								
		L	I								

Supplemental relatives information provided on Page 33 \square

S	SECTION 2: RELATIVES AND REFERENCES continued											
1	 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 											
					relationships, social and far mates, or any individuals			olleagues	s, and/or			
15	5.1	NAME OF REFERENCE		HOME ADDRESS (N	UMBER / STREET / APT)		CITY	STATE	ZIP			
	HON	ME PHONE	WORK ADD	L DRESS (NUMBER / ST	REET / SUITE)		CITY	STATE	ZIP			
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	Нои	do you know this person?	•			How I	ong have you known this	person?				
		NAME OF REFERENCE		HOME ADDRESS (N	UMBER / STREET / APT)		CITY	STATE	ZIP			
15	5.2											
	HON	ME PHONE	WORK ADD	RESS (NUMBER / ST	REET / SUITE)		CITY	STATE	ZIP			
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	NAME OF REFERENCE			HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP			
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15	5.5											
HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE					REET / SUITE)		CITY	STATE	ZIP			
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WORK PHONE CELL PHONE EMAIL												
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	Нои	do you know this person?	ong have you known this	person?								

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SEC	TION 2: RELATIVES AND	REFEREN	CES continued				
	NAME OF REFERENCE		HOME ADDRESS (N	UMBER / STREET / APT)	CITY	STATE	ZIP
15.6							
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Н	ow do you know this person?	•		<u> </u>	How long have you	known this person?	
	NAME OF REFERENCE		HOME ADDRESS (N	UMBER / STREET / APT)	CITY	STATE	ZIP
15.7							
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Ho	ow do you know this person?	•	LUONE ADDDESS (N	LIMBER (OTREET (ART)	How long have you		Laro
15.10	NAME OF REFERENCE		HOME ADDRESS (N	UMBER / STREET / APT)	CITY	STATE	ZIP
		1					
HC	OME PHONE	WORK ADI	RESS (NUMBER / ST	REET / SUITE)	CITY	STATE	ZIP
()	0511 5115		LEMAN			
WORK PHONE CELL PHONE EMAIL				EMAIL			
()	()			T		
Н	ow do you know this person?	•			How long have you	known this person?	

Supplemental references information provided on Page 33 \square

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SECT	ION 3: EDUCA	MOITA										
				rnish official tran	nscripts or other propage 33.	oof to s	upp	ort all of	f your	educational clai	ms in Sec	tion 3.
	IECK APPLICAE		MM/YYYY	т. т.р.		//YYYY						MM/YYYY
	h School Gradua		/	☐ High School Ed				California	a High	School Proficiency	Certificate:	
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17. LI	ST HIGH SCHO										V) I TO (MA	400000
17.1	NAIVIE OF HIG	п осп	OOL							FROM (MM/YYY	1) 10 (IVII	/ / / / / / / / / / / / / / / / / / /
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18.3	NAME OF COL	LEGE/	UNIVERSITY		FROM (MM/YYYY)	TO (MN	Л/ҮҮ	YY)	TOT	AL UNITS COMPLE		
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19. LI	ST ALL TRADE	, VOCA	ATIONAL, AN	D BUSINESS SCH	HOOLS / INSTITUTES	ATTENI	DED					
	NAME OF TRA	DE. VO	OCATIONAL	OR BUSINESS SO	CHOOL/INSTITUTE	FRC	OM (MM/YYY	Y) T	O (MM/YYYY)	DID YOU	COMPLETE
19.1							(, ,		THE TRAI	
								/		1	☐ YES	∐ NO
		CITY				STA	TE	TYPE C	F SCI	HOOL OR TRAININ	IG	

Supplemental education information provided on Page 33 \square

SEC	TION 3:	EDUCATION continu	ued							
LIST	ALL PO	ST BASIC COURSES	ATTENDED							
	•	ever taken a PC832 (rovide the following		rms) Course?				[YES	□ NO
		A. COURSE PRESE	ENTER NAME			LOCATIO	N (CITY /	STATE)		
		B. COURSE COMPL					COMPL	ETION D	DATE (MM/	YYYY)
		Did you successfully	complete the cours	se?	YES	⊔ №			1	
		u ever attended a POS rovide the following		cademy: Regular, Modular, Sp	ecialized Inves	stigators', F	Reserve, o	r Dispate	cher? 🗌 Y	res 🗌 no
21.1	NAME	OF COURSE PRESE	NTER/ACADEMY		FROM (MM/	YYYY) TO	O (MM/YY	YY)	DID YOU GRADUA	
21.1					1		1		YES	\square NO
	LOCAT	TON (CITY, STATE)		NAME OF TRAINING OFFICE	ER / ACADEM	Y COORDI	NATOR	CONT	ACT NUMB	ER
								()	DAGG/
21.2	NAME	OF COURSE PRESE	NTER/ACADEMY		FROM (MM/	YYYY) TO	O (MM/YY	YY)	GRADUA	
					1		1		YES	□ NO
	LOCAT	TION (CITY, STATE)		NAME OF TRAINING OFFICE	ER / ACADEM	Y COORDI	NATOR	CONT	ACT NUMB	ER
								()	
Supp	olement	al POST basic cou	rse information	provided on Page 33 🗆						
	-	•		ction, including academic proba						П -
		., .	•	ess, trade school, or POST bas gh school, list any and all discip		•				∐ NO
				sciplinary action(s) occurred, na						ation, or
-										
-										
-										
-										
_										
23.	Since the	e age of 18, have you	cheated on an exa	m, or assisted another person i	in cheating on	an exam, o	or participa	ated in	_	_
									YES	∐ NO
'	F YES, 6	xplain circumstances	5.							
-										
-										
-										
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SEC	TION 4: RESIDENCE HISTORY						
24.	LIST OF RESIDENCES						
•	List all residences during the last 10 years or since as Provide complete addresses (include markers such as Boxes. If the residence is a military base, identify name of base unless you shared individual quarters. If more space is needed, continue your response of	s Street, e in addr	ress, nearest c		·	• ,	
24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STRE	EET / API	Γ)		FROM (I	MM/YYYY) /	TO (MM/YYYY) Present
	CITY	STATE	ZIP	IF RENTING: PROPE OR OWNER	RTY MAN	IAGER, RE	NT COLLECTOR,
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OV	VNER		CONTAC	T NUMBER
	CITY	STATE	l ZIP	EMAIL		())
24.2	Name(s) of those with whom you live: FORMER ADDRESS (NUMBER / STREET / APT)				FROM (I	MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTED: PROPER OWNER	RTY MANA	AGER, REN	NT COLLECTOR, OR
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	CTOR, OR OV	VNER			T NUMBER
	CITY	STATE	ZIP	EMAIL		()	1
	Name(s) of those with whom you lived:						
24.3	Reason for moving: FORMER ADDRESS (NUMBER / STREET / APT)				,	MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTED: PROPER OWNER	RTY MANA	AGER, REN	NT COLLECTOR, OR
	MAILING ADDRESS OF PROPERTY MANAGER, REN (NUMBER / STREET / APT / PO BOX)	T COLLE	ECTOR, OR OW	VNER		CONTAC	T NUMBER
	CITY	STATE	ZIP	EMAIL		,	
	Name(s) of those with whom you lived:						
	Reason for moving:						

SECT	TION 4: RESIDENCE HISTORY continued								
	FORMER ADDRESS (NUMBER / STREET / APT)					FROM (I	MM/YYYY)	TO (M	IM/YYYY)
24.4							/		1
	CITY	STATE	ZIP		RENTED: PROPE VNER	RTY MANA	AGER, REN	IT COL	LECTOR, OR
				OV	VIVEIX				
	MAILING ADDRESS OF PROPERTY MANAGER, REN		CTOP OP O	ANIE	D				
	(NUMBER / STREET / APT / PO BOX)	II COLLE	CION, ON O	VVINE	X		CONTAC	T NUME	BER
							()		
	CITY	STATE	ZIP	EM	1AIL				
	Name(s) of those with whom you lived:								
	Reason for moving:								
24.5	FORMER ADDRESS (NUMBER / STREET / APT)					FROM (I	MM/YYYY)	TO (M	IM/YYYY)
24.5			_				1		1
	CITY	STATE	ZIP		RENTED: PROPE	RTY MANA	AGER, REN	IT COL	LECTOR, OR
	MAILING ADDRESS OF PROPERTY MANAGER, REN	IT COLLE	L ECTOR, OR O\	WNEF	₹		CONTAC	T NII IN 41	OFD.
	(NUMBER / STREET / APT / PO BOX)						CONTAC	I NOWE	DEK
							()		
	CITY	STATE	ZIP	EM	1AIL				
	Name(s) of those with whom you lived:								
	Reason for moving:								
Supp	lemental residence information provided on Pa	ge 33 🗆							
25.	LIST OF HOUSEMATES								
• [Provide contact information for all housemates listed in	o Questio	on 24 with wh	om v	ou have resided d	uring the	nast 10 v	ars or	since age
	15.	1 Quooti	on 24 with with	oiii y	ou navo rosidou u	aring the	puot 10 y	Jui 3 01	onioc ago
• [Do NOT list anyone for whom you have already provide	led conta	ct information						
• /	f more space is needed, continue your response on P	age 33.							
	NAME OF HOUSEMATE						CONTAC	T NUME	BER
25.1							()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / S	TREET /	APT)	CIT	Y		S	TATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LAN HOUSEMATE ONLY, ETC.)	IDLORD,	FRIEND,		EMAIL				

SEC	FION 4: RESIDENCE HISTORY continued					
	NAME OF HOUSEMATE			CONT	ACT NUM	BER
25.2				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CI	Υ	1	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,		ENANH			
	HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF HOUSEMATE			CONT	ACT NUM	BER
25.3				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CI	Υ		STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND,	ļ				
	HOUSEMATE ONLY, ETC.)		EMAIL			
	NAME OF HOUSEMATE		<u> </u>	CONT	ACT NUM	BER
25.4				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CI	Υ		STATE	ZIP
	NATURE OF RELATIONOUR /E O. RELATIVE LANDLORD EDIEND					
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	 NAME OF HOUSEMATE			CONT	ACT NUM	BER
25.5				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CIT	TV		STATE	ZIP
	CONNENT ADDICESS II DILLENT (NOMBER / STREET / ALT)	Ci			SIAIL	Z11
	MATURE OF RELATIONALIE (F. O. RELATIVE LANDLORD ERIEND					
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL			
	, , ,					
Supp	lemental housemate information provided on Page 33 □					
26.	Have you ever been evicted or asked to leave a residence?				YES	s 🗆 no
	•					
27.	Have you ever left a residence owing rent, utilities, or other household expenses	57			L YES	в Ц по
li	f you answered "YES" to Questions 26 and/or 27 , explain (include when, where,	, and	circumstances):			
_						
_						
_						
_						
_						

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			ICE A			

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.

	NAME OF CURRENT EMPLOYER OR MILITAI	RY UNIT						FROM	(MM/YYYY)	TO (I	MM/YYYY)
28.1									1		1
	ADDRESS (NUMBER / STREET / SUITE / OR	BASE)					CONT	ACT NUMB	ER		EXT
							()			
	CITY		STATE	ZIP		EMAIL				1	
	JOB TITLE / RANK					TYPE O	F EMPLC	YMENT (CI	HECK ALL T	HAT A	PPLY)
						□FT	□рт	Temp	Self-emp	oloyed	☐ Volunteer
	DUTIES / ASSIGNMENTS					REASO	N FOR W	ANTING TO	LEAVE		
	SUPERVISOR	CT NUM	IBER		EXT	'	EMAIL				
	(
	NAMES OF CO-WORKERS	CONTA	CT NUM	IBER		EXT	'	EMAIL			
	1)	()								
	2)	()								
	Would there be a problem if we contact	our cur	rent em	ployer?						☐ YE	s 🗆 NO
	IF YES, explain:			. ,							
	•										
28.2	PERIOD OF UNEMPLOYMENT (CHECK APPL	ICABLE)						FROM	(MM/YYYY)	TO (I	MM/YYYY)
20.2	Student Between jobs Leave	of absen	се 🗌	Travel	□ 01	ther:		_	1		1

ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTACT NUMBER () CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT. FT PT Temp Self-employed DUTIES / ASSIGNMENTS REASON FOR LEAVING SUPERVISOR CONTACT NUMBER ()	-					
ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT IN THE PROOF OF THE PROOF	APPLY)					
CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT FT PT Temp Self-employed DUTIES / ASSIGNMENTS REASON FOR LEAVING	APPLY)					
CITY STATE ZIP EMAIL JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT THE PT Temp Self-employed DUTIES / ASSIGNMENTS REASON FOR LEAVING	-					
JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT: FT PT Temp Self-employed DUTIES / ASSIGNMENTS REASON FOR LEAVING	-					
DUTIES / ASSIGNMENTS PT PT Temp Self-employed REASON FOR LEAVING	-					
DUTIES / ASSIGNMENTS PT PT Temp Self-employed REASON FOR LEAVING	-					
DUTIES / ASSIGNMENTS REASON FOR LEAVING	d Volunteer					
SUPERVISOR CONTACT NUMBER EXT EMAIL						
SUPERVISOR CONTACT NUMBER EXT EMAIL						
	EMAIL					
NAMES OF CO-WORKERS CONTACT NUMBER EXT EMAIL						
1)						
2) ()						
PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO	(MM/YYYY)					
28.4 Student Between jobs Leave of absence Travel Other:	1					
NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO	(MM/YYYY)					
	1					
ADDRESS (NUMBER / STREET / SUITE / OR BASE) CONTACT NUMBER	EXT					
CITY STATE ZIP EMAIL						
JOB TITLE / RANK TYPE OF EMPLOYMENT (CHECK ALL THAT	•					
☐ FT ☐ PT ☐ Temp ☐ Self-employed	d U Volunteer					
DUTIES / ASSIGNMENTS REASON FOR LEAVING						
SUPERVISOR CONTACT NUMBER EXT EMAIL						
()						
NAMES OF CO-WORKERS CONTACT NUMBER EXT EMAIL						
1) ()						
2)						

SECT	TION 5: EXPERIENCE AND EMPLOYM	ENT continue	ed								
	PERIOD OF UNEMPLOYMENT (CHECK	APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)
28.6	Student Between jobs Le	eave of absen	се 🗌	Travel	Oth	ner:			1		1
	NAME OF EMPLOYER OR MILITARY UN	UT.							FROM (MMANA)	ΤΟ /	
28.7	NAME OF EMPLOYER OR MILITARY ON	11.1							FROM (MM/YYYY)	10 (
	ADDRESS (NUMBER / STREET / SUITE	/OD DASE)					CON	T A C	/ T NUMBER		/ EXT
	ADDRESS (NOWIBER / STREET / SUITE	/ UK BASE)					CON				EXI
	CITY		STATE	7ID		EMAIL)			
			JIAIL	Z II		LIVIAIL					
	JOB TITLE / RANK		•		•	TYPE O	F EMPL	OYN	IENT (CHECK ALL T	HAT A	APPLY)
						□FT	\square PT		Temp Self-emp	loyed	☐ Volunteer
	DUTIES / ASSIGNMENTS					REASO	N FOR L	.EAV	ING		
	SUPERVISOR	CONTA	ACT NUM	BER		EXT	-	EM	AIL		
		()								
	NAMES OF CO-WORKERS	CONTA	ACT NUM	BER		EXT	-	EM	AIL		
	1) ()										
	2)	()								
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)									MM/VVVV)	
28.8				T1					/	10 (/
	Student Between jobs Lo	eave of absen	се 🗀	Travel	L Otr	her:			,		,
	NAME OF EMPLOYER OR MILITARY UN	IIT							FROM (MM/YYYY)	TO (MM/YYYY)
28.9									,	,	1
	ADDRESS (NUMBER / STREET / SUITE	/ OR BASE)					CON	TAC	Γ NUMBER		EXT
		•					()			
	CITY		STATE	ZIP		EMAIL					
	JOB TITLE / RANK				<u> </u>	TYPE O	F EMPL	OYN	IENT (CHECK ALL T	HAT A	APPLY)
						□FT	□рт		Temp Self-emp	loyed	☐ Volunteer
	DUTIES / ASSIGNMENTS					REASON FOR LEAVING					
	SUPERVISOR	CONTA	ACT NUM	BER		EXT	-	EM	AIL		
		()								
	NAMES OF CO-WORKERS	CONTA	ACT NUM	BER		EXT	-	EM	AIL		
	1)	()								
	2)	()								

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SECT	SECTION 5: EXPERIENCE AND EMPLOYMENT continued													
	PERIOD OF	UNEMPLOYMENT (CHECK APPL	ICABLE)							FROM (MM/YYYY)	TO (MM/YYYY)
28.10	Student	Between jobs	Leave	of absen	се 🗌	Travel		her:_			_	1		1
28.11	NAME OF EN	MPLOYER OR MILIT	ARY UNIT									FROM (MM/YYYY)	TO (·
20111												/		/
	ADDRESS (N	NUMBER / STREET	/ SUITE / OR	BASE)						CONTA	CT	NUMBER		EXT
					1					()			
	CITY				STATE	ZIP		EMA	.IL					
								1						
	JOB TITLE / I	RANK										ENT (CHECK ALL T		
												Temp Self-emp	loyed	☐ Volunteer
	DUTIES / AS	SIGNMENTS						RE	ASON	FOR LE	AVI	NG		
	SUPERVISOR	R		CONTA	ACT NUM	1BER			EXT	E	MΑ	AIL .		
				()									
		CO-WORKERS		CONTA	ACT NUM	1BER			EXT	E	MΑ	AIL .		
	1) ()													
	2) ()													
· · · · · · · · · · · · · · · · · · ·														
PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) 28.12 FROM (MM/YYYY) TO (MM/Y								MM/YYYY)						
20112	☐ Student	☐ Between jobs	Leave	of absen	се 🗀	Travel		her:_			_	/		/
	NAME OF EN	MPLOYER OR MILIT	A DV I INIT									FROM (MM/YYYY)	I TO (NANA/VVVV)
28.13	NAME OF EM	MPLOTER OR MILIT	ART UNIT									/ / / / / / / / / / / / / / / / / / /	10 (/
	ADDRESS (N	NUMBER / STREET /	/ SLIITE / OR	RASE)						CONTA	CT	<u>'</u>		-
	ADDITESS (I	NOWIDER / STREET	JOINE / OIL	DAGE)				CONTACT NUMBER EXT						
	CITY				STATE	ZIP		EMA	II	\	,			
	on				0									
	JOB TITLE / I	RANK						TY	PE OF	EMPLO'	ΥMI	ENT (CHECK ALL T	HAT A	(PPLY)
												Temp Self-emp		
	DUTIES / AS	SIGNMENTS								FOR LE		<u> </u>	noyou	
	SUPERVISOR	R		CONTA	ACT NUM	1BER			EXT	E	MA	AIL .		
				()									
	NAMES OF C	CO-WORKERS		CONTA	ACT NUM	1BER			EXT	Е	MA	AIL .		
	1)			()									
	2)			()									
	<u> </u>			I										
00.44	PERIOD OF	UNEMPLOYMENT (CHECK APPL	LICABLE)							FROM (MM/YYYY)	TO (MM/YYYY)
28.14	Student	Between jobs										1		

Supplemental employment information provided on Page 33 \square

SEC	CTION 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.)	□ №
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	□ №
31.	Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	□ NO
32.	Have you ever quit without giving proper notice?	□ NO
	Have you ever resigned in lieu of termination?	□ №
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?	□ №
35.	Have you ever been the subject of a written complaint at work that resulted in disciplinary action against you?	□ NO
	Have you ever been counseled at work due to lateness or absences?	□ NO
	Have you ever received an unsatisfactory performance review?	□ NO
	Have you ever sold, released, or given away legally confidential information?	□ NO
39.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	□ №
	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 <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.)	s 🗆 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 <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	□ NO
	If you answered "YES" to any of Questions 29–41, explain (include when, where, and circumstances – reference corresponding number of the space is needed, continue your response on page 33.	ers).
Sup	oplemental 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?	□ NO
43.	Has your work performance ever been affected by your use of alcohol or drugs?	□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?	□NO
1	IF YES, when? Name of employer:	

SECT	SECTION 5: EXPERIENCE AND EMPLOYMENT continued										
45. H	Have you ever applied for any position at this or any othe	er law en	forcement agenc	y (city, county, state, or federal)?	YE	s 🗆 no					
• A	 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 INVESTIGATO	R'S NAME (IF KN	IOWN)					
		07175	710		-	E) (T					
	CITY	STATE	ZIP	CONTACT NUMBER		EXT					
	POSITION APPLIED FOR			EMAIL							
CHECI	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:										
STEP:	Application Written Physical Ability Conditional Offer	у 🗆	Oral De	olygraph/CVSA Backgro	und 🗌 Ch	ief/Exec Oral					
STATU	JS: Hired On Eligibility List Withdrew	Disqua	ılified 🔲 Non-	Select Other (explain)							
45.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED	(MM/YYYY)					
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	I R'S NAME (IF KN	IOWN)					
•	CITY	STATE	ZIP	CONTACT NUMBER		EXT					
				()							
	POSITION APPLIED FOR			EMAIL							
CHEC	KEACH STEP IN THE PROCESS THAT YOU COMPLE	TED, AN	D YOUR STATU	S:							
STEP:	Application Written Physical Ability	y 🗆	Oral D	olygraph/CVSA 🔲 Backgro	und \square Ch	ief/Exec Oral					
	Conditional Offer										
STATU	JS: Hired On Eligibility List Withdrew	Disqua	lified Non-	Select Other (explain)							

SECT	SECTION 5: EXPERIENCE AND EMPLOYMENT continued										
45.0	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)						
45.3					1						
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	R'S NAME (IF KNOWN)						
	CITY	STATE	ZIP	CONTACT NUMBER	EXT						
				()							
	POSITION APPLIED FOR			EMAIL	•						
CHEC	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:										
STEP:	STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral										
	Conditional Offer										
STATI		Disqua	alified Non-	Select Other (evoluin)							
	STATUS: Hired On Eligibility List Withdrew Disqualified Non-Select Other (explain)										
45.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)						
45.4					1						
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	R'S NAME (IF KNOWN)						
	CITY	STATE	ZIP	CONTACT NUMBER	EXT						
				()							
	POSITION APPLIED FOR			EMAIL							
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLET	TED, AND	O YOUR STATU	S:							
STEP:	Application Written Physical Abilit	.у 🗌	Oral P	olygraph/CVSA 🔲 Backgro	und Chief/Exec Oral						
	Conditional Offer										
STATI	JS: Hired On Eligibility List Withdrew	Disqua	alified Non-	Select Other (explain)							
				· · · ·							
45.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)						
					/						
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	R'S NAME (IF KNOWN)						
		07475	l =::0		5.7						
	CITY	STATE	ZIP	CONTACT NUMBER	EXT						
				()							
	POSITION APPLIED FOR			EMAIL							
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLET	TED, AND	O YOUR STATU	S:							
STEP:	Application Written Physical Abilit	.у 🗌	Oral D	olygraph/CVSA 🔲 Backgro	und Chief/Exec Oral						
	Conditional Offer										
STATI	JS: Hired On Eligibility List Withdrew	Disqua	alified Non-	Select Other (explain)							
	- ,	•		/							

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SECT	ION 5: EXPERIENCE AND EMPLOYMENT continue	ed									
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED	O (MM/YYYY)					
45.6					/						
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	R'S NAME (IF KI	NOWN)					
	CITY	STATE	ZIP	CONTACT NUMBER		EXT					
				()							
	POSITION APPLIED FOR			EMAIL							
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLE	TED, ANI	YOUR STATU	S:							
STEP:	STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral										
	Conditional Offer										
STATI	STATUS: Hired On Eligibility List Withdrew Disqualified Non-Select Other (explain)										
OTATOO. LET TITOU LE OTI Englishing List. Le vividiale we de bisquainieu le Nort-Select. Le Ottlet (explain)											
4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED	O (MM/YYYY)					
45.7					/						
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)							
	CITY	STATE	ZIP	CONTACT NUMBER		EXT					
				()							
	POSITION APPLIED FOR			EMAIL							
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLE	TED, ANI	YOUR STATU	S:							
STEP:	Application Written Physical Abilit	v 🗆	Oral P	olygraph/CVSA 🔲 Backgro	und \square Ch	nief/Exec Oral					
	Conditional Offer	•		70 1							
CTATI	JS: Hired On Eligibility List Withdrew	☐ Diague	ulified Non	Soloot Other (evaluin)							
SIAIC	53. El Filled El Off Eligibility Elst El Withdiew E	L Disqua	illiled 🗀 Noll-	Ociect — Other (explain) —							
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED	O (MM/YYYY)					
45.8					/						
l	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATO	R'S NAME (IF KI	NOWN)					
	CITY	STATE	ZIP	CONTACT NUMBER		EXT					
				()							
	POSITION APPLIED FOR			EMAIL							
CHEC	K EACH STEP IN THE PROCESS THAT YOU COMPLE	TED, ANI	YOUR STATU	S:							
STEP:	Application Written Physical Abilit	y 🗌	Oral P	olygraph/CVSA 🔲 Backgro	und 🗌 Cł	nief/Exec Oral					
	Conditional Offer	-		-19-2	-	-					
STATI	JS: Hired On Eligibility List Withdrew	Diagua	ulified Non	Select Other (explain)							
SIAIL	50. — Filied — On Eligibility List — Withdrew L	וט ה	iiiicu 🗀 INOII-	Ocidet La Other (explain)							

Supplemental application information provided on Page 33 \square

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SECT	TION 5: EXPERIENCE AND EMPLOYMENT continued									
PREV	/IOUS PEACE OFFICER EXPERIENCE									
	Do you have previous peace officer experience in this state or any other jurisdiction?	YES	По							
	During, or after, your employment as a peace officer: (cl	heck Ye	s or No)							
46.1	Have you ever been terminated for cause from employment as a peace officer in any State?	YES	□ NO							
46.2	Have you ever had your peace officer certification suspended or revoked in any State, including California?	YES	□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?	YES	□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?	YES	□no							
46.5	Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force?	YES	□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?	YES	□no							
46.7	1 1 3	YES	□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?	YES	□no							
46.9	Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)?	YES	□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?	YES	□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?	YES	□ №							
n										

Supplemental employment information provided on Page 33 \square

SECTION 6: MILITARY EXPERIENCE
47. Are you required to register for the Selective Service?
IF YES, have you registered?
IF NO, explain:
48. Have you ever served in the military?
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 ☐ Dishonorable Re-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)?
52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?
53. Have you ever taken military property without permission for personal use, to sell, or to give away?
If 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 <i>total</i> 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?
55. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?
56. Have any of your bills ever been turned over to a collection agency?
57. Have you ever had purchased goods repossessed?
58. Have your wages ever been garnished?
59. Have you ever been delinquent on income or other tax payments?
60. Have you ever failed to file income tax or cheated/lied on an income tax form?

SEC	CTION 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	□ №
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)).	
Supi	plemental financial information provided on Page 33 □		
	CTION 8: LEGAL		
P (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 discu with the hiring department and/or competent legal counsel before completing this section.	uss your	response
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	□ №
66.3	Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which	1 163	
66.3	·	YES	⊔ №
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	1	
	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	□ №
66.7	Have you ever been determined to be a mentally disordered sex offender pursuant to Article 1 (commencing with] _{VE2}	
	Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code?	YES	∐ NO
66.8	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
	Have you ever been issued a certification described in Section 13510.1 of the Penal Code, and had that certification	0	
66.10	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,	_	

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SECT	TION 8: LEGAL (continued)	
00.44	Have you ever had your name listed in the National Decertification Index of the International Association of Directors	
66.11	of Law Enforcement Standards and Training or any other database designated by the federal government?)
66.12	Thave you over his your continuous at all with continuous and your continuous and your continuous at all with continuous and your continuous and y)
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?	1
	If you answered "YES" to ANY of the item(s) in Question 66 , fully explain circumstances, including dates and resolution. <i>Reference the corresponding number</i> (e.g., 66.5) for each explanation.	
• 1	If more space is needed, continue your response on Page 33.	
		-
		_
		_
		-
		_
Supp	plemental disqualification information provided on Page 33 \square	
▶ Di	isclosure of Arrests and Convictions	
i k	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.	
	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)?	5
1	IF YES, explain each incident:	
	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY	
67.1		
	DISPOSITION OR PENALTY	
		_
	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY	
67.2		
	DISPOSITION OR PENALTY	_
	DIGI GOTTON ON LIVILLI	
		_
		- 1

Supplemental disclosure information provided on Page 33 \square

SEC	TION 8: LEGAL (continued)	
68.	Have you ever been placed on court probation?	□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?	□ NO
70.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	□ NO
71.	Have the police ever been called to your home for any reason?	□NO
72.	Have you or your spouse/partner ever been referred to Child Protective Services?	□NO
	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	□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?	□NO
	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	□NO
76.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	□NO
77.	Have you ever filed a false insurance or workers' compensation claim?	□NO
	If you answered "YES" to any of Questions 68-77, explain (include court case or document, dates, and circumstances – reference connumbers). If more space is needed, continue your response on Page 33.	responding
	plemental legal information provided on Page 33	
	nvolvement in Criminal Acts – Part 1	
78.	Have you committed any of the following acts within the past seven (7) years? (You do NOT have to report any acts committed prior to 15.)	o age
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explore Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or law relieved you from reporting the detention, arrest, or conviction that arose from it.	
78.1	Animal abuse and/or neglect	□ NO
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□ NO
78.3	Battery (use of force or violence upon another)	□ NO
78.4	Brandishing a weapon (any type of weapon)	□ NO
78.5	Carrying a concealed weapon without a permit YES	□ NO
78.6	Contributing to the delinquency of a minor	□NO
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	□NO

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SECT	ION 8: LEGAL (continued)	
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	□ №
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□ №
78.10	Filing a false police report	
78.11	Hit & run collision (no injuries)	
78.12	Illegal gambling	
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	
78.14	Impersonating a peace officer (pretending to be a police officer)	□NO
78.15	Indecent exposure and/or lewd or obscene conduct	□no
78.16	Joyriding (using a car or other vehicle without owner's permission)	□NO
78.17	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) YES	□NO
78.18	Petty theft (value up to \$950, including shoplifting/switching price tags)	□no
78.19	Possession of alcohol as a minor (under the age of 21) YES	□NO
78.20	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□NO
78.21	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□NO
78.22	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	□NO
78.23	Reckless driving YES	□NO
78.24	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□NO
78.25	Trespassing YES	□ №
78.26	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□NO
78.27	Any other act amounting to a misdemeanor	□NO
• If	you answered "YES" to ANY of the item(s) in Question 78, fully explain circumstances, including dates, names of individuals inv	olved,
	nd resolution. Reference the corresponding number (e.g., 78.5) for each explanation. f more space is needed, continue your response on Page 33.	
	more space is needed, continue your response on rage 35.	

Supplemental legal information provided on Page 33 \square

SECT	ION 8: LEGAL (continued)	
► Inv	volvement in Criminal Acts – Part 2	
79. <i>i</i>	At any time in your life, have you EVER committed any of the following acts?	
	OTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state la elieved you from reporting the detention, arrest, or conviction that arose from it.	w
79.1	Arson (intentionally destroying property by setting a fire)	□NO
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	□no
79.3	Blackmail or extortion YES	□NO
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□NO
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□NO
79.6	Elder abuse and/or neglect (physical and/or financial)	□NO
79.7	Embezzlement (theft of money or other valuables entrusted to you)	□NO
79.8	Felony drunk driving (involving injuries)	□NO
79.9	Felony illegal sex acts	□NO
79.10	Forcible rape	□NO
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□NO
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	□NO
79.13	Grand theft (value of over \$950, automobile, any firearm)	□NO
79.14	Hit & run (with injuries)	□NO
79.15	Hate crime YES	□NO
79.16	Insurance fraud YES	□NO
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	□NO
79.18	Perjury (lying under oath)	□NO
79.19	Possession of an explosive/destructive device YES	□NO
79.20	Robbery (theft from another person using a weapon, force, or fear)	□NO
79.21	Stalking (including, but not limited to, electronic communication)	□NO
79.22	Theft of a vehicle and/or vehicle parts YES	□NO
79.23	Viewing and/or possessing child pornography	□NO
79.24	Any other act amounting to a felony	□NO

SECTION 8: LEGAL (continued)				
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				
If more space is needed, continue your response on Page 33.				
0				
Supplemental legal information provided on Page 33				
▶ Illegal Use of Drugs				
For the purpose of responding to the following questions, "illegal drugs or over-the-counter drugs; it also includes the illegal use of any other s				
• Your responses should include — but not be limited to — your use o	f any of the following:			
► Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.)	► Marijuana			
► Barbiturates (Downers)	► Mescaline			
Cocaine / Crack Cocaine	► Morphine			
► Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	► PCP / Angel Dust			
► Fentanyl	▶ Quaaludes			
▶ GHB (Date Rape Drug)	► Steroids			
► Hallucinogens (Peyote, LSD, Mushrooms)	—			
► Hashish/Hashish Oil	► Glue, paint, aerosol, or any substance containing toluene			
► Heroin / Opium				
80. Within the past six months, excluding the use of cannabis off the job ar				
as indicated above?				
IF YES, give details including drug(s) used, most recent date used, and	circumstances:			

SEC.	TION 8: LEGAL (co	ontinued)		
81.	Prior to the past six	months:		
[I have <i>never</i> use	ed any drug recreationally. (You ma	y mark this box, if the only drug you have	used recreationally was cannabis.)
[Excluding any use experimentation	se of cannabis. I have tried or used , at parties, concerts, special event	one or more drugs, but only under <i>limi</i> s, etc.)	ted circumstances (for example,
I	F YOU CHECKED BO	OX 2, give details including drug(s,	used, most recent date used, and cir	cumstances:
				_
	prescription drugs wi	thout a prescription, excluding the	pelow involving drugs, narcotics or illeganuse of cannabis off the job and away fro	_ <u></u>
	If YES, indicate whi	ich activities (mark all that apply): 	
	Sold Man	nufactured Purchased	Furnished Cultivated	Carried or Held for Another
IF A	NY ITEM IS CHECK	ED, give details including <i>drug(s) i</i>	nvolved, over what time period(s), an	d circumstances.
83.	During the past five y	vears, have you associated with frie	ends, acquaintances, housemates, or far	nily members who have
	illegally used drugs o and away from the w		escription medications, excluding the us	e of cannabis off the job
I	F YES, explain:			
		formation provided on Page 3	3 □	
		EHICLE INFORMATION		
84.	Current Driver's Licer	nse: LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
	011/11/2 01 10002	LIGENSE NOMBER	/ /	TWINE GIVE THE STATE OF THE STA
0F	List other states who	ro you have been licensed to	nto a meter vehicle	
85.		re you have been licensed to opera LICENSE NUMBER (IF KNOWN)		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
		,		

SEC	TION 9: MOTOR VEHICLE INFORMATION (continued)							
86.	Have you ever been refused a driver's license by	/ any state?						YES	□ NO
1	F YES, explain (include when, where, and circui	mstances):							
87	Has your driver's license ever been suspended	or revoked?							Пио
	F YES, explain (include when, where, and circu								
	(morado mion, mioro, and orioda	notarioso).							
88.	List your current liability insurance on your vehic	de(s).							
88.1	TYPE OF COVERAGE	VEHICL	E MAKE			YEAR	(YYYY)	VEHICLE LICEN	NSE
00.1	☐ Insured ☐ Bonded ☐ Cash Depos	it							
	INSURANCE COMPANY			POLICY NUMBER		EX	PIRATION	DATE (MM/DD/Y	YYY)
							1	/	
	ADDRESS (NUMBER/STREET)	Cl	ΓΥ		STATE	ZIP		CONTACT NUMB	ER
								()	
88.2	TYPE OF COVERAGE	VEHICL	E MAKE			YEAR	(YYYY)	VEHICLE LICEN	NSE
00.2	☐ Insured ☐ Bonded ☐ Cash Depos	it							
	INSURANCE COMPANY			POLICY NUMBER		EX	PIRATION	DATE (MM/DD/Y	YYY)
							1	1	
	ADDRESS (NUMBER/STREET)	CIT	ΓΥ		STATE	ZIP		CONTACT NUMB	ER
								()	
					Г				
89.	Have you received any traffic citations, excludin If YES, give details below.	g parking cit	ations, <i>withi</i>	in the past seven y	rears? L	⊥ YES	i ∐ i	NO	
	NATURE OF VIOLATION		LOCATION	N (STREET)			CITY		STATE
89.1									
	DATE VIOLATION OCCURRED		ACTION T	AKEN					
	Month: Year:		☐ Not Gu	uilty 🔲 Fine	ed	□ Tra	affic Schoo	ol Dism	nissed
	NATURE OF VIOLATION		1	N (STREET)			CITY		STATE
89.2									
	DATE VIOLATION OCCURRED		ACTION T	AKEN					
	Month: Year:		☐ Not Gu	uilty 🔲 Fine	ed	Tra	affic Schoo	ol Dism	nissed
	 NATURE OF VIOLATION		1	N (STREET)	-		CITY		STATE
89.3									
	DATE VIOLATION OCCURRED		ACTION T	AKEN					
	Month: Year:		☐ Not Gu	uilty 🔲 Fine	ed	Tra	affic Schoo	ol Dism	nissed
			I III NOT GL	anty ∟ ⊢ine	au	∟∟ ira	AIIIC OCNO	UISM لــا	iissea

SEC	CTION 9: MOTOR VEHICLE INFOR	RMATION (continued)					
90.	Has a traffic citation ever resulted in a	a warrant or caused your driver's lice	ense to be withheld due t	to the followin	ng (check a	all that apply):	
	Failed to Appear	Failed to Complete Traffic Sch	ool	ay the Require	ed Fine		
	IF CHECKED, explain circumstances	:					
01	Have you been involved as the driver	r in a mater vehicle accident within t	the next seven veges?				s 🗆 NO
91.	IF YES, give details below.	i in a motor venicie accident within t	ne past seven years?				5 LINO
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CITY		STATE
91.1	1						
		DRCEMENT AGENCY		AT FAULT?		WAS THE A	CCIDENT?
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)		∐ YES	☐ NO	☐ Injury	☐ Non-injury
91.2		LOOAHON (OTREET)			OITT		OIAIL
	POLICE REPORT LAW ENFO	I DRCEMENT AGENCY		AT FAULT?	l	WAS THE A	CCIDENT?
	☐ YES ☐ NO			YES	□NO	☐ Injury	☐ Non-injury
92	Have you ever driven a vehicle witho	ut auto insurance, as required by lay	w?				s 🗆 no
JZ.	IF YES, GIVE REASON	at date insurance, do required by lav	¥ :				O (MM/YYYY)
					,	′	1
93.	Have you ever been refused automol	bile liability insurance or a bond, or h	nad them cancelled?				
	IF YES, GIVE REASON					DATE	(MM/YYYY)
		INSURANCE COMPANY					
		THEOTO WELL COMM 7441					
Sup	plemental motor vehicle inform	ation provided on Page 33 🗆					
	CTION 10: OTHER TOPICS	and provided the age of _					
	Have you ever applied for a conceal	ed carry weapon (CCW) nermit?				YE	s 🗆 no
04.	If YES, have you ever been refused a					YE	
95.	Other than in self-defense, have you						s 🗆 no
	romantic or intimate relationship with		<u> </u>				
	Since the age of 15, have you ever Do you have, or have you ever had,						S U NO
	law enforcement gang, or any other of	group that advocates discrimination,	genocide, or violence a	gainst individ	uals becau	ise	s 🗆 NO
98.	of their race, religion, political affiliation. Are you now, or have you ever been,						<u> </u>
	hate group, or any other group that a race, religion, political affiliation, ethr	_	=			YE	s 🗆 no
99.	Are you or have you ever engaged in	n membership in a hate group, partic	cipation in any hate grou	up activity, or	advocacy	of	
	public expressions of hate, as define	ed in Section 13680 of the Penal Coo	de?			YE	s 🗆 NO

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	· · · · ·	
SEC	TION 10: OTHER TOPICS (continued)	
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?	
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?	□ NO
	If you answered "YES" to any of <i>Questions 94–101</i> , give details including dates and circumstances – <i>reference corresponding numbers</i>).	
	If more space is needed, continue your response on Page 33.	
Sup	plemental other topics information provided on Page 33 \square	
SEC.	TION 44: CERTIFICATION	
SEC	TION 11: CERTIFICATION	
11	nereby certify that I have personally completed and initialed each page of this form and any attached	
	upplemental page(s), and that all statements made are true and complete to the best of my knowledg	
	elief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have	e been
a	opointed, 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.

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. Possible	Prov	ide 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.

State of California – Department of Justice

PERSONAL HISTORY STATEMENT - Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

Commission on Peace Officer Standards and Training (**POST**) 860 Stillwater Road, Suite 100 West Sacramento, CA 95605-1630

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	e instructions.	
Signature:	Date:	

	1: PERSONAL										
1. YOUR FULI	L NAME			ост				MDD	-		
2 OTHER NA	MES YOU HAVE USE	D OR BEEN KNOWN	FIF N BY (INCLUDE MAIDEN	NAME AND) NICKNAMES)			MIDDLE	1		
Z. OTTERTO	WIEG 100 11/WE 00E	D ON BEEN MOVI	TET (INOCOBE III) IIBEN	TV UVIZ 7 UVZ	THORITY WILES						□ N/A
3. ADDRESS	WHERE YOU LIVE										
NUMBER / S	STREET							APT / U	NIT		
CITY								STATE	ZIP		
4. MAILING AI	DDRESS, IF DIFFERE	ENT FROM ABOVE (I	FOR EXAMPLE, PO BOX)							
5. CONTACT	NUMBERS										
номе ()	WORK	()	EX	Т	OTHER ()		CELL	FAX	
6. CONTACT	EMAIL		. ,	7. LIST A	LL OTHER EMAIL A	DDRESSES (SEPARATE	ED BY COMMAS)			
	THORIZATION FOR E										
_	-		employment in the	United St	tates?					Yes	∐ No
	xplain fully:										
9. BIRTH PLA	CE (CITY / COUNTY	/STATE/COUNTRY	()								
10. BIRTHDATE	E (MM/DD/YYYY)	11. SOCIAL SECU	JRITY NUMBER 12	2. DRIVER'S	LICENSE						
		_	_	NUMBER:				STATE:	EXPIRES	:	
13. PHYSICAL	. DESCRIPTION										
HEIGHT:		WE	IGHT:		HAIR COL	LOR:		EY	E COLOR:		
SECTION 2	2: RELATIVES	AND REFERE	ENCES								
		e information in	the spaces below.	• Ma	rk "Deceased,"	if appropria	ate				
	k "N/A" if a categ				nore space is ne			page 23 – refe	erence corre	esponding	numbers.
	se / Registered I				•	-			□ De	eceased	□ N/A
NAME			HOME ADDRESS (NUM	IBER / STRI	EET / APT)	CI	TY			STATE ZIP	
	HOME PHONE		WORK ADDRESS (NUM	IBER/SIR	EET/SUITE)	CI	IY			STATE ZIP	
	WORK PHONE		CELL PHONE		EMAIL						
	()		()								
	DATE OF MARRIAGE	E/REGISTRATION									
	1	(MM/YYYY)			Is there, or ha order in effect						s 🗌 No
14.B Forme	er Spouse / Forr	ner Registered	Domestic Partner						Пр	eceased	□ N/A
NAME	эг орошоо г г оп	nor regiotorea	HOME ADDRESS (NUM		EET / APT)	CI	TY		_	STATE ZIP	
	HOME PHONE		WORK ADDRESS (NUM	IBER / STR	EET / SUITE)	CI	TY			STATE ZIP	
	WORK PHONE		CELL PHONE		IEMAII						
	()		()		EMAIL						
	DATE OF MARRIAGE	E/REGISTRATION	DATE OF DISSOLUTOR	l .							
	1	(MM/YYYY)	,	Л/YYYY)	Is there, or ha order in effect						s 🗌 No
	<u>'</u>	\	, (1911)		oruer in enect	mivolving y	ou and t	ina munidual?		те	э П IVO

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SECTI	ECTION 2: RELATIVES AND REFERENCES continued										
14.C P	arents /	Guardians / In-laws	5								
•	List A	LL parents/guardians	s/in-laws l	iving or deceas	sed, including	g biological,	adoptive,	foster, step	-parents, etc.		
•	If mor	e space is needed, c	ontinue o	n page 23 – re	ference corre	esponding n	umbers.				
14.C.1	Parent	/ Guardian / In-law:	☐ Mothe	er	☐ Step-mo	other D St	tep-father	☐ In-law	Other:		Deceased
NAME				HOME ADDRESS				CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRES	SS (IF DIFFERE	NT)		CITY		STATE	ZIP
		()									
		WORK PHONE		CELL PHONE		EMAIL					
		()		()		<u> </u>					
14.C.2	Parent	/ Guardian / In-law:	Mothe		Step-mo		tep-father	☐ In-law	Other:	LOTATE	Deceased
NAME				HOME ADDRESS	(NUMBER/SII	REET / APT)		CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRES	SS (IF DIFFERE	NT)		CITY		STATE	ZIP
		()				,					
		WORK PHONE		CELL PHONE		EMAIL					
		()		()							
14.C.3	Parent	/ Guardian / In-law:	☐ Mothe	er 🔲 Father	☐ Step-mo	other St	tep-father	☐ In-law	Other:		Deceased
NAME				HOME ADDRESS	-			CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRES	SS (IF DIFFERE	NT)		CITY		STATE	ZIP
		()									
		WORK PHONE		CELL PHONE		EMAIL					
		()									
14.C.4 NAME	Parent	/ Guardian / In-law:	☐ Mothe	er Father HOME ADDRESS	Step-mo		tep-father	In-law	Other:	STATE	☐ Deceased
INAIVIE				HOME ADDRESS	(NUMBER / ST	REEL/API)		CITT		STATE	ZIF
		HOME PHONE		MAILING ADDRES	SS (IF DIFFERE	NT)		CITY		STATE	ZIP
		()			,	,					
		WORK PHONE		CELL PHONE		EMAIL					
		()		()							
14.C.5	Parent	/ Guardian / In-law:	Mothe	er	☐ Step-mo	other St	tep-father	☐ In-law	Other:		Deceased
NAME				HOME ADDRESS	•			CITY		STATE	ZIP
		HOME PHONE		MAILING ADDRES	SS (IF DIFFERE	NT)		CITY		STATE	ZIP
		()		CELL BUONE		LEMAN					
		WORK PHONE ()		CELL PHONE ()		EMAIL					
	_			, ,		. –		-			
14.C.6 NAME	Parent	/ Guardian / In-law:		Father HOME ADDRESS	Step-mo		tep-father	In-law	Other:	STATE	☐ Deceased
				. TO ILLE TUDDITEOU	(JIAIL	
		HOME PHONE		MAILING ADDRES	SS (IF DIFFERE	NT)		CITY		STATE	ZIP
		()									
		WORK PHONE		CELL PHONE EMAIL							
	()			()							

Supplemental relatives information included on Page 23

SECTI	SECTION 2: RELATIVES AND REFERENCES continued									
14.D B	rothers	/ Sisters								□ N/A
•	List A	LL LIVING sibli	ngs, inclu	ding l	nalf-siblings, ste	ep-siblings, fo	oster-siblings, etc.			
•			•	_	•		sponding numbers.			
14.D.1	Sibling	: Brother	☐ Siste	er 🗆	Half-brother	☐ Half-siste	r Other:			
NAME	<u> </u>				HOME ADDRESS			CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRES	S (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()								
		WORK PHONE			CELL PHONE		EMAIL			
		()			()					
14.D.2 NAME	Sibling	: Brother	Siste		Half-brother HOME ADDRESS	Half-siste		CITY	CTATE	ZID
NAIVIE				AGE	HOME ADDRESS	(NUMBER / STR	EEI/API)	CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRES	S (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()				, , , , , ,				
		WORK PHONE			CELL PHONE		EMAIL			
		()			()					
14.D.3	Sibling	: Brother	Siste	r 🗀	Half-brother	☐ Half-sister	r Dther:			
NAME					HOME ADDRESS			CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRES	S (IF DIFFEREN	NT)	CITY	STATE	ZIP
		()								
		WORK PHONE			CELL PHONE		EMAIL			
		()			()		_			
14.D.4 NAME	Sibling	: Brother	Siste		Half-brother HOME ADDRESS	Half-sister		CITY	STATE	7ID
IVAIVIL				AOL	HOME ADDITEOU	(NOMBERT OTT	CET/ALT)	0111	OTATE	211
		HOME PHONE			MAILING ADDRES	S (IF DIFFEREN	IT)	CITY	STATE	ZIP
		()								
		WORK PHONE			CELL PHONE		EMAIL			
		()			()					
Supple	mental i	relatives inform	ation incl	uded	on Page 23					
44 F. C	hildren									
14.E C	hildren									□ N/A
•	List A	LL LIVING child	dren, inclu	uding	natural, adopte	d, step, and/	or foster care.			
•	Includ	e any other chil	dren who	resid	e with you.					
•	Provid	le the name and	d contact	inforn	nation of the cu	stodial parer	nt/guardian, if other than	you.		
•	If more	e space is need	led, contii	nue o	n page 23 – ref	erence corre	sponding numbers.			
14.E.1	Child:	☐ Son ☐	Daughter		Other:					
NAME				AGE		RENT/GUARDIAN	N (IF OTHER THAN YOU)			
					ADDRESS (NUM	BER / STREET /	APT)	CITY	STATE	ZIP
					0012.02		T5			
					CONTACT NUME	BER	EMAIL			
	()									

SECT	SECTION 2: RELATIVES AND REFERENCES continued											
14.E.2	Child:	Son	☐ Daughter	. 🗆	Other:							
NAME				AGE	CUSTODIAL PARENT/GUARDIAN ((IF OTHE	ER THAN YOU)					
					ADDRESS (NUMBER / STREET / A	PT)		CITY	STATE	ZIP		
					CONTACT NUMBER	EMAIL						
					()	LIVI) (IL						
14.E.3	Child:	Son	□ Daughter		Other:							
NAME				AGE	CUSTODIAL PARENT/GUARDIAN ((IF OTHE	ER THAN YOU)					
					ADDRESS (NUMBER / STREET / A	PT)		CITY	STATE	ZIP		
					CONTACT NUMBER	EMAIL						
					()							
14.E.4	Child:	Son	☐ Daughter	. П	Other:							
NAME	- Cillian		Baaginoi	AGE	CUSTODIAL PARENT/GUARDIAN ((IF OTHE	ER THAN YOU)					
					ADDRESS (NUMBER / STREET / A	PT)		CITY	STATE	ZIP		
										1		
					CONTACT NUMBER ()	EMAIL						
Supp	Supplemental relatives information included on Page 23											
45 1												
15. L	ist of refe	rences										
•	co-work	cers. Γinclude re	elatives, empl	oyers,	such as close personal relation housemates, or any individuate page 23 – reference correspondent	als liste	ed elsewhere.	ily friends, teachers, military colleag	ues, an	d/or		
	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	STREET	(APT)	CITY	STATE	ZIP		
15.1												
		HOME PHO	NE		WORK ADDRESS (NUMBER / S	STREET	/ SUITE)	CITY	STATE	ZIP		
		()										
		WORK PHO	NE		CELL PHONE		EMAIL					
		()			()							
		How do yo	u know this per	son?				How long have you known this person?				
15.2	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	STREET	APT)	CITY	STATE	ZIP		
		HOME PHO	NE		WORK ADDRESS (NUMBER / S	STREET	/ SUITE)	CITY	STATE	ZIP		
		WORK PHO	NF		CELL PHONE		EMAIL					
		()			()		LIVIAL					
				How long have you known this person?								
15.3	NAME OF F	REFERENCE			HOME ADDRESS (NUMBER / S	STREET	APT)	CITY	STATE	ZIP		
		HOME PHOI	NE		WORK ADDRESS (NUMBER / S	STREET	/ SUITE)	CITY	STATE	ZIP		
		WORK PHO	NE		CELL PHONE		EMAIL					
		()			()							
	How do you know this person?							How long have you known this person?				

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	(,					
SEC	TION 2:	RELATIVES AND REFERENC	ES continued				
15.4	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
15.5	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
10.0							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
45.0	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.6							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			•
		()	()				
		How do you know this person?			How long have you known this person?		
	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.7							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?		l	How long have you known this person?		
	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.8							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
15.9	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.5							
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			
		()	()				
		How do you know this person?			How long have you known this person?		
	NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.10							
	l	HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()					
		WORK PHONE	CELL PHONE	EMAIL			<u>I</u>
		()	()				
		How do you know this person?			How long have you known this person?		
		-			•		

Supplemental references information included on Page 23

SEC	CTION 3:	EDUCATION								
	NOTE:	You may be required to furnish transcripts or other pro	oof to sup	port all	of you	r educationa	al clai	ms in Sect	ion 3.	
•	If more	space is needed, continue your response on page 23.								
16.	Do you hav	ve a high school diploma, High School Equivalency Certific	ate, or Ca	lifornia Hi	igh Scl	hool Proficier	ncy Co	ertificate?	Yes	□ No
17.		CHOOL(S) ATTENDED								
17.1	NAME OF H	IIGH SCHOOL			FRO	(YYYYMM) MC	TC	(MM/YYYY)		GRADUATE?
17.1						1		1	☐ Ye	
				CITY						STATE
47.0	NAME OF H	IIGH SCHOOL			FRO	OM (MM/YYYY)	TC	(MM/YYYY)	DID YOU	GRADUATE?
17.2						1		1	☐ Ye	s No
				CITY						STATE
18. L	IST ALL COL	LEGES AND UNIVERSITIES ATTENDED								
		COLLEGE/UNIVERSITY	FROM (MM	/YYYY)	TO (MI	M/YYYY)	TOTA	L UNITS COMF	PLETED	
18.1			1			/		QTI	R SYSTEM :	SEM SYSTEM
		ADDRESS (NUMBER / STREET)						DEGREE EAR	NED	
								YES	NO TYPE:	
		CITY STATE ZIP						MAJOR / AREA OF STUDY		
	NAME OF C	COLLEGE/UNIVERSITY	FROM (MM	YYYY)	TO (MI	M/YYYY)	TOTA	L UNITS COMF	PLETED	
18.2	18.2							QTI	R SYSTEM :	SEM SYSTEM
	ADDRESS (NUMBER / STREET)						DEGREE EAR	NED		
								YES	NO TYPE:	
		CITY		S.	TATE	ZIP		MAJOR / ARE	A OF STUDY	
18.3	NAME OF C	OLLEGE/UNIVERSITY	FROM (MM	/YYYY)	TO (MI	M/YYYY)	TOTA	L UNITS COMF		
10.0			/			/			R SYSTEM :	SEM SYSTEM
		ADDRESS (NUMBER / STREET)						DEGREE EAR		
		CITY		I c.	TATE	ZIP		MAJOR / ARE	_	
		CIT		5	IAIE	ZIP		WAJUR / ARE	A OF STUDY	
19.		ADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTE								
19.1	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM.	YYYY)	TO (MM/YY)	Y)		COMPLETE THE	_
10.1				/		/			Yes	No
		CITY		STATE	E TYI	PE OF SCHOOL	OR TR	AINING		
Sup	plemental e	education information included on Page 23		•	•					
		BASIC COURSES ATTENDED								
20.	•	ever taken a PC832 (Arrest and/or Firearms) Course?							Yes	☐ No
	IF YES, pi	rovide the following information:								
		A. COURSE PRESENTER NAME				LOCATION	(CITY /	STATE)		
		B. COURSE COMPLETION						Icc	MDI ETION DATE	(MMADADA)
		Did you successfully complete the course?				Yes	, г	7 No	MPLETION DATE /	. (IVIIVI/TTTT)
		Bid you successfully complete the course!					, _	1140	,	

SEC	TION 3: EDUCATION continued							
21.	Have you ever attended a POST Basic Course/Academy: R	tegular, Modu	ular, Specialize	ed Investiga	ntors', Reserve	e, or Dispatch	er? 🗌 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?	
21.1		T	/		/		☐ Yes ☐ No	
	LOCATION (CITY, STATE)	NAME OF TRA	INING OFFICER / /	ACADEMY CO	ORDINATOR	CON	TACT NUMBER	
	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM	/YYYY)	TO (MM/YYYY)) DID.	YOU PASS/GRADUATE?	
21.2			/	,	/	, = 1.2	☐ Yes ☐ No	
	LOCATION (CITY, STATE)	NAME OF TRA	AINING OFFICER / /	ACADEMY CO	ORDINATOR	CON	TACT NUMBER	
						()	
Supp	ollemental POST basic courses information included on Page	23 🗌				·		
	Have you ever been subject to any disciplinary action, include from any high school, college/university, business, trade school, respectively. The school of	ool, or POST	Γ basic course/	academy?	/ed in any sch	nool, education	nal institution, or	
- - - -	Since the age of 18, have you cheated on an exam, or assis cheating on any POST exam?			•	•	•	Yes No	
SEC.	TION 4. DESIDENCE HISTORY							
	CTION 4: RESIDENCE HISTORY LIST OF RESIDENCES							
	List all residences during the last 10 years or since age	15.						
			Road, East, We	est, etc., an	d unit/apt/dor	mitory). Do N 0	OT use PO Boxes.	
•	If the residence is a military base, identify name of base in unless you shared individual quarters.	n address, ne	earest city, stat	e, and zip o	code. Do NOT	list military ba	arracks mates	
•	If more space is needed, continue your response on page	23.						
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)	
24.1						1	Present	
	CITY	STATE 2	ZIP	IF RENTING	: PROPERTY MA	ANAGER, RENT C	OLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMBEI	R / STREET / APT /	PO BOX)		CONTACT NUM	BER	
	CITY	STATE 2	ZIP	EMAIL		<u>'</u>		
	Name(s) of those with whom you live:							

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SEC [*]	TION 4: RESIDENCE HISTORY continued										
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)				
24.2						1	1				
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
						()					
	CITY	STATE	ZIP	EMAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:										
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	IM/YYYY)	TO (MM/YYYY)				
24.3						1	1				
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY M	ANAGER, RENT CO	DLLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
						()					
	CITY	STATE	ZIP	EMAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:										
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)				
24.4						1	1				
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, RENT CC	LLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
	CITY	STATE	ZID	EMAIL		()					
	CITT	SIAIL	ZIF	LIVIAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:										
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)				
24.5						1	1				
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, RENT CO	LLECTOR, OR OWNER				
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER				
	OUT	07475		LENAN		()					
	CITY	STATE	ZIP	EMAIL							
	Name(s) of those with whom you lived:										
	Reason for moving:					<u> </u>					
Į.											

Supplemental residence information included on Page 23

SECTION 4: RESIDENCE HISTORY continued									
25 . L	IST OF HOU								
•		contact information for all housemates listed in Question 24 with whom you have	nave	resided during the	past 10 yea	ırs or siı	nce age 15.		
•		list anyone for whom you have already provided contact information.							
•		space is needed, continue your response on page 23.			CONTACT NUM	ADED			
25.1	NAME OF F	OUSEMATE			()	/IBEK			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		()	STATE	7IP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	NAME OF H	OUSEMATE			CONTACT NUM	MBER			
25.2					()				
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP		
				T					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	[NAME OF L	OUSEMATE			CONTACT NUM	/RED			
25.3	NAME OF T	OUSLINATE			()	ADLIX			
		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								
25.4				()					
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
		NATURE OF RECATIONORIII (E.G., RECATIVE, EMBEORO, FRIEND, HOUGEWATE ONET, ETG.)		LWAIL					
	NAME OF H	OUSEMATE			CONTACT NUM	MBER			
25.5					()				
	ı	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	T								
25.6	NAME OF F	OUSEMATE			CONTACT NUM	MBER			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		()	STATE	ZIP		
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
Sup	plemental	housemate information included on Page 23							
26.	Have you	ever been evicted or asked to leave a residence?					Yes No		
27.	27. Have you ever left a residence owing rent, utilities, or other household expenses?								
ı	f you answ	vered "YES" to Questions 26 and/or 27, explain (include when, where, and ci	rcum	stances):					
1									

	IOB EXPERIENCE							
•	List ALL jobs you have had within the p	east ton years including part tin	ne tempora	arv.	self-employr	nent and	t volunteer (Regin)	with your current
	or most recent.)	ast terr years, including part-tin	іе, іспірога	aiy,	seii-eiiipioyi	neni, an	a volunteer. (Begin v	with your current
•	If you have military experience, including	reserve duty, enter your military	base, assi	ignr	nents, or uni	t of assi	gnment.	
•	List ALL periods of unemployment in ex	cess of 30 days.						
•	If more space is needed, continue your r	esponse on page 23.						
28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
20.1							/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT
	CITY		STATE	ZIF)	()		
	GITT		OTATE	211		LIVIAIL		
	JOB TITLE / RANK				TYPE OF EMP	LOYMENT	(CHECK ALL THAT APPL	_Y)
							Temp Self-emplo	
	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	t vour ourrent employer?						☐ Yes ☐ No
	Would there be a problem if we contact	t your current employer?						
	IF YES, explain:							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	:)					FROM (MM/YYYY)	TO (MM/YYYY)
28.2] Other:				FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Lea] Other:				1	1
] Other:				1	TO (MM/YYYY) / TO (MM/YYYY)
	Student Between jobs Lea] Other:			CONTACT	FROM (MM/YYYY)	/ TO (MM/YYYY) /
	Student Between jobs Lea		Other:			CONTACT	1	1
	Student Between jobs Lea		Other:	ZIP		CONTACT ()	FROM (MM/YYYY)	/ TO (MM/YYYY) /
	Student Between jobs Lea			ZIP		()	FROM (MM/YYYY)	/ TO (MM/YYYY) /
	Student Between jobs Lea			ZIP		() EMAIL	FROM (MM/YYYY)	TO (MM/YYYY) / EXT
	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY			ZIP	TYPE OF EMP	EMAIL	FROM (MM/YYYY) / NUMBER	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY			ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lea	ve of absence Travel	STATE	ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lea	ve of absence		ZIF	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lea	contact number	STATE	ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS	CONTACT NUMBER () CONTACT NUMBER	STATE	ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lead NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS 1)	CONTACT NUMBER () CONTACT NUMBER ()	STATE	ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lea NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS	CONTACT NUMBER () CONTACT NUMBER	STATE	ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)
28.3	Student Between jobs Lead NAME OF EMPLOYER OR MILITARY UNIT ADDRESS (NUMBER / STREET / SUITE / OR BASE) CITY JOB TITLE / RANK DUTIES / ASSIGNMENTS SUPERVISOR NAMES OF CO-WORKERS 1)	CONTACT NUMBER () CONTACT NUMBER ()	STATE	ZIP	TYPE OF EMP	EMAIL LOYMENT PT	FROM (MM/YYYY) / NUMBER (CHECK ALL THAT APPL	TO (MM/YYYY) / EXT -Y)

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT											
	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/YYYY)			
28.5								/	1			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)						CONTACT	NUMBER	EXT			
							()					
	CITY			STATE	ZIP		EMAIL					
	JOB TITLE / RANK					TYPE OF EMP	LOYMENT	(CHECK ALL THAT APPL	Y)			
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	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.			EMAIL						
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	2)											
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)											
28.6												
					•	/						
20.7	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)					
28.7								1	1			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)						CONTACT	NUMBER	EXT			
			(
	CITY			STATE	ZIP	IP EMAIL						
	JOB TITLE / RANK					TYPE OF EMP	LOYMENT	(CHECK ALL THAT APPL	Y)			
						☐ FT ☐	PT	Temp Self-emplo	yed Volunteer			
	DUTIES / ASSIGNMENTS					REASON FOR	LEAVING					
	SUPERVISOR	CONTACT NUMBER	EXT.			EMAIL						
		()										
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.			EMAIL						
	1)	()										
	2)	<i>(</i>)										
	2)	()										
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)							FROM (MM/YYYY)	TO (MM/YYYY)			
28.8	☐ Student ☐ Between jobs ☐ Lear	ve of absence 🔲 Tra	avel 🔲 O	ther:				1	1			
	NAME OF EMPLOYER OR MILITARY UNIT							FROM (MM/YYYY)	TO (MM/YYYY)			
28.9								1	1			
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	JOB TITLE / RANK				Ц	TVDE OF EMP	LOVMENT	(CHECK ALL THAT APPL	V\			
	JOB IIILE / RANK							Temp Self-emplo				
	DUTIES / ACCIONIMENTS					REASON FOR		Temp Sen-empio	yed volunteer			
	DUTIES / ASSIGNMENTS					REASON FOR	LEAVING					
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	SUPERVISOR	CONTACT NUMBER	EXT.			EMAIL						
	NAMES OF SO WORKS	()	EVE			ELAA!						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.			EMAIL						
	1)	()										
	2)	()										
	,		-		<u> </u>			EDOM (MANAGOGO	TO (MMANANA)			
28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		avol \square	thor					TO (MM/YYYY)			
_3.10	Student Between jobs Lear	ve of absence Ifa	avei 🔲 U					1	1			

SEC	TION 5: EXPERIENCE AND EMPLOYM	MENT continued							
20.44	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (M	M/YYYY)
28.11							1		1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTAC	T NUMBER	E	EXT
	CITY			IOTATE 17	ID.	()			
	CITY			STATE Z	IP .	EWAIL			
	JOB TITLE / RANK				TYPE OF EMP	LOYMENT	(CHECK ALL THAT APPI	_Y)	
					☐ FT ☐	PT 🗌	Temp Self-emplo	oyed [Volunteer
	DUTIES / ASSIGNMENTS				REASON FOR	LEAVING			
			I-v-						
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)	()							
	2)	()							
-	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	,			<u> </u>		FROM (MM/YYYY)	TO (MA	M/YYYY)
28.12	`	,	avel □ Ot	her:			/	10 (1011)	/
	-							TO (11)	110000
28.13	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MN	M/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTAC	, Γ NUMBER	E	EXT
						()			
	CITY			STATE Z	IP	EMAIL			
					I =			10	
	JOB TITLE / RANK						(CHECK ALL THAT APPL	•	7 Voluntoor
	DUTIES / ASSIGNMENTS				REASON FOR		Tellib 🔲 Sell-ellible	Jyeu L	
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
		()							
	NAMES OF CO-WORKERS 1)	CONTACT NUMBER	EXT.		EMAIL				
	,	()							
	2)	()							
20.44	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE						FROM (MM/YYYY)	TO (MN	VI/YYYY)
28.14	Student Between jobs Lea	ve of absence Tra	avel	her:			/		1
Supp	lemental employment information included	I on Page 23							
29.	Have you ever been disciplined at work? (7						•	¬	
	reprimands, suspensions, reductions in pay	/, reassignments, or de	emotions.)					Yes	s ∐ No
30.	Have you ever been fired, released from pr	obation, or asked to re	sign from an	y place of	employment?	?		Yes	S No
31.	. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?								
32.	. Have you ever quit without giving proper notice?								
33.	Have you ever resigned in lieu of termination	on?						Yes	s 🗌 No
34.	Have you ever been accused of discriminate by a co-worker, superior, subordinate or cu							Yes	s 🗌 No
35.	Were you ever the subject of a written com	plaint at work that resu	lted in discip	inary action	on against yo	u?		Yes	s 🗌 No
36.	Have you ever been counseled at work due	e to lateness or absenc	es?					Yes	s 🗌 No
37.	Did you ever receive an unsatisfactory per	formance review?						Yes	s 🗌 No

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
38.	Have you ever sold, released, or given away legally confidential information?	?			Ye	s 🗌 No
39.	Have you ever called in sick when you were neither sick nor caring for a sick	k family n	nember?		Ye	s 🗌 No
	IF YES, how many sick days have you used in the past five years which were	re not du	e to illness? _	Days		
40.	While working (i.e. on duty), have you ever sent photographs of yourself or of to co-workers or other persons without prior authorization and/or consent? Investigative content and/or evidence pursuant to official law enforcements.	Note: Do	not include la	wful exchange	e of	s 🗌 No
	If you answered "YES" to any of Questions 29–40, explain (include when, w	vhere, ar	nd circumstance	s – reference c	corresponding numb	ers).
Sup	plemental employment information included on Page 23					
41.	In the past three years, have you missed days or been late to work due to o	drug or a	lcohol consump	tion?	Ye	s 🗌 No
	IF YES, how often?					
	Has your work performance ever been affected by your use of alcohol or dru	ugs?			_	s No
	IF YES, when? Name of employer In the past three years, have you been warned by an employer about your	er:				
43.	In the past three years, have you been warned by an employer about your on your performance?					s 🗌 No
	IF YES, when? Name of employe	er:	_			
44.	4. Have you <i>ever</i> applied for <i>any</i> position at this or any other law enforcement agency (city, county, state, or federal)?					
	 If you answered "YES" to Question 44, list EVERY agency you have ap Give complete and accurate addresses. All agencies MUST be listed regardless of the outcome or current s If more space is needed, continue your response on page 23. 					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)
44.1	ADDRESS ANALOSO LOTOSSA			DA OKODOLINID IN	/	- 1/41/01/4/10
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (II	- KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:				_	
	STEP: Application Written Physical Ability Oral Poly					ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	_ LIST EX	pired LI Othe	r (explain)	<u> </u>	
44.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY	YY)
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (II	F KNOWN)
	CITY	STATE	ZID	CONTACT NUMBI	-n	EXT
	CITY	SIAIE	ZIP	()	EK	EXI
	POSITION APPLIED FOR		EMAIL	()		
	OUTON FACULOTED IN THE DROCESS THAT YOU SOUR STEEL AND YOUR STATE					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	ygraph/C	VSA Backg	round	ef's Oral	ional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired	r (explain)	<u>—</u>	

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued					
44.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MI	M/YYYY)
	ADDRESS (NUMBER / STREET)			BACKGROLIND IN	IVESTIGATOR'S NAM	ME (IE KNOWN)
	ADDINESS (NOMBER / STILLET)			BACKGROUND IN	IVESTIGATOR'S NAM	ME (II KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	ER	EXT
				()		
	POSITION APPLIED FOR		EMAIL			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: Application Written Physical Ability Oral Poly	graph/C	VSA 🔲 Backg	round	ef's Oral 🔲 Co	nditional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired	r (explain)		
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MI	M/YYYY)
44.4						<i> </i>
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAM	ME (IF KNOWN)
	CITY	STATE	710	CONTACT NUMBI	-D	EXT
	CIT	SIAIE	ZIF	()		EXI
	POSITION APPLIED FOR		EMAIL	()		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	graph/C	VSA Backo	round \square Chie	ef's Oral	onditional Offer
	STATUS: Hired On Eligibility List Withdrew Disqualified					22.
	elemental employment information is included on Page 23					
	TION 6: MILITARY EXPERIENCE					
	Are you required to register for the Selective Service? IF YES, have you registered?					
	· · ·					res 🔲 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 informati	on:				
	BRANCH OF SERVICE			FROM (MM/YYYY	/) TO (MN	M/YYYY)
				1		1
	TYPE OF DISCHARGE ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Oth	er than	Honorable)	☐ Bad Condu	uct 🗆 Disho	norable
	Re-entry Code (1–4) if applicable – refer to your DD-214:	or triair	rionorabio ₎	Bad Condo	dot	Horabio
	7 7 11 2					
48.	Are you currently participating in one of the following?					
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation	n ends	(MM/DD/YY):			
	Have you ever been the subject of any judicial or non-judicial disciplinary acti	•			_	
	office hours, company punishment)?					Yes L No
50.	Were you ever denied a security clearance, or had a clearance revoked, susp	pended,	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	d circum	stances).			
Sunn	elemental military information included on Page 23					

		7: FINANCIAL				
52.	INCOME	E AND EXPENSES				
•	For each of the following questions (52A and B), fill in the amounts to the nearest dollar.					
	• For Question 52A: Provide your <i>total</i> monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.					
,		 Question 52B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan paymer intenance, entertainment, etc., as well as any other obligations you may have. 	nts, food,	gas and	d car	
		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/lied 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 YE	S, 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 nul	mbers).			

POS	ST 2-255 (Rev 01/2024)
SEC	CTION 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)?
	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
66.1	
	DISPOSITION OR PENALTY
	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
66.2	
C	
Sup	plemental disclosure information included on Page 23
67.	Have you ever been placed on court probation?
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.)
69.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
70.	Have the police ever been called to your home for any reason?
71.	Have you or your spouse/partner ever been referred to Child Protective Services?
72.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?
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?
74.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?
75.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?
76.	Have you ever filed a false insurance or workers' compensation claim?
	If you answered "YES" to any of Questions 67–76 , explain (include court case or document, dates, and circumstances – <i>reference corresponding numbers</i>). <i>If more space is needed, continue your response on page 23.</i>

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SECTION 8: LEGAL continued

▶ lı	nvolvement 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	o 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 Yes	□No				
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	□No				
77.3	Battery (use of force or violence upon another) Yes	□No				
77.4	Brandishing a weapon (any type of weapon) Yes	□No				
77.5	Carrying a concealed weapon without a permit	□No				
77.6	Contributing to the delinquency of a minor	□No				
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	□No				
77.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	□No				
77.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□No				
77.10	Filing a false police report	□No				
77.11	Hit & run collision (no injuries)	□No				
77.12	Illegal gambling Yes	□No				
77.13	Illegal hunting and/or fishing (for example, without a license, out of season)	□No				
77.14	Impersonating a peace officer (pretending to be a police officer)	□No				
77.15	Indecent exposure and/or lewd or obscene conduct Yes	□No				
77.16	Intentionally writing a bad checkYes	□No				
77.17	Joyriding (using a car or other vehicle without owner's permission)	□No				
77.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	□No				
77.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	□No				
77.20	Possession of alcohol as a minor (under the age of 21)	□No				
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□No				
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□No				
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	□No				
77.24	Reckless driving	□No				
77.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□No				
77.26	Trespassing	□No				

SECT	ION 8: LEGAL continued	
77.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No
77.28	Any other act amounting to a misdemeanor	□No
•	If you answered "YES" to ANY of the item(s) in Question 77 , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 77.5) for each explanation.	d,
•	If more space is needed, continue your response on page 23.	
_		
_		
-		
_		
Suppl	emental legal information included on Page 23	
▶ In	volvement in Criminal Acts – Part 2	
78. <i>A</i>	At any time in your life, have you EVER committed any of the following acts?	
	IOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state elieved you from reporting the detention, arrest, or conviction that arose from it.	law
78.1	Arson (intentionally destroying property by setting a fire)	□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)	□No
78.3	Blackmail or extortionYes	□No
78.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ No
78.6	Elder abuse and/or neglect (physical and/or financial) Yes	□No
78.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
78.8	Felony drunk driving (involving injuries)	□No
78.9	Felony illegal sex acts	□No
78.10	Forcible rape Yes	□No
78.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
78.12	Fraudulent use of a credit, ATM, debit, and/or check cardYes	□No
78.13	Grand theft (value of over \$950, automobile, any firearm)	□No
78.14	Hit & run (with injuries)	□No
78.15	Hate crime Yes	□No
78.16	Insurance fraud Yes	□No
78.17	Murder, homicide, attempted murder, or assault with intent to commit murder	□No
78.18	Perjury (lying under oath)	□No
78.19	Possession of an explosive/destructive device	□No
78.20	Robbery (theft from another person using a weapon, force, or fear)	□No

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SECT	TION 8: LEGAL continued
78.21	Stalking
78.22	Theft of a vehicle and/or vehicle parts
78.23	Viewing and/or possessing child pornography Yes ☐ No
78.24	Any other act amounting to a felony
•	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.
Supple	emental legal information included on Page 23
► Ille	egal Use of Drugs
79.	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 Within the past six months, excluding the legal use of marijuana outside of the workplace, have you used any drug(s) as indicated above? Within the past six months, excluding drug(s) used, most recent date used, and circumstances:
8 0 . [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.)
- - -	F YOU CHECKED BOX 2, give details including drug(s) used, most recent date used, and circumstances:
c	Have you <i>EVER</i> 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 <i>YES, indicate which activities (mark all that apply):</i> Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another
- -	F ANY ITEM IS CHECKED, give details including drug(s) involved, over what time period(s), and circumstances.

SLU	TION 8: LEGA	L continuea					
	have illegally us	five years, have you associated we ddrugs or narcotics, and/or illegate of the workplace?	lly used prescription me	dications, excluding the	ne legal use of	Yes	□No
Supi	olemental drug ir	nformation included on Page 23]				
			-				
		OR VEHICLE INFORMATION					
83.	Current Driver's	License: License number	EXPIRATION DATE (MM/D	D/YYYY) I NAME LINDER I	WHICH LICENSE WAS GRANTED		
	SIMIL OF 1000E	EIGENGE NOMBER	/ /	BATTERY TO WILL SHEET	WHOTE EIGHT WAS SIVETED		
				l .			
84.		where you have been licensed to					
	STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER V	WHICH LICENSE WAS GRANTED		
85.	Have you ever b	een refused a driver's license by a	ny state?			Yes	□No
	-	(include when, where, and circums	-			_	_
86.	Has your driver's	s license ever been suspended or	evoked?			Yes	☐ No
	-	(include when, where, and circums					
87.	Have you receiv	ed any traffic citations, excluding p	arking citations within	the past seven years	s. ☐ Yes ☐ No If YES	S give details	helow
07.	NATURE OF VIOLA			(STREET)	CITY	o, give details	STATE
87.1							
	DATE VIOLATION (ACTION TAKEN	Π-: .			
	Month:	Year:	□ Not Guilty		☐ Traffic School	Dismis	
87.2	NATURE OF VIOLA	HUN	LOCATION	(SIKEEI)	CITY		STATE
	DATE VIOLATION (CCURRED	ACTION TAKEN				
	Month:	Year:	☐ Not Guilty	Fined	☐ Traffic School	Dismis	sed

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SEC	CTION 9	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 a	ipply):	
		☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine		
	IF CHE	CKED, explain circumstances:		
Sup	plement	al motor vehicle information included on Page 23		
89.	Have y	ou ever driven a vehicle without auto insurance, as required by law?	. 🗌 Yes	☐ No
		IF YES, GIVE REASON FROM (MM/YYYY)	TO (MM/Y	YYY)
				/
90	Have v	ou ever been refused automobile liability insurance or a bond, or had them cancelled?	□ Yes	П No
	- iavo y	IF YES, GIVE REASON	DATE (MI	
			,	,
		INSURANCE COMPANY		
'	• Use	this space for additional information you would like to include regarding your driving record.		
Sup	plement	al motor vehicle information included on Page 23		
SEC	CTION 1	10: OTHER TOPICS		
91.	Have y	ou ever been refused a permit to carry a concealed weapon?	. Yes	□No
92.	Are you	u now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group vocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality,		
		, sexual preference, or disability?	. Yes	☐ No
93.		han in self-defense, have you ever used force or violence against another person with whom you have had a dating,		
		ic or intimate relationship with, or who resided in the same household as you?		∐ 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.		have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic		
		nationality, gender, sexual preference, or disability?	. Yes	☐ No
	If you a	answered "YES" to any of Questions 91-95 , give details including dates and circumstances – <i>reference corresponding nu</i>	mbers).	
Sup	plement	al other topics information included on Page 23		
SEC	CTION '	I1: CERTIFICATION		
		by certify that I have personally completed and initialed each page of this form and any attached supplemental page	e(s), and	that all
	statem	ents made are true and complete to the best of my knowledge and belief. I understand that any misstatement of m		
	subjec	t me to disqualification; or, if I have been appointed, may disqualify me from continued employment.		
	Signat	ure in Full: ▶ Date:		
Щ_				

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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301	PPLEMENTAL 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.