

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.
- If you are filling out a printed copy of this form, neatly print in blue or 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 last page of this form (page 25) and identify the additional information by the question number.
- Send 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 25 – 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

- List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.
- *If more space is needed, continue on page 25 – reference corresponding numbers.*

| | | | | | |
|--|--|--------------------------------------|-------|-------|-----------------------------------|
| 14.C.1 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ | | | | | <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ | | | | | <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ | | | | | <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ | | | | | <input type="checkbox"/> 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.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 25 – reference corresponding numbers.*

| | | | | | |
|--|-----|--------------------------------------|-------|-------|-----|
| 14.D.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> 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: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> 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 | | |

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SECTION 2: RELATIVES AND REFERENCES *continued*

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 | | |

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 25 – 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 | | |

14.E.2 Child: Son Daughter Other: _____

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

14.E.3 Child: Son Daughter Other: _____

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

14.E.4 Child: Son Daughter Other: _____

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

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SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List **5 –7** 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 25 – 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? | |
| 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? | |

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SECTION 2: RELATIVES AND REFERENCES *continued*

| | | | | | | | |
|------|------------------------------|--|--|-------|--------------------------------------|-------|-----|
| 15.6 | NAME OF REFERENCE | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| | HOME PHONE () | | 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? | | |

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 25.*

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

17. LIST HIGH SCHOOL(S) ATTENDED

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

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

| | | | | | | | |
|------|----------------------------|--|------|-----------------------|--------------|---|--|
| 18.1 | NAME OF COLLEGE/UNIVERSITY | | | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED | |
| | | | | / | / | _____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM | |
| | ADDRESS (NUMBER / STREET) | | | TYPE OF DEGREE EARNED | | | |
| | | | 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) | | | TYPE OF DEGREE EARNED | | | |
| | | | CITY | STATE | ZIP | MAJOR / AREA OF STUDY | |

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SECTION 3: EDUCATION *continued*

| | | | | |
|------|----------------------------|----------------|--------------|---|
| 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) | | | TYPE OF DEGREE EARNED |
| CITY | | STATE | ZIP | MAJOR / AREA OF STUDY |

| | | | | |
|------|----------------------------|----------------|--------------|---|
| 18.4 | 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) | | | TYPE OF DEGREE EARNED |
| 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 | |

| | | | | |
|------|---|----------------|----------------------------|--|
| 19.2 | 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 | |

| | | | | |
|------|---|----------------|----------------------------|--|
| 19.3 | 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 | |

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) / |

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

| | | | | |
|------|------------------------|--|--------------|--|
| 21.1 | NAME OF 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 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 () |

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SECTION 3: EDUCATION *continued*

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.

SECTION 4: RESIDENCE HISTORY

23. 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 number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 25.*

| | | | | | |
|------|--|-------|-----|--|----------------|
| 23.1 | 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: | | | | |
| 23.2 | 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: | | | | |
| 23.3 | 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: | | | | |

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SECTION 4: RESIDENCE HISTORY *continued*

| | | | | | |
|--|--|-------|-----|--|--------------|
| 23.4 | 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: | | | | | |

| | | | | | |
|--|--|-------|-----|--|--------------|
| 23.5 | 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: | | | | | |

24. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 25.*

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.1 | 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 | | |
| | | | | | | |

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.2 | 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 | | |
| | | | | | | |

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.3 | 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 | | |
| | | | | | | |

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SECTION 4: RESIDENCES *continued*

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.4 | 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 | | |

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.5 | 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 | | |

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.6 | 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 | | |

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.7 | 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 | | |

| | | | | | | |
|---|--|--|--|-------|----------------|-----|
| 24.8 | 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. Have you ever been evicted or asked to leave a residence? Yes No
26. Have you ever left a residence owing rent, utilities, or other household expenses? Yes No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

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

| | | | | | |
|------|---|-------|-----|--|--------------|
| 27.1 | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | |
| | CITY | STATE | ZIP | CONTACT NUMBER () | EXT |
| | JOB TITLE / RANK | | | EMAIL | |
| | DUTIES / ASSIGNMENTS | | | 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 | |
| | NAMES OF CO-WORKERS 1) 2) | | | REASON FOR WANTING TO LEAVE | |
| | Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain: | | | | |

| | | | |
|------|--|----------------|--------------|
| 27.2 | 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: _____ | / | / |

| | | | | | |
|------|---|-------|-----|--|--------------|
| 27.3 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | |
| | CITY | STATE | ZIP | CONTACT NUMBER () | EXT |
| | JOB TITLE / RANK | | | EMAIL | |
| | DUTIES / ASSIGNMENTS | | | 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 | |
| | NAMES OF CO-WORKERS 1) 2) | | | REASON FOR LEAVING | |
| | | | | | |

| | | | |
|------|--|----------------|--------------|
| 27.4 | 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 <i>continued</i> | | | | | | |
|---|--|----|---|----------------|----------------|-----|
| 27.5 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| | | | | / | / | |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | | |
| | CITY | | STATE | ZIP | CONTACT NUMBER | EXT |
| | | | | | () | |
| | JOB TITLE / RANK | | | EMAIL | | |
| DUTIES / ASSIGNMENTS | | | 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 | | | |
| NAMES OF CO-WORKERS | | | REASON FOR LEAVING | | | |
| 1) | | 2) | | | | |
| 27.6 | 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: _____ | | | / | / | |
| 27.7 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| | | | | / | / | |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | | |
| | CITY | | STATE | ZIP | CONTACT NUMBER | EXT |
| | | | | | () | |
| | JOB TITLE / RANK | | | EMAIL | | |
| DUTIES / ASSIGNMENTS | | | 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 | | | |
| NAMES OF CO-WORKERS | | | REASON FOR LEAVING | | | |
| 1) | | 2) | | | | |
| 27.8 | 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: _____ | | | / | / | |
| 27.9 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) | |
| | | | | / | / | |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | | |
| | CITY | | STATE | ZIP | CONTACT NUMBER | EXT |
| | | | | | () | |
| | JOB TITLE / RANK | | | EMAIL | | |
| DUTIES / ASSIGNMENTS | | | 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 | | | |
| NAMES OF CO-WORKERS | | | REASON FOR LEAVING | | | |
| 1) | | 2) | | | | |
| 27.10 | 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: _____ | | | / | / | |

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

| | | | | | |
|---------------------|---|-------|--------------------|--|--------------|
| 27.11 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | | | | / | / |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | |
| | CITY | STATE | ZIP | CONTACT NUMBER () | EXT |
| | JOB TITLE / RANK | | | EMAIL | |
| | DUTIES / ASSIGNMENTS | | | 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 | |
| NAMES OF CO-WORKERS | | | REASON FOR LEAVING | | |
| 1) | | | 2) | | |

| | | | |
|-------|--|----------------|--------------|
| 27.12 | 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: _____ | / | / |

| | | | | | |
|---------------------|---|-------|--------------------|--|--------------|
| 27.13 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | | | | / | / |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | |
| | CITY | STATE | ZIP | CONTACT NUMBER () | EXT |
| | JOB TITLE / RANK | | | EMAIL | |
| | DUTIES / ASSIGNMENTS | | | 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 | |
| NAMES OF CO-WORKERS | | | REASON FOR LEAVING | | |
| 1) | | | 2) | | |

| | | | |
|-------|--|----------------|--------------|
| 27.14 | 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: _____ | / | / |

| | | | | | |
|---------------------|---|-------|--------------------|--|--------------|
| 27.15 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | | | | / | / |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | SUPERVISOR | |
| | CITY | STATE | ZIP | CONTACT NUMBER () | EXT |
| | JOB TITLE / RANK | | | EMAIL | |
| | DUTIES / ASSIGNMENTS | | | 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 | |
| NAMES OF CO-WORKERS | | | REASON FOR LEAVING | | |
| 1) | | | 2) | | |

| | | | |
|-------|--|----------------|--------------|
| 27.16 | 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. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) Yes No
- 29. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No
- 30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No
- 31. Have you ever quit without giving notice? Yes No
- 32. Have you ever resigned in lieu of termination? Yes No
- 33. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? Yes No
- 34. Were you ever the subject of a written complaint at work? Yes No
- 35. Have you ever been counseled at work due to lateness or absences? Yes No
- 36. Did you ever receive an unsatisfactory performance review? Yes No
- 37. Have you ever sold, released, or given away legally confidential information? Yes No
- 38. 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

If you answered "YES" to any of **Questions 28–38**, explain (include when, where, and circumstances – *reference corresponding numbers*).

- 39. *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? _____
- 40. Has your work performance ever been affected by your use of alcohol or drugs? Yes No
IF YES, when? _____ Name of employer: _____
- 41. *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: _____

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

- If you answered "YES" to Question 42, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 25.*

| | | | | | | |
|-------------|--|-------|-----|---|------------------------|--|
| 42.1 | 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"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired | | | | | |

| | | | | | | |
|-------------|--|-------|-----|---|------------------------|--|
| 42.2 | 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"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired | | | | | |

| | | | | | | |
|-------------|--|-------|-----|---|------------------------|--|
| 42.3 | 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"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired | | | | | |

| | | | | | | |
|-------------|--|-------|-----|---|------------------------|--|
| 42.4 | 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"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired | | | | | |

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SECTION 6: MILITARY EXPERIENCE

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

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

45. If you answered "YES" to Question 44, 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: _____ | | |

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

47. 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

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

49. 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 47–49**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

- For each of the following questions (**50A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 50C**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

| | |
|---|--------------------|
| A) From your employer(s), what is your take-home monthly income?..... | \$ _____ per month |
| B) Do you have other sources of income? (IF YES, fill in amount and explain.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Explain: | |
| C) How much do you spend each month? | \$ _____ per month |

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

52. Have any of your bills ever been turned over to a collection agency? Yes No

53. Have you ever had purchased goods repossessed? Yes No

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SECTION 7: FINANCIAL *continued*

54. Have your wages ever been garnished? Yes No

55. Have you ever been delinquent on income or other tax payments? Yes No

56. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

57. Have you ever had an employment bond refused? Yes No

58. Have you ever avoided paying any lawful debt by moving away? Yes No

59. Have you ever defaulted on (failed to pay) a loan? Yes No

60. 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

61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

63. Have you written three or more bad checks in a one-year period? Yes No

If you answered "YES" to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*).

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 25.*

64. **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:

| 64.1 | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|------|------------------------|-----------------------|-------------------------------|
| | | / | |
| | DISPOSITION OR PENALTY | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL *continued*

| | | | |
|-------------|--------|-----------------------|-------------------------------|
| 64.2 | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
| | | / | |

DISPOSITION OR PENALTY

| | | | |
|-------------|--------|-----------------------|-------------------------------|
| 64.3 | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
| | | / | |

DISPOSITION OR PENALTY

65. Have you ever been placed on court probation? Yes No
66. 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
67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No
68. Have the police ever been called to your home for any reason? Yes No
69. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No
71. 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
72. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
73. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No
74. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered “YES” to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 8: LEGAL *continued*

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

75. Have you committed any of the following acts ***within the past 10 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.**

| | | | |
|-------|--|------------------------------|-----------------------------|
| 75.1 | Animal abuse and/or neglect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.3 | Battery (use of force or violence upon another) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.4 | Brandishing a weapon (any type of weapon) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.5 | Carrying a concealed weapon without a permit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.6 | Contributing to the delinquency of a minor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.8 | Driving under the influence of alcohol and/or drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.9 | 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 |
| 75.10 | Filing a false police report | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.11 | Hit & run collision (no injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.12 | Illegal gambling..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.13 | Illegal hunting and/or fishing (for example, without a license, out of season) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.14 | Impersonating a peace officer (pretending to be a police officer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.15 | Indecent exposure and/or lewd or obscene conduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.16 | Intentionally writing a bad check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.17 | Joyriding (using a car or other vehicle without owner's permission) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.18 | 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 |
| 75.19 | Petty theft (value up to \$950, including shoplifting/switching price tags) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.20 | Possession of alcohol as a minor..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.21 | Possession of falsified or altered identification, including use of another person's ID (for any reason)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.22 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.23 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.24 | Reckless driving | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.25 | 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 |

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 11/2014)

SECTION 8: LEGAL *continued*

| | | | |
|-------|---|------------------------------|-----------------------------|
| 76.9 | Forcible rape | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.10 | Forgery (falsifying any type of document, check certificate, license, currency, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.11 | Fraudulent use of a credit, ATM, debit, and/or check card | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.12 | Grand theft (value of over \$950, or any firearm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.13 | Hit & run (with injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.14 | Hate crime | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.15 | Illegal sex acts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.16 | Insurance fraud | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.17 | Murder, homicide, or attempted murder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.18 | Perjury (lying under oath) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.19 | Possession of an explosive/destructive device | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.20 | Robbery (theft from another person using a weapon, force, or fear) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.21 | Stalking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.22 | Theft of a vehicle and/or vehicle parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.23 | Viewing and/or possessing child pornography | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.24 | 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 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation*
- *If more space is needed, continue your response on page 25.*

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 11/2014)

SECTION 8: LEGAL *continued*

▶ **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 (<i>Uppers, Speed, Crank, etc</i>) | ▶ Marijuana (<i>with or without a prescription</i>) |
| ▶ Barbiturates (<i>Downers</i>) | ▶ Mescaline |
| ▶ Cocaine / Crack Cocaine | ▶ Morphine |
| ▶ Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) | ▶ PCP / Angel Dust |
| ▶ GHB (<i>Date Rape Drug</i>) | ▶ Quaaludes |
| ▶ Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) | ▶ Steroids |
| ▶ Hashish / Hashish Oil | ▶ Tetrahydrocannabinol (THC) |
| ▶ Heroin / Opium | ▶ Glue, paint, or any substance containing toluene |

77. **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:**

78. **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:**

79. 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:

- 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.**

80. 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:

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License:

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

82. 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 |
|----------------|---------------------------|-----------------|--------------------------------------|
| | | | |
| | | | |
| | | | |

83. Have you ever been refused a driver's license by any state? Yes No
 IF YES, explain (include when, where, and circumstances):

84. Has your driver's license ever been suspended or revoked? Yes No
 IF YES, explain (include when, where, and circumstances):

85. List all traffic citations, excluding parking citations, you have received **within the past seven years**.

| | | | | |
|-------------|--|---|------|-------|
| 85.1 | 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 | | |
| 85.2 | 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 | | |

86. 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:

87. 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) |
|---------------------|----------------|--------------|
| | / | / |

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

88. 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.

SECTION 10: OTHER TOPICS

89. Have you ever been refused a permit to carry a concealed weapon?..... Yes No
90. 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
91. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No
92. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
93. 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 89–93**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION

94. 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 any of your responses.
Be sure to reference corresponding numbers.**

