

## 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 a position with the ***Sacramento County Probation Department***.

- It is your responsibility to complete this form and provide all required information.
- This Personal History Statement is a permanent record.
- Incomplete or illegible applications ***will not*** be accepted.
- 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 reason, use the last page of this form and identify the additional information by the question number.
  
- **Send the completed form to:**   **Sacramento County Probation Department**  
  **Attn: Backgrounds Investigations Unit**  
  **8745 Folsom Blvd.**  
  **Sacramento, CA 95826**

### **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 convictions 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.

***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:** \_\_\_\_\_

**Summary of POST Background Investigation Dimensions for Peace Officers and Public Safety Dispatchers**

<b>Moral Character</b>
➤ <b>Integrity</b> <i>Honesty; Impartiality; Trustworthiness; Protections of Confidential Information; Moral/ethical behavior</i>
➤ <b>Impulse Control</b> <i>Safe driving practices; Attention to Safety; Impulse/Anger control</i>
➤ <b>Substance Abuse and Other Risk-Taking Behaviors</b>
<b>Handling Stress and Adversity</b>
➤ <b>Stress Tolerance</b> <i>Positive attitude and even temper; Stress tolerance and recovery; Accepting responsibility for mistakes</i>
➤ <b>Confronting and overcoming problems, obstacles, and adversity</b>
<b>Work Habits</b>
➤ <b>Conscientiousness</b> <i>Dependability/reliability; Personal accountability and responsibility; Safeguarding and maintaining property, equipment, and belongings; Orderliness, thoroughness, and attention to detail</i>
<b>Interactions with Others</b>
➤ <b>Interpersonal Skills</b> <i>Social sensitivity; Social interest and concern; Tolerance; Social self-confidence/persuasiveness; Teamwork</i>
<b>Intellectually Based Abilities</b>
➤ <b>Decision Making and Judgement</b> <i>Situational/problem analysis; Adherence to policies and regulations; Response to appropriateness; Response assessment</i>
➤ <b>Learning Ability</b>
➤ <b>Communication Skills</b> <i>Oral communication; Written Communication</i>

Compliance with Government Code

In accordance with California Government Code, Section 1031, each employee shall meet the following minimum standards:

- a. Be a citizen of the United States or permanent resident alien who is eligible for and has applied for citizenship. Any permanent resident alien shall be disqualified from holding a position if his or her application for citizenship is denied.
- b. Be at least 18 years of age.
- c. Be fingerprinted for a criminal record check.
- d. Be free from any physical, emotional, or mental condition, which might adversely affect the exercise of powers of a peace officer.

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

### REQUIRED DOCUMENTS

The Sacramento County Probation Department requires that all applicants who desire to be considered for employment submit copies of the following documents. These documents should be returned with your PHS.

- **A copy of your Birth Certificate** - Available from the Registrar of Vital statistics in the county of your birth.
- **A copy of your California driver's license** – Must be obtained prior to appointment.
- **A copy of your out-of-state driver's license, if applicable.**
- **A copy of your Marriage Certificate(s)**
- **A copy of your Divorce Complaints, Decrees and Dissolutions** – Papers must indicate a final divorce was granted.
- **A copy of your Associates or Bachelor's diploma**
- **Official College Transcripts and Degrees** - Available from the Admissions and Records Office. They must be submitted in their original, sealed envelopes.
- **A copy of your current Automobile Insurance Policy, Insurance Binder, or other proof that you are complying with Sections 16020 and 16021 of the California Vehicle Code** – Available from your insurance agent. This document must show your name, name of carrier, policy number, and expiration date.
- **A copy of your Military Service Discharge or Form DD-214.**
- **A copy of your Selective Service Registration Number** – All male United States citizens and male aliens Living in the United States born on or after December 31, 1959, between the ages of 18 and 25 years old are Required by law to register for the Selective Service. Selective service website <http://www.sss.gov>
- **A copy of each Accident report in which you were named a driver in the incident** - At fault or not at fault within the past seven (7) years.
- **A copy of each Police report in which you were arrested or named as a suspect whether or not you were charged or convicted** – Available through the County District Attorney's Office or the Law Enforcement Agency.
- **A certified copy of any Civil Judgment** - Against you within the past seven (7) years.
- **A copy of your Naturalization Certificate** – Include a copy of your application for citizenship if yet to be obtained.
- **Copies of any Employee Evaluations** – Documentation which reflects performance or conduct.

I HAVE READ THIS NOTICE AND UNDERSTAND THE DOCUMENTS I MUST SUBMIT UPON REQUEST.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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



**COUNTY OF SACRAMENTO**  
**Probation Department**  
8745 FOLSOM BLVD, SACRAMENTO, CALIFORNIA 95826  
TELEPHONE (916) 875-0273  
FAX (916) 875-4742



LEE SEALE  
CHIEF PROBATION OFFICER  
COUNTY PAROLE OFFICER

**PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER**

I fully recognize that individuals must clearly demonstrate their personal, medical, physical, and psychological fitness to serve in a position of trust within the Sacramento County Probation Department. I further recognize that this employing agency has a legal as well as a moral obligation to take every reasonable effort to ensure the persons employed by them conform to the very highest standards.

To that end, I recognize that this law enforcement agency will conduct an intensive investigation into my personal, medical and psychological fitness, and that such an investigation will include contacting persons and/or organizations that may have information relating to my fitness. I further understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning me if the confidentiality of their information cannot be guaranteed on a permanent basis.

Therefore, I release and hold harmless the County of Sacramento, its Probation Department, officers, agents or assignees, now and in the future, from any claim or damages in law or in equity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment personal, medical and/or psychological history investigation, including, but not limited to the identity(ies) of any person (s) and/or organization (s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied. I hereby waive my right, now and in the future, to examine, review or otherwise discover the contents of this investigation and all related documents thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the County of Sacramento, State of California.

\_\_\_\_\_  
**Signature of Person Giving Consent**

\_\_\_\_\_  
**(Printed Name)**

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**MOTOR VEHICLE FINANCIAL RESPONSIBILITY**

**CALIFORNIA VEHICLE CODE SECTION 16020:**

"Every driver of, and owner of, a motor vehicle shall, at all times, maintain in force one of the forms of financial responsibility specified in Section 16021."

**CALIFORNIA VEHICLE CODE SECTION 16021:**

"Financial responsibility of the driver or owner is established if the driver or owner of vehicle involved in an accident described in Section 16000 is:

- a) A self-insurer under the provisions of this division.
- b) An insured or obligee under a form of insurance or bond which complies with the requirements of this division and which covers the driver for the vehicle involved in the accident.
- c) The United States of America, this state, any municipality or subdivision thereof, or the lawful agent thereof.
- d) A depositor in compliance with subdivision (a) of Section 16054.2.
- e) In compliance with the requirements authorized by the department by any other manner which effectuates the purposes of the chapter:

**I, the undersigned, have read and understand the provisions of the above California Vehicle Code sections.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)

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COUNTY PAROLE OFFICER

**AUTHORIZATION FOR RELEASE OF  
MILITARY AND MILITARY MEDICAL INFORMATION**

☐ N/A (Do not complete below if not applicable)

TO:		DATE:	
		NAME OF APPLICANT – PRINTED	
<p>AS AN APPLICANT FOR A POSITION WITH THE SACRAMENTO COUNTY PROBATION DEPARTMENT, I AM REQUIRED TO FURNISH INFORMATION FOR USE IN DETERMINING MY MORAL, PHYSICAL AND MENTAL QUALIFICATIONS.</p> <p>I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to the Sacramento County Probation Department information of photocopies from my military personnel and related records. This could include a photocopy of my Undeleted DD Form 214, including re-enlistment (RE), the type and reason for discharge, and drug and alcohol information, medical records and any judicial and non-judicial disciplinary action.</p>			
BRANCH OF SERVICE		SERVICE NO.	DATE LAST SEPARATED FROM ACTIVE SERVICE
PRESENT MILITARY SERVICE <input type="checkbox"/> AIR FORCE RESERVE <input type="checkbox"/> ARMY RESERVE <input type="checkbox"/> NAVAL RESERVE <input type="checkbox"/> MARINE CORPS RESERVE <input type="checkbox"/> COAST GUARD RESERVE		PRESENT HOME ADDRESS	
		SOCIAL SECURITY NUMBER	
FURNISH INFORMATION TO:  LEE SEALE, CHIEF PROBATION OFFICER ATTN: BACKGROUND INVESTIGATION UNIT 8745 FOLSOM BLVD, SACRAMENTO, CA 95826		APPLICANT FOR POSITION OF  SIGNATURE OF APPLICANT  X	
<b>TO BE COMPLETED BY RECORDS OFFICE</b>			
DATE OF ENTRY	DATE SEPARATED	REASON FOR SEPARATION	CHARACTER OF SERVICE
DISCIPLINARY DATE – IF ANY <input type="checkbox"/> NONE		<input type="checkbox"/> SEE REMARKS	
SIGNIFICANT ILLNESS OR INJURIES – IF ANY <input type="checkbox"/> NONE		<input type="checkbox"/> SEE REMARKS	<input type="checkbox"/> SEE ATTACHED DOCUMENTS
PSYCHIATRIC OBSERVATIONS AND TREATMENT – IF ANY <input type="checkbox"/> NONE		<input type="checkbox"/> SEE REMARKS	<input type="checkbox"/> SEE ATTACHED DOCUMENTS
PHYSICAL CONDITION AT TIME OF SEPARATION <input type="checkbox"/> REPORT OF SEPARATION PHYSICAL ATTACHED			
REMARKS:			
RELEASING OFFICER		RELEASED BY (SIGNATURE)	DATE RELEASED

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COUNTY PAROLE OFFICER

**SACRAMENTO COUNTY PROBATION DEPARTMENT**  
**FINGERPRINT INFORMATION FORM**

F.P. NUMBER

**Please Print or Type**

DATE: \_\_\_\_\_ CII # \_\_\_\_\_ FBI # \_\_\_\_\_

NAME: LAST		FIRST		MIDDLE		MAIDEN OR ALIAS							
HOME ADDRESS:		STREET		APT#		CITY		STATE		ZIP			
HOME PHONE		RACE		SEX		HEIGHT		WEIGHT					
COLOR OF HAIR		COLOR OF EYES		AGE		DATE OF BIRTH							
PLACE OF BIRTH (CITY/STATE)		CITIZENSHIP (COUNTRY)		ANY TATTOOS, THAT INDICATE ASSOCIATION WITH A GANG									
OCCUPATION		DRIVER'S LICENSE NUMBER – STATE		SOCIAL SECURITY NO.									
WHERE EMPLOYED (NAME OF BUSINESS)		BUSINESS PHONE											
BUSINESS ADDRESS													
IN CASE OF EMERGENCY NOTIFY: NAME		RELATIONSHIP											
ADDRESS:		NUMBER		STREET		CITY		STATE		ZIP		TELEPHONE NO.	
<b>REASON FOR FINGERPRINTING</b>													
HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE?						HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE?							
<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain below, if yes)						<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain below, if yes)							
<b>I understand that Sacramento County Code 9.20.010 makes it a misdemeanor for any person to make false or fraudulent statement, or any false or misleading writing or document in any matter or proceeding within the jurisdiction of any department or agency of the County of Sacramento.</b>													
SIGNATURE OF APPLICANT													

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CHIEF PROBATION OFFICER  
COUNTY PAROLE OFFICER

**PRE-EMPLOYMENT MEDICAL EVALUATION  
WAIVER OF CONFIDENTIALITY**

I understand that as an applicant for a position as a peace officer, I must be in good physical condition, free of any physical ailments or conditions that may prevent me from performing all duties of a peace officer. These duties are mandated by the California Penal Code, Sections 830.1, 830.2, 830.6, 832.6 and the Commission on Peace Officer Standards and Training (P.O.S.T.).

I understand that before being considered for appointment as a peace officer, I must be examined by a physician as authorized by the County of Sacramento, and found to be free of any physical ailment that might adversely affect my ability as a peace officer.

I also understand that it may be necessary for the Sacramento County Probation Department, its officers, agents and assigns to review any and all of my medical records, as to further evaluate my physical condition. I understand that this authorization releasing my medical records to the Sacramento County Probation Department as provided in this paragraph; will expire one year after the date signed.

I further understand that the results of my physical examination and/or contents of my medical records will be reviewed by personnel of the Sacramento Probation Department for determination of the suitability of my physical condition for peace officer duties.

Therefore, I waive any privilege of confidentiality of "physician-patient relationship", to the extent that the results of the examination herein before described and other medical records as may otherwise exist, may now or at any time within one year hereafter be released to the Sacramento County Probation Department, its officers, agents and assigns, for the purpose of assessing my physical suitability for peace officer duties and specifically authorize such physicians, hospital, their agents or employees to release such records.

Date this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the County of Sacramento, State of California.

\_\_\_\_\_  
Printed Name of Person Giving Consent

\_\_\_\_\_  
Signature of Person Giving Consent

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COUNTY PAROLE OFFICER

**PRE-EMPLOYMENT PSYCHOLOGICAL EVALUATION  
WAIVER OF CONFIDENTIALITY**

I understand that before any person in California may be declared by law to be a peace officer, he or she must be found, after examination by a qualified physician or psychologist, to be free from any emotional or mental condition which might adversely affect the exercise of peace officer powers.

I understand that before being considered for appointment as a peace officer with the Sacramento County Probation Department, I must be examined by a physician or qualified psychologist, and be found to be free of any emotional or mental condition, which might adversely affect my ability as a peace officer. Such examination or examinations will include, but not necessary are limited to, the Minnesota Multiphasic Personality Inventory (MMPI), the California Psychological Inventory Police Effectiveness Index, and no less than one clinical interview session with the physician or qualified psychologist.

I further understand that the results of my physical examination or examinations will be reviewed by personnel of the Sacramento County Probation Department for determination of the suitability of my mental or emotional condition for peace officer duties.

Therefore, I waive any privilege of confidentiality or "physician-patient relationship", or "psychotherapist-patient relationship", to the extent that the results of the examinations herein before described may now or at any future time be released to the Sacramento County Probation Department, its officers, agents, and assigns, for the purpose of assessing my emotional and mental suitability for peace officer duties and authorize such physicians, psychologists, their agents or employees, to release such records.

Date this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the County of Sacramento, State of California.

\_\_\_\_\_  
Printed Name of Person Giving Consent

\_\_\_\_\_  
Signature of Person Giving Consent

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



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CHIEF PROBATION OFFICER  
COUNTY PAROLE OFFICER

**APPLICATION FOR PEACE OFFICER POSITION  
PRE-EMPLOYMENT RELEASE AND WAIVER**

I hereby authorize any Probation Officer or any other authorized representative of the Sacramento County Probation Department bearing this release or copy thereof to obtain information contained in any file, computer bank, or other compilation system relating to my current employment, former employment, credit, educational, or criminal history information matters. This waiver extends to any and all possessed by any education institution, current employers, past employers and any and all businesses which retain credit history information. It also extends to any and all information possessed by any local, state or federal law enforcement agency, which retains criminal history information. It also extends to any and all information compiled in internal affairs or disciplinary records of any law enforcement agency wherein I have been accused of misconduct, where sustained or not.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Sacramento County Probation Department. Consent is granted for the Sacramento County Probation Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, retail business establishment, current employers, former employers of any capacity, law enforcement agency, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family and associates resulting from the authorized release of information or attempted release of such information, pursuant to the terms of this release and waiver.

**Candidate Signature** X \_\_\_\_\_

State of California, County of \_\_\_\_\_, on \_\_\_\_\_,

Before me, \_\_\_\_\_,

Personally appeared \_\_\_\_\_,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

A notary or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**I certify under PENALTY OF PERJURY under the laws of the  
State of California that the foregoing paragraph is true and correct.**

**WITNESS MY HAND AND OFFICIAL SEAL**

\_\_\_\_\_  
Signature of Notary Public

**EXPIRATION IS ONE (1) YEAR FROM THE DATE INDICATED ABOVE  
Application is for Peace Officer position**

Place Notary Seal Above

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



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LEE SEALE  
CHIEF PROBATION OFFICER  
COUNTY PAROLE OFFICER

**Investigative Consumer Reporting Agencies Act (ICRAA) Disclosure Form**

I hereby authorize any Probation Officer or any other authorized representative of the Sacramento County Probation Department bearing this release or copy thereof to obtain information contained in any file, computer bank, or other compilation system relating to my current employment, former employment, credit, educational, or criminal history information matters. **Information obtained may include information on a candidate's character, general reputation, personal characteristics, and mode of living.** This waiver extends to any and all information possessed by any education institution, current employers, and any and all businesses, which retain credit history information. It also extends to any and all information possessed by any local, state, or federal law enforcement agency, which retains criminal and driving history information. It also extends to any and all information compiled in internal affairs or disciplinary records of any law enforcement agency wherein I have been accused of misconduct, whether sustained or not.

According to the Investigative Consumer Reporting Agencies Act (ICRAA), I acknowledge that I am entitled to a copy of public records obtained during the course of the pre-employment investigation conducted by authorized representatives from the Sacramento County Probation Department. I also acknowledge that public records, as used in this disclosure form, do not include responses by personal references, and employment verifications.

Applicant's Signature: \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

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

County of Sacramento- Probation Department  
Personal History Statement (10/19)

YOUR NAME: Last \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_  
(Probation Aide, Probation Assistant, or Probation Officer)

**SECTION 1: PERSONAL**

1. Last Name		First Name		Middle Name	
2. Other Names you have used or been known by (Include Maiden Name and Nick names):					N/A <input type="checkbox"/>
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		Cell	
6. Contact Email Address			7. List all other email address (separated by commas)		
8. Citizenship Are you a U.S. citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Birth Place (City / County / State/ Country)					
10. Birthdate (MM/DD/YYYY)		11. Social Security Number		12. Driver's License Number: State: Expires:	
13. Physical Description Height: Weight: Hair Color: Eye Color:					
14. Tattoos – List all tattoos, or other distinguishing marks.					

**SECTION 2: RELATIVES**

1. Immediate Family					
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below. Mark "Deceased", if appropriate</li> <li>Mark "N/A" if a category is not applicable</li> <li>If more space is needed, add at the end – reference Section and corresponding number</li> </ul>					
<b>I.A. SPOUSE / REGISTERED DOMESTIC PARTNER</b>				<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 Address		
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		

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

County of Sacramento- Probation Department  
Personal History Statement (10/19)

**SECTION 2: RELATIVES** *continued*

<b>1.B. FORMER SPOUSE / FORMER REGISTERED DOMESTIC PARTNER</b>		<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 Address		
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		

<b>2. PARENTS / GUARDIANS</b>				
List all parents / guardian, living or deceased, including biological, foster, step-parents, in-laws, etc.				
<b>2.A PARENT / GUARDIAN:</b> <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 Address		

<b>2.B PARENT / GUARDIAN:</b> <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 Address		

<b>2.C PARENT / GUARDIAN:</b> <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 Address		

<b>2.D PARENT / GUARDIAN:</b> <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 Address		

<b>3. BROTHERS / SISTERS</b>				
List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.				
<b>3.A SIBLING:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-Brother <input type="checkbox"/> Half-Sister <input type="checkbox"/> In-law <input type="checkbox"/> Other_____				<input type="checkbox"/> Deceased
Name (Age)	Home Address (Number / Street / Apt)	City	State	Zip
Home Phone	Mailing Address (if different)	City	State	Zip
Work Phone	Cell Phone	Email Address		

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

County of Sacramento- Probation Department  
Personal History Statement (10/19)

**SECTION 2: RELATIVES** *continued*

<b>3.B SIBLING:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-Brother <input type="checkbox"/> Half-Sister <input type="checkbox"/> In-law <input type="checkbox"/> Other _____					<input type="checkbox"/> Deceased
Name (Age)	Home Address (Number/Street /Apt)	City	State	Zip	
Home Phone	Mailing Address (if different)	City	State	Zip	
Work Phone	Cell Phone	Email Address			

<b>3.C SIBLING:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-Brother <input type="checkbox"/> Half-Sister <input type="checkbox"/> In-law <input type="checkbox"/> Other _____					<input type="checkbox"/> Deceased
Name (Age)	Home Address (Number/Street /Apt)	City	State	Zip	
Home Phone	Mailing Address (if different)	City	State	Zip	
Work Phone	Cell Phone	Email Address			

<b>3.D SIBLING:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-Brother <input type="checkbox"/> Half-Sister <input type="checkbox"/> In-law <input type="checkbox"/> Other _____					<input type="checkbox"/> Deceased
Name (Age)	Home Address (Number/Street /Apt)	City	State	Zip	
Home Phone	Mailing Address (if different)	City	State	Zip	
Work Phone	Cell Phone	Email Address			

<b>4. CHILDREN</b> 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.					<input type="checkbox"/> N/A
<b>4.A CHILD:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____					<input type="checkbox"/> Deceased
Name	Age	Custodial Parent Guardian (if other than you)			
	Address (Number/Street/Apt)		City	State	Zip
	Contact Number		Email Address		

<b>4.B CHILD:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____					<input type="checkbox"/> Deceased
Name	Age	Custodial Parent /Guardian (if other than you)			
	Address (Number/Street/Apt)		City	State	Zip
	Contact Number		Email Address		

<b>4.C CHILD:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____					<input type="checkbox"/> Deceased
Name	Age	Custodial Parent /Guardian (if other than you)			
	Address (Number/Street/Apt)		City	State	Zip
	Contact Number		Email Address		

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County of Sacramento- Probation Department  
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**SECTION 2: RELATIVES** *continued*

4.D CHILD: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____				<input type="checkbox"/> Deceased	
Name	Age	Custodial Parent/Guardian (if other than you)			
	Address (Number/Street/Apt)		City	State	Zip
	Contact Number		Email Address		

**SECTION 3: REFERENCES**

<b>5. LIST OF REFERENCES</b> <ul style="list-style-type: none"><li>List a minimum of 8 Individuals (18 years and older) who know you well, such as close personal relationships, social and family friends, military colleagues, and/or co-workers (associate with off the job).</li><li>Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.</li></ul>				
5.A 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 Address		
How do you know this person?		How long have you known this person?		

5.B 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 Address		
How do you know this person?		How long have you known this person?		

5.C 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 Address		
How do you know this person?		How long have you known this person?		

5.D 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 Address		
How do you know this person?		How long have you known this person?		

5.E 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 Address		
How do you know this person?		How long have you known this person?		

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

**SECTION 3: REFERENCES** *continued*

5.F 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 Address		
How do you know this person?		How long have you known this person?		

5.G 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 Address		
How do you know this person?		How long have you known this person?		

5.H 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 Address		
How do you know this person?		How long have you known this person?		

5.I 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 Address		
How do you know this person?		How long have you known this person?		

5.J 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 Address		
How do you know this person?		How long have you known this person?		

5.K 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 Address		
How do you know this person?		How long have you known this person?		

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

## SECTION 4: RESIDENCE HISTORY

<b>1. LIST OF RESIDENCES</b>			
<ul style="list-style-type: none"> <li>List all residences during the last 10 years or since age 15.</li> <li>Provide complete addresses (include markers such as Street, Drive, Road, etc, and unit/apt number). Do NOT use PO Boxes</li> <li>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.</li> <li><i>If more space is needed, add at the end – reference Section and corresponding number</i></li> </ul>			
<b>1.A Address Where You Now Live (Number/Street/Apt)</b>		From (MM/YYYY)	To (MM/YYYY) PRESENT
City		State	Zip
	If Renting: Property Manager, Rent Collector, or Owner Name <input type="checkbox"/> N/A		Contact Number
	Mailing Address of Property Manager, Rent Collector, or Owner (Number, Street, Apt, PO Box)		Email Address
	City	State	Zip
Name(s) of those with whom you live and contact information:			

<b>1.B Former Address (Number/Street/Apt)</b>		From (MM/YYYY)	To (MM/YYYY)
City		State	Zip
	If Renting: Property Manager, Rent Collector, or Owner Name <input type="checkbox"/> N/A		Contact Number
	Mailing Address of Property Manager, Rent Collector, or Owner (Number, Street, Apt, PO Box)		Email Address
	City	State	Zip
Name(s) of those with whom you live and contact information:			
Reason for Moving:			

<b>1.C Former Address (Number/Street/Apt)</b>		From (MM/YYYY)	To (MM/YYYY)
City		State	Zip
	If Renting: Property Manager, Rent Collector, or Owner Name <input type="checkbox"/> N/A		Contact Number
	Mailing Address of Property Manager, Rent Collector, or Owner (Number, Street, Apt, PO Box)		Email Address
	City	State	Zip
Name(s) of those with whom you live and contact information:			
Reason for Moving:			

<b>1.D Former Address (Number/Street/Apt)</b>		From (MM/YYYY)	To (MM/YYYY)
City		State	Zip
	If Renting: Property Manager, Rent Collector, or Owner Name <input type="checkbox"/> N/A		Contact Number
	Mailing Address of Property Manager, Rent Collector, or Owner (Number, Street, Apt, PO Box)		Email Address
	City	State	Zip
Name(s) of those with whom you live and contact information:			
Reason for Moving:			

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

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

1.E Former Address (Number/Street/Apt)		From (MM/YYYY)	To (MM/YYYY)
City		State	Zip
If Renting: Property Manager, Rent Collector, or Owner Name <input type="checkbox"/> N/A		Contact Number	
Mailing Address of Property Manager, Rent Collector, or Owner (Number, Street, Apt, PO Box)		Email Address	
City		State	Zip
Name(s) of those with whom you live and contact information:			
Reason for Moving:			

1.F	Have you ever been evicted or asked to leave a residence?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
1.G	Have you ever left a residence owing rent, utilities, or other household expenses?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the above Questions (1.F or 1.G), explain (include when, where, and circumstances):	

#### SECTION 5: EDUCATION

<ul style="list-style-type: none"> <li>NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.</li> <li>If more space is needed, add at the end – reference Section and corresponding number</li> </ul>		
1. Check Applicable (MM/YYYY)	(MM/YYYY)	(MM/YYYY)
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> California HS Proficiency Certificate
(MM/YYYY)	(MM/YYYY)	(MM/YYYY)
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree

##### EDUCATION – HIGH SCHOOL

2. List High School(s) Attended		
2.A Name of High School	From (MM/YYYY)	To (MM/YYYY)
City	State	
2.B Name of High School		
From (MM/YYYY)	To (MM/YYYY)	
City	State	

##### EDUCATION – COLLEGE

3. List All Colleges and Universities Attended			
3.A Name of College/University	From (MM/YYYY)	To (MM/YYYY)	Total Units Completed ____ <input type="checkbox"/> Quarter ____ <input type="checkbox"/> Semester
Address (Number / Street)		Type of Degree Earned	
City	State	Zip	Major /Area of Study

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

**SECTION 5: EDUCATION *continued***

3. List All Colleges and Universities Attended				
3.B Name of College/University		From (MM/YYYY)	To (MM/YYYY)	Total Units Completed _____ <input type="checkbox"/> Quarter _____ <input type="checkbox"/> Semester
Address (Number/Street)			Type of Degree Earned	
City	State	Zip	Major/Area of Study	

3. List All Colleges and Universities Attended				
3.C Name of College/University		From (MM/YYYY)	To (MM/YYYY)	Total Units Completed _____ <input type="checkbox"/> Quarter _____ <input type="checkbox"/> Semester
Address (Number/Street)			Type of Degree Earned	
City	State	Zip	Major/Area of Study	

**Education – Trade, Vocational, and Business Schools/Institutes Attended**

4. List ALL Trade, Vocational, and Business Schools/Institutes Attended			
4.A Name of Trade, Vocational, or Business School/Institute	From (MM/YYYY)	To (MM/YYYY)	Did you complete this course?
City	State	Type of School or Training	
4.B Name of Trade, Vocational, or Business School/Institute	From (MM/YYYY)	To (MM/YYYY)	Did you complete this course?
City	State	Type of School or Training	

**Education – Other/Special Certifications**

5. PC 832	
Have you ever taken a PC 832 (Arrest and/or Firearms) Course?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, provide the following information:	
Course Presenter Name	Location (City/State)
Course Completion Did you successfully complete this course?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Date (MM/YYYY)
6. POST Academy	
Have you ever attended a POST Basic Course/Academy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, provide the following information:	
Academy Name:	Location (City/State)
Dates of Academy From To (MM/YYYY – MM/YYYY)	Did you graduate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Training Officer/Academy Coordinator:	Contact Number:
7. Discipline/Suspension	
Have you ever been subject to any discipline action, including academic probation, civil fine, suspension, or expulsion from any high school, college, university, business, trade school, or POST basic course/academy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please explain (include date, school name, and explanation of circumstances):	

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

## SECTION 6: EMPLOYMENT

<b>1. Job Experience</b>			
<ul style="list-style-type: none"> <li>List <b>ALL</b> jobs you have had, including part-time, temporary, and self-employment in the past <b>10 years</b>. (Begin with your most current)</li> <li>If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.</li> <li>List <b>ALL</b> periods of unemployment in <b>excess of 30 days</b>.</li> <li><i>If more space is needed, add at the end – reference Section and corresponding number</i></li> </ul>			
1.A <b>Name of Current Employer or Military Unit</b>		From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)		Supervisor Name (First/Last)	
City	State	Zip	Contact Number (Supervisor)
Job Title/Rank		Email Address (Supervisor)	
Duties/Assignments		Type of Employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self-Employed	
Names of Co-Workers 1.	2.	Reason for Wanting to Leave: <input type="checkbox"/> Resigned <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other	
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:			

1.B <b>Period of Unemployment</b>		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: _____			

1.C <b>Name of Current Employer or Military Unit</b>		From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)		Supervisor Name (First/Last)	
City	State	Zip	Contact Number (Supervisor)
Job Title/Rank		Email Address (Supervisor)	
Duties/Assignments		Type of Employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self-Employed	
Names of Co-Workers 1.	2.	Reason for Wanting to Leave: <input type="checkbox"/> Resigned <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other	
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:			

1.D <b>Period of Unemployment</b>		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: _____			

1.E <b>Name of Current Employer or Military Unit</b>		From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)		Supervisor Name (First/Last)	
City	State	Zip	Contact Number (Supervisor)
Job Title/Rank		Email Address (Supervisor)	
Duties/Assignments		Type of Employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self-Employed	
Names of Co-Workers 1.	2.	Reason for Wanting to Leave: <input type="checkbox"/> Resigned <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other	
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:			

1.F <b>Period of Unemployment</b>		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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## Personal History Statement (10/19)

**SECTION 6: EMPLOYMENT** *continued*

1.G <b>Name of Current Employer or Military Unit</b>			From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)			Supervisor Name (First / Last)	
City	State	Zip	Contact Number (Supervisor)	
Job Title/Rank		Email Address (Supervisor)		
Duties/Assignments			Type of Employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self-Employed	
Names of Co-Workers 1.	2.	Reason for Wanting to Leave: <input type="checkbox"/> Resigned <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other		
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:				

1.H <b>Period of Unemployment</b> <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:_____	From (MM/YYYY)	To (MM/YYYY)
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1.I <b>Name of Current Employer or Military Unit</b>			From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)			Supervisor Name (First / Last)	
City	State	Zip	Contact Number (Supervisor)	
Job Title/Rank		Email Address (Supervisor)		
Duties/Assignments			Type of Employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self-Employed	
Names of Co-Workers 1.	2.	Reason for Wanting to Leave: <input type="checkbox"/> Resigned <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other		
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:				

1.J <b>Period of Unemployment</b> <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:_____	From (MM/YYYY)	To (MM/YYYY)
--	----------------	--------------

1.K <b>Name of Current Employer or Military Unit</b>			From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)			Supervisor Name (First / Last)	
City	State	Zip	Contact Number (Supervisor)	
Job Title/Rank		Email Address (Supervisor)		
Duties/Assignments			Type of Employment <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self-Employed	
Names of Co-Workers 1.	2.	Reason for Wanting to Leave: <input type="checkbox"/> Resigned <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other		
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:				

1.L <b>Period of Unemployment</b> <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:_____	From (MM/YYYY)	To (MM/YYYY)
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**SECTION 6: EMPLOYMENT *continued***

Employment Questions	
2.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, Suspensions, reductions in pay, reassignments, or demotions?)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been fired, released from probation, or asked to resign from any place of employment?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Were you ever involved in a physical / verbal altercation with a supervisor, co-worker, or customers?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever quit without giving notice?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever resigned in lieu of termination?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc) By a co-worker, superior, subordinate, or customer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Were you ever the subject of a written complaint at work?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been counseled at work due to lateness or absences?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Did you ever receive an unsatisfactory performance review?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever sold, released, or given away legally confidential information?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you had any extended work absences for reasons other than earned vacations? (Do not include medical absences)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever called in sick when you were neither sick nor caring for a family member?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 Employment Questions 2-13, explain (include when, where, and circumstances – reference corresponding numbers)	

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County of Sacramento- Probation Department  
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**SECTION 6: EMPLOYMENT** *continued*

14.	In the <b>past (3) three years</b> , have you missed days or been late to work due to drug or alcohol consumption?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how often?	
15.	Has your work performance ever been affected by your use of alcohol or drugs?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when? _____ Name of Employer: _____	
16.	In the <b>past (3) three years</b> , have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when? _____ Name of Employer: _____	

**SECTION 6: VOLUNTEER AND/OR INTERNSHIP EXPERIENCE**

1.A Name of Organization/Business			From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)			Hours Per Week <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	
City	State	Zip	Supervisor Name (First/Last)	
Email			Contact Number	
Duties/Assignments			Email Address	
Names of Co-Workers 1.	2.		Reason for Leaving:	

1.B Name of Organization/Business			From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)			Hours Per Week <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	
City	State	Zip	Supervisor Name (First/Last)	
Email			Contact Number	
Duties/Assignments			Email Address	
Names of Co-Workers 1.	2.		Reason for Leaving:	

1.C Name of Organization/Business			From (MM/YYYY)	To (MM/YYYY)
Address (Number/Street/Suite/or Base)			Hours Per Week <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	
City	State	Zip	Supervisor Name (First/Last)	
Email			Contact Number	
Duties/Assignments			Email Address	
Names of Co-Workers 1.	2.		Reason for Leaving:	

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## SECTION 6: LAW ENFORCEMENT

2.D <b>Name of Law Enforcement Agency</b>			Date Applied (MM/YYYY)		
Address (Number/Street)					
City		State	Zip	Contact Number	
Position Applied For				Email	
<b>Check Each Step in the Process that You Completed, and Your Status:</b> 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"/> 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 <input type="checkbox"/> Not Hired					

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## SECTION 6: LAW ENFORCEMENT *continued*

<b>2.E Name of Law Enforcement Agency</b>			Date Applied (MM/YYYY)	
Address (Number/Street)				
City	State	Zip	Contact Number	
Position Applied For			Email	
<b>Check Each Step in the Process that You Completed, and Your Status:</b> 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"/> 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 <input type="checkbox"/> Not Hired				

<b>2.F Name of Law Enforcement Agency</b>			Date Applied (MM/YYYY)	
Address (Number/Street)				
City	State	Zip	Contact Number	
Position Applied For			Email	
<b>Check Each Step in the Process that You Completed, and Your Status:</b> 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"/> 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 <input type="checkbox"/> Not Hired				

## SECTION 7: MILITARY EXPERIENCE

1. Are you required to register for the Selective Service?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, have you registered?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:				
2. Have you ever served in the military?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. If you answered "YES" to Military Experience Question 1, include the following service information:				
	Branch of Service:	Service Number:	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"/> Other Than Honorable (OTH) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable			

4. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If CHECKED, date obligation ends (MM/DD/YY): _____	
5. 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Were you ever taken military property without permission for personal use, to sell, or to give away?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "YES" to any of the Military Experience Questions 5-7, explain (Include dates and circumstances):	

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

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**SECTION 8: FINANCIAL**

Financial Questions	
1.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have any of your bills ever been turned over to a collection agency?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever had purchased goods repossessed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you wages ever been garnished?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been delinquent on Federal or State income or other tax payments?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to file income tax or cheated / lied on an income tax form?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever avoided paying any lawful debt by moving away?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever defaulted on (failed to pay) a loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever borrowed money to pay for a gambling debt?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, do you currently have any outstanding debts as a result of gambling?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever spent money for illegal purposes (i.e. illegal drugs, prostitution, purchase of fraudulent documents, etc.)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever failed to make or been late on a court – ordered payment (i.e. child support, alimony, restitution, etc.)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you written three or more bad checks in a one-year period?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “YES” to any of FINANCIAL Questions 1-12, explain (Include when, where, and why –reference corresponding numbers)	

**SECTION 9: LEGAL**

Disclosure of Arrests and Convictions		
1. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony Offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, explain each incident:		
1.A Charge:	Approximate Date (MM/YYYY)	Arresting or Detaining Agency
Disposition or Penalty:		

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**SECTION 9: LEGAL *continued***

1.B	Charge:	Approximate Date (MM/YYYY)	Arresting or Detaining Agency
	Disposition or Penalty:		

1.C	Charge:	Approximate Date (MM/YYYY)	Arresting or Detaining Agency
	Disposition or Penalty:		

Legal Questions	
2.	Have you ever been placed on formal or informal court probation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been party in a civil lawsuit (i.e. small claims actions, dissolutions, child custody, paternity, support, etc.?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have the police been called to your home for any reason?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you or your spouse/partner ever been referred to Child Protective Services?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been the subject of an emergency protective order/restraining order?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever filed a false insurance or workers' compensation claim?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "YES" to any LEGAL Questions 1-11, explain (include court case or document, dates, and circumstances – <i>reference corresponding numbers</i> ).	

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**Legal - Involvement in Criminal Acts – Part 1**

<p>12. Have you committed any of the following acts <i>within the past 10 years?</i> (You do NOT have to report any acts committed prior to age 15).</p> <ul style="list-style-type: none"> <li>You MUST include any acts committed at any time after you were first employed in law enforcement</li> <li>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.</li> </ul>	
13.	Animal Abuse and/or Neglect..... <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Annoying, obscene, or harassing contacts by telephone or other electronic communication device..... <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Battery (Use of force or violence upon another)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Brandishing a weapon (any type of weapon)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Carrying a concealed weapon without a permit..... <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Contributing to the delinquency of a minor..... <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Driving under the Influence of alcohol and / or drugs..... <input type="checkbox"/> Yes <input type="checkbox"/> No
21.	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
22.	Filing a false police report..... <input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Hit & run collision..... <input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Illegal gambling..... <input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Illegal hunting and/or fishing (for example, without a license, out of season)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Impersonating a police officer..... <input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Indecent Exposure and/or lewd or obscene conduct..... <input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Intentionally writing a bad check..... <input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Joyriding (using a car or other vehicle without owner's permission)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
30.	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
31.	Petty theft (value up to \$950., including shoplifting/switching price tags)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Possession of alcohol as a minor..... <input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Possession of falsified or altered identification, including use of another person's ID (for any reason)..... <input type="checkbox"/> Yes <input type="checkbox"/> No

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34.	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Reckless driving/Excessive Speeding.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	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
38.	Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39.	Vandalism (including, but not limited to, “tagging”, malicious mischief, and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40.	Any other act amounting to a misdemeanor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If you answered “YES” to ANY of the <b><i>Involvement in Criminal Acts Questions 12-40</i></b>, fully explain circumstances, including dates, names of Individuals involved, and resolution. <i>Reference the corresponding number (i.e. 22) for each explanation.</i></li> <li>• <i>If more space is needed, add at the end – reference Section and corresponding number</i></li> </ul>			

**Legal - Involvement in Criminal Acts – Part 2**

41.	<b><i>At any time in your life, have you <b>EVER</b> committed any of the following acts?</i></b> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
42.	Arson (intentionally destroying property by setting a fire).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43.	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily Injury or death).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44.	Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45.	Burglary.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46.	Child molestation (performing unlawful acts with a child, inappropriate touching of a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47.	Elder abuse and/or neglect (physical and/or financial).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48.	Felony drunk driving (involving injury).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49.	Forcible rape.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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50.	Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51.	Grand theft (value of over \$950, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52.	Hit & run.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53.	Hate crime.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54.	Illegal sex acts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55.	Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56.	Murder, homicide, or attempted murder.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57.	Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58.	Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59.	Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60.	Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.	Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.	Viewing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63.	Any other act amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If you answered "YES" to ANY of the <b><i>Involvement in Criminal Acts – Part 2 Questions 41-63</i></b> , fully explain circumstances, including dates, Names of individuals involved, and resolution. <i>Reference the corresponding number (i.e. 45) for each explanation.</i></li> <li>• <i>If more space is needed, add at the end – reference Section and corresponding number</i></li> </ul>			

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**SECTION 9: LEGAL *continued***

**Legal – Use of Drugs**

<ul style="list-style-type: none"><li>For the purpose of responding to the following questions, “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”.</li><li>Your responses should include – but not limited to – your use of any of the following:</li></ul>	
➤ 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 (Peyote, LSD, Mushrooms)	➤ Steroids
➤ Hashish/Hashish Oil	➤ Tetrahydrocannabinol (THC)
➤ Heroin/Opium	➤ Glue, paint, or any substance containing toluene

64. 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:***

65. ***Prior to the past six months:*** (Check which one applies)

#1 [ ☐ ] I have never used any drug recreationally.

#2 [ ☐ ] I have tried or used one or more drugs.

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

**Legal – Illegal Use of Drugs *continued***

66. 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 ☐ N/A

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

67. 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 10: MOTOR VEHICLE INFORMATION**

<b>1. Current Driver's License:</b>			
State of Issue	License Number	Expiration Date (MM/DD/YY)	Name under which license was granted
2. Do you have a Class B license?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>3. List other states where you have been licensed to operate a motor vehicle:</b>			
State of Issue	License Number	Expiration Date (MM/DD/YY)	Name under which license was granted

4.	Have you ever been refused a driver's license by any state?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain (include when, where, and circumstances):

5.	Has your driver's license ever been suspended or revoked?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain (include when, where, and circumstances):

<b>6. List your current liability insurance on your vehicle(s)</b>					
<b>6.A Type of Coverage</b> <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year (YYYY)	Vehicle License
Insurance Company		Policy Number		Expiration Date (MM/DD/YYYY)	
Address (Number/Street)		City	State	Zip	Contact Number
<b>6.B Type of Coverage</b> <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year (YYYY)	Vehicle License
Insurance Company		Policy Number		Expiration Date (MM/DD/YYYY)	
Address (Number/Street)		City	State	Zip	Contact Number
<b>6.C Type of Coverage</b> <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year (YYYY)	Vehicle License
Insurance Company		Policy Number		Expiration Date (MM/DD/YYYY)	
Address (Number/Street)		City	State	Zip	Contact Number

<b>7. List all traffic citations, excluding parking citations, you have received within the <i>past (5) five years.</i></b>					
<b>7.A Nature of Violation/Citing Agency</b>		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			
<b>7.B Nature of Violation/Citing Agency</b>		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			
<b>7.C Nature of Violation/Citing Agency</b>		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			

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**SECTION 10: MOTOR VEHICLE INFORMATION *continued***

7. 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:

8. Have you been involved as the driver in a motor vehicle accident within the past (5) five years?.....☐ Yes    ☐ No  
 IF CHECKED, explain circumstances:

8.A Date of Accident (MM/YYYY)	Location (Street)	City	State
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	At Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the Accident <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
8.B Date of Accident (MM/YYYY)	Location (Street)	City	State
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	At Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the Accident <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
8.C Date of Accident (MM/YYYY)	Location (Street)	City	State
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	At Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the Accident <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

9. 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)

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

IF YES, Give reason: \_\_\_\_\_ From (MM/YYYY)    To (MM/YYYY)

Insurance Company: \_\_\_\_\_

**SECTION 11: GENERAL INFORMATION**

1. Have you ever applied for a permit to carry a concealed weapon?..... ☐ Yes    ☐ No

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

3. 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, of disability?..... ☐ Yes    ☐ No

4. Have you ever hit or physically overpowered a spouse or romantic partner?..... ☐ Yes    ☐ No

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

6. 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

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**SECTION 11: GENERAL INFORMATION *continued***

If you answered "YES" to any of **General Information Questions 1-6**, give details including dates and circumstances – *reference corresponding numbers*).

7. Are you willing to work irregular hours, such as swing shifts (i.e. 5 p.m.-midnight)?.....☐Yes ☐No

8. Are you willing to work weekends?.....☐Yes ☐No

9. Are you willing to work graveyard shift? (7 p.m. – 7 a.m.).....☐Yes ☐No

10. Are you willing to work the following holidays?

10.A Thanksgiving  
☐Yes ☐No

10.B Christmas Eve  
☐Yes ☐No

10.C Christmas Day  
☐Yes ☐No

10.D New Year's Eve  
☐Yes ☐No

10.E New Year's Day  
☐Yes ☐No

If you answered "NO", to any of the **General Information Questions 7-9.E**, explain circumstance:

11. List your reasons for applying for this position:

12. List any certificates and/or training you have received that would be applicable for this position:

13. Tell us about yourself. List any special abilities you possess and/or hobbies/activities you like to participate in your free time.

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

**SECTION 12: CERTIFICATION**

1.  
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.

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**Personal History Statement** (10/19)

Additional Comments

- Use this space to provide information that does not fit elsewhere on this form (i.e. additional family members, schools, residences, employers, explanations to questions, etc). Reference the corresponding questions and/or specific items.
- You may print copies of this page as needed.

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**Personal History Statement (10/19)**

Additional Comments (continued)

- Use this space to provide information that does not fit elsewhere on this form (i.e. additional family members, schools, residences, employers, explanations to questions, etc). Reference the corresponding questions and/or specific items.
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