

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 23) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

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

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

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 1: PERSONAL

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

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "Deceased," if appropriate. Mark "N/A" if a category is not applicable. If more space is needed, continue on page 23 – reference corresponding numbers. 						
14.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians / In-laws

- List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

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

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

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

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

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

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

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

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

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

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

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

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

Supplemental relatives information included on Page 23

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.D Brothers / Sisters

N/A

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

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other: _____

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

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other: _____

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

14.D.3 Sibling: Brother Sister Half-brother Half-sister Other: _____

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

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other: _____

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

Supplemental relatives information included on Page 23

14.E Children

N/A

- List **ALL LIVING** children, including natural, adopted, step, and/or foster care.
- Include any other children who reside with you.
- Provide the name and contact information of the custodial parent/guardian, if other than you.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

14.E.1 Child: Son Daughter Other: _____

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

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.E.2 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL	
14.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL	
14.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL	

Supplemental relatives information included on Page 23

15. List of references

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.
- Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.
- If more space is needed, continue on page 23 – reference corresponding numbers.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	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?	
15.2	NAME OF 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?	
15.3	NAME OF 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?	

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SECTION 2: RELATIVES AND REFERENCES <i>continued</i>						
15.4	NAME OF 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 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?		
15.6	NAME OF 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?		
15.7	NAME OF 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?		
15.8	NAME OF 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?		
15.9	NAME OF 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?		
15.10	NAME OF 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?		

Supplemental references information included on Page 23

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SECTION 3: EDUCATION

- NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- If more space is needed, continue your response on page 23.*

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

17. LIST ALL HIGH SCHOOL(S) ATTENDED

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

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

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

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

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

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

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

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

Supplemental education information included on Page 23

LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? Yes No
 IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	
Did you successfully complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPLETION DATE (MM/YYYY)
	/

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SECTION 3: EDUCATION *continued*

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

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

Supplemental **POST** basic courses information included on Page 23

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, college/university, business, trade school, or POST basic course/academy? Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s)/academy, and explanation of circumstances.

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

IF YES, explain circumstances.

SECTION 4: RESIDENCE HISTORY

24. LIST OF RESIDENCES
- List all residences **during the last 10 years or since age 15**.
 - Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
 - If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
 - If more space is needed, continue your response on page 23.*

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				()	
CITY		STATE	ZIP	EMAIL	

Name(s) of those with whom you live:

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SECTION 4: RESIDENCE HISTORY <i>continued</i>							
24.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
	/ /				/	/	
	CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY		STATE	ZIP	EMAIL			
Name(s) of those with whom you lived:							
Reason for moving:							
24.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
	/ /				/	/	
	CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY		STATE	ZIP	EMAIL			
Name(s) of those with whom you lived:							
Reason for moving:							
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
	/ /				/	/	
	CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY		STATE	ZIP	EMAIL			
Name(s) of those with whom you lived:							
Reason for moving:							
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
	/ /				/	/	
	CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY		STATE	ZIP	EMAIL			
Name(s) of those with whom you lived:							
Reason for moving:							

Supplemental residence information included on Page 23

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SECTION 4: RESIDENCE HISTORY *continued*

25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 23.*

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

Supplemental housemate information included on Page 23

26. Have you ever been evicted or asked to leave a residence? Yes No

27. Have you ever left a residence owing rent, utilities, or other household expenses? Yes No

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

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SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List **ALL** jobs you have had **within the past ten years**, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- *If more space is needed, continue your response on page 23.*

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL	
		()			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL	
1)		()			
2)		()			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: _____ _____ _____ _____					

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

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

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 5: EXPERIENCE AND EMPLOYMENT

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

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

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

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

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

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

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

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

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

Supplemental employment information included on Page 23

29.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

38. Have you ever sold, released, or given away legally confidential information?..... Yes No
39. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No
 IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days
40. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? **Note: Do not include lawful exchange of investigative content and/or evidence pursuant to official law enforcement investigations.** Yes No

If you answered "YES" to any of **Questions 29–40**, explain (include when, where, and circumstances – *reference corresponding numbers*).

Supplemental employment information included on Page 23

41. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption?..... Yes No
 IF YES, how often? _____
42. Has your work performance ever been affected by your use of alcohol or drugs? Yes No
 IF YES, when? _____ Name of employer: _____
43. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No
 IF YES, when? _____ Name of employer: _____

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

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

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

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

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

Supplemental employment information is included on Page 23

SECTION 6: MILITARY EXPERIENCE

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

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

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

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

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

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

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

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

If you answered "YES" to any of **Questions 49–51** explain (include dates and circumstances).

Supplemental military information included on Page 23

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL

► **Disclosure of Arrests and Convictions**

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

66. **Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?** Yes No
 IF YES, explain each incident:

66.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
_____ _____ _____			

66.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
_____ _____ _____			

Supplemental disclosure information included on Page 23

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

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL *continued*

► Involvement in Criminal Acts – Part 1

77. Have you committed any of the following acts ***within the past seven (7) years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL *continued*

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

77.28 Any other act amounting to a misdemeanor Yes No

- If you answered "YES" to **ANY** of the item(s) in **Question 77**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 77.5) for each explanation.*
- *If more space is needed, continue your response on page 23.*

Supplemental legal information included on Page 23

► Involvement in Criminal Acts – Part 2

78. **At any time in your life**, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

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

78.3 Blackmail or extortion Yes No

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

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

78.8 Felony drunk driving (involving injuries) Yes No

78.9 Felony illegal sex acts Yes No

78.10 Forcible rape Yes No

78.11 Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No

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

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

78.14 Hit & run (with injuries) Yes 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 Yes No

78.18 Perjury (lying under oath) Yes No

78.19 Possession of an explosive/destructive device Yes No

78.20 Robbery (theft from another person using a weapon, force, or fear) Yes No

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL *continued*

78.21	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.24	Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

• If you answered "YES" to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.3) for each explanation*
 • If more space is needed, continue your response on page 23.

Supplemental legal information included on Page 23

▶ Illegal Use of Drugs

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

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

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

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

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

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

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

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

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL *continued*

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

IF YES, explain:

Supplemental drug information included on Page 23

SECTION 9: MOTOR VEHICLE INFORMATION

83. Current Driver's License:

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

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

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

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

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

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

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

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

87.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
87.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 9: MOTOR VEHICLE INFORMATION

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

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

IF CHECKED, explain circumstances:

Supplemental motor vehicle information included on Page 23

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

IF YES, GIVE REASON	DATE (MM/YYYY)
	/
INSURANCE COMPANY	

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

Supplemental motor vehicle information included on Page 23

SECTION 10: OTHER TOPICS

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

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

93. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? Yes No

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

95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

If you answered "YES" to any of **Questions 91-95**, give details including dates and circumstances – *reference corresponding numbers*).

Supplemental other topics information included on Page 23

SECTION 11: CERTIFICATION

96. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

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

