

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 11/2014)

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: _____

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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 "N/A" if a category is not applicable. Mark "Deceased," if appropriate. 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
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	TYPE OF DEGREE EARNED
	MAJOR / AREA OF STUDY			

18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	CITY	STATE	ZIP	TYPE OF DEGREE EARNED
	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?
	CITY		STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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?
	CITY		STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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?
	CITY		STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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?
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		<input type="checkbox"/> Yes <input type="checkbox"/> No
	CONTACT NUMBER ()			
21.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		<input type="checkbox"/> Yes <input type="checkbox"/> No
	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 <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 <i>continued</i>						
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*

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	

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

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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/lied 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:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
64.1		/	
	DISPOSITION OR PENALTY		
	<hr/>		
	<hr/>		
	<hr/>		
	<hr/>		
	<hr/>		

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

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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:

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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	ACTION TAKEN		
	Month: Year:	<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	ACTION TAKEN		
	Month: Year:	<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)
	/	/

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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.**

