

Background Interview: Date: _____ Time: _____

Report to:
Background Investigation Division
Personnel Department Building
700 E. Temple Street, Room B-22



LOS ANGELES PERSONNEL DEPARTMENT
Personal History Form for Public Safety Officer Applicants

POLICE OFFICER AIRPORT POLICE PORT POLICE GENERAL SERVICES POLICE RESERVE OFFICER

IMPORTANT INSTRUCTIONS:

This application is a permanent record. All information must be typed or neatly printed **by the applicant**, using **black ink only**. **Illegible** or **incomplete** applications **will not be accepted**. Do not write in shaded areas. Upon reporting to your appointment with the Investigative Section of the Background Investigation Division, you must present your completed application (Personal History Form) as well as the **original** and a **photocopy** of the following documents:

Note: Applicants must bring the following documents with you during your first meeting with your assigned background investigator if applicable:

- | | |
|---|---|
| <input type="checkbox"/> Original drivers license | <input type="checkbox"/> Bankruptcy documents |
| <input type="checkbox"/> Social Security card | <input type="checkbox"/> Military discharge documents DD214 |
| <input type="checkbox"/> Certified copy of birth certificate | <input type="checkbox"/> Civil Judgments |
| <input type="checkbox"/> Sealed high school or college transcripts (or GED test score | <input type="checkbox"/> Probation agreements |
| <input type="checkbox"/> Proof of motor vehicle insurance for all vehicles that you operate | <input type="checkbox"/> Traffic accident reports |
| <input type="checkbox"/> Certificate of Naturalization or application for citizenship | <input type="checkbox"/> Four Passport size color photographs |
| <input type="checkbox"/> Notarized Release and Waiver | <input type="checkbox"/> Marriage and/or divorce documents, |
| <input type="checkbox"/> Child support documents | <input type="checkbox"/> Training Reimbursement Acknowledgement |

Make a copy of this application *before* you fill it out in case additional space is needed to include all the information required. **Do not mail this application or the above requested documents. Applicants must complete all sections of the application prior to appearing for the Pre-Investigative Questionnaire test.** Failure to do so will delay your background investigation and/or delay your background interview. Please bring valid government issued identification to the Pre-Investigative Questionnaire process.

IMPORTANT INSTRUCTIONS

It is **mandatory** that all information requested be supplied in the manner specified. Each question on this application must be answered. **An incomplete application will not be accepted.**

1. Read the form carefully.
2. List **zip codes** and **area codes** for all requested addresses and telephone numbers.
3. Print full names of all references: first name, middle name, and last name. If the reference has no middle name or initial, indicate by NMI.
4. Complete all the information on educational background. List all high schools attended and/or graduated from and all colleges attended, including addresses.
5. When listing residence information, begin with your present residence and go back ten years or to age fifteen.
6. When listing employment information, begin with present employer and list all other employers. List actual work addresses, not corporate office addresses. You must account for each month and year. **Be sure each address is accurate and complete.** List periods of military service, including the name of your station or assignment, and your residence if you lived off base. If you resided at an address other than your permanent home address while attending school, list it.
7. List relatives in the order requested. For deceased relatives, indicate, "deceased" next to their name.
8. **Your honesty and integrity will be evaluated throughout this process. We require that you be totally honest and forthcoming in your responses. Your failure to do so could result in your disqualification in the background process.**
9. You are required to report within five days to the Los Angeles Personnel Department, Background Investigation Division, any changes to information on this Personal History Form. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
10. You are encouraged to make a copy of this document prior to submitting the completed copy.

I have read and understand the instructions provided.

Applicant's signature: _____ Date: _____

Note: Please allow at least **four hours** for you initial background interview. Business attire is recommended.



POLICE OFFICER AIRPORT POLICE PORT POLICE GENERAL SERVICES POLICE RESERVE OFFICER

LOS ANGELES PERSONNEL DEPARTMENT

Personal History Form for Public Safety Officer Applicants

Personal							
Full legal Name	Last			First		Middle	
Sex	Height	Weight	Hair	Eyes	Social Security Number		
Driver's License No.	State	Expiration Date	U.S. Citizen <input type="checkbox"/>	Naturalized Citizen <input type="checkbox"/>	Legal Alien <input type="checkbox"/>	Date applied for citizenship	
Date of Birth		Age	Place of Birth (city, county, state, and country)				
List all names (aliases and nicknames) you have ever used or have been known by (include maiden name). Note: This information may be shared with personal, employment, and residential references both disclosed and developed.							
Last			First		Middle		Year(s) Used
List the current address where you physically reside (not a P.O. Box or similar address).							
Number, Street, and Apt. No.				City		State	Zip Code
Name of the county where you reside			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other			How long have you resided there?	
						Years:	Months:
List your residence and work phone numbers (include area codes and extension if applicable)			Residence (include area code)			Work (include area code)	
						Cellular Phone (include area code)	
Mailing Address				City		State	Zip Code
All e-mail addresses used past or present (include work e-mail addresses if applicable)							

Experience and Employment

Beginning with your most current employment, list **EVERY** job, including military service. **Account for all time periods.** Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment. If there is not sufficient space to include all information required, please continue completing the information on the blank pages provided.

Do you object to our contacting your present employer(s) prior to your being accepted? Yes No
 If yes, please explain:

Please provide the specific address where you worked, not a corporate address. If employer no longer exists, please provide the address where they were located. If employer has moved, please provide a follow-up address where they can now be contacted.

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer <hr/> Complete address (city, state, zip code) <hr/> Work schedule (for example: Monday through Friday, 9 to 5, etc.) <hr/> Job title or position	Work phone (area code and extension) <hr/> <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Experience and Employment (continued)

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer <hr/> Complete address (city, state, zip code) <hr/> Work schedule (for example: Monday through Friday, 9 to 5, etc.) <hr/> Job title or position	Work phone (area code and extension) <hr/> Salary <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer <hr/> Complete address (city, state, zip code) <hr/> Work schedule (for example: Monday through Friday, 9 to 5, etc.) <hr/> Job title or position	Work phone (area code and extension) <hr/> Salary <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment
--	--------------------------------------

Experience and Employment (continued)

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.)	Work phone (area code and extension) Job title or position <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.)	Work phone (area code and extension) Job title or position <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Experience and Employment (continued)

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) Job title or position	Work phone (area code and extension) Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer Complete address (City, State, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) Job title or position	Work phone (area code and extension) Complete address (City, State, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Experience and Employment (continued)

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) Job title or position	Work phone (area code and extension) Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) Job title or position	Work phone (area code and extension) Complete address (city, state, zip code) Work schedule (for example: Monday through Friday, 9 to 5, etc.) <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Experience and Employment (continued)

Date of employment From Month/Year To Month/Year ____/____ ____/____ How long employed there? Yrs. ____ Mos. ____ <input type="checkbox"/> Present employment	Name of employer <hr/> Complete address (city state, zip code) <hr/> Work schedule (for example: Monday through Friday, 9 to 5, etc.) <hr/> Job title or position	Work phone (area code and extension) <hr/> <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties		
Reason for leaving (be specific) <input type="checkbox"/> Fired <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off		
Supervisor's name	cell number	work number
List another supervisor	cell number	work number
List a co-worker	cell number	work number
Any disciplinary history?		

<input type="checkbox"/> Unemployed From: _____ To: _____	Source of income during unemployment:
--	---------------------------------------

Have you ever attended a police/public safety/fire academy or a law enforcement-training center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been a police cadet, explorer, or reserve officer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following information.		
Agency	Date started	Date ended
Agency	Date started	Date ended
Agency	Date started	Date ended
Supervisor of cadet/explorer program.	Work phone	Direct phone

(THIS SECTION LEFT BLANK INTENTIONALLY)

Military Service

Have you ever served in any of the Armed Forces, National Guard, or military reserves? Yes No

If yes, what is your current status with the military? Active Reserves Inactive Discharged

Branch of service	Unit/Occupation	Enlistment date	Discharge date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Reenlistment Code	If active or current reserve, list your commanding officer's name	

Starting with most recent locations, list all duty stations (include basic training, tours overseas, etc.) while in the military.

From (Month/Year)	To (Month/Year)	Base Name & Location (City, State & Country)	Duties/purpose

Education

The Commission on Peace Officer Standards and Training requires a peace officer to possess a US high school diploma or its equivalent from an accredited school. Please indicate your current status with this requirement. Check **all** boxes that apply.

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test, meeting the required scores.
- I passed the California High School Proficiency Examination.

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and complete address of US high schools attended and/or graduated from	From (Month/Year)	To (Month/Year)	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever attended college? Yes No

If yes, list all colleges and universities attended including post graduate and provide sealed copies of transcripts from all colleges attended.

Name of college or university	Address (include City and State)	Major	From (Month/Year)	To (Month/Year)	Type of Degree or units Earned

Residences

List all of your residences during last 10 years or since age fifteen. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Where applicable, include **unit number or apartment number**.

Current address	Locked gate? Y N	City, state, and zip code	Since (Month/Year)
With whom do you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year) To (Month/Year)
With whom do you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Reason for moving			
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year) To (Month/Year)
With whom did you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Reason for moving			
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year) To (Month/Year)
With whom did you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Reason for moving			
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year) To (Month/Year)
With whom did you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Reason for moving			
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year) To (Month/Year)
With whom did you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Reason for moving			
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year) To (Month/Year)
With whom did you live?			
If renting, give name, complete address, and phone number of person who collects the rent			
Reason for moving			

Residences (continued)

Address	Locked gate? Y N	City, state, and zip code	From (Month/Year)	To (Month/Year)
With whom did you live?				
If renting, give name, complete address, and phone number of person who collects the rent				
Reason for moving				
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year)	To (Month/Year)
With whom did you live?				
If renting, give name, complete address, and phone number of person who collects the rent				
Reason for moving				
Address	Locked gate? Y N	City, state, and zip code	From (Month/Year)	To (Month/Year)
With whom did you live?				
If renting, give name, complete address, and phone number of person who collects the rent				
Reason for moving				

(THIS SECTION INTENTIONALLY LEFT BLANK)

Prior City of Los Angeles Applications

Have you ever applied for **ANY** position with the City of Los Angeles before? Yes No
 If yes, please provide the date, the position, and results. Check all boxes that apply. Do not include this application.

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

Applications with other Agencies

Have you **EVER** applied for any other law enforcement/fire agency (city, county, state, or federal agencies)? Yes No
 If yes, list **EVERY** agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies **MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

What was your background investigator's name and phone number?

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

What was your background investigator's name and phone number?

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

What was your background investigator's name and phone number?

Applications with other Agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Applications with other agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Applications with other Agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

List all agencies that have conducted a law enforcement/fire background investigation on you.		
Agency	Address	Date

Motor vehicle operation & insurance

California law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company(s).

Company	Area code & telephone number	Policy number	Expiration date

Have you received a traffic citation in the last five years? Yes No
If yes, list all citations within the last five years with the most recent first. (do not list parking tickets)

Month/Year	Traffic violation	City and State	What action resulted? (Fined, traffic school, dismissed)

List all the vehicles that you currently own and/or operate.

Year	Make/Model	Color	License number and State	Is the vehicle currently registered?	Is the vehicle currently insured?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

As a driver, have you been involved in a traffic collision in the last five years? Yes No
If yes, list each collision with the most recent first.

Date	City and state	Were you at fault?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was a police report taken?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Did the collision cause injury to another person?... <input type="checkbox"/> Yes <input type="checkbox"/> No Were you cited or arrested?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was the collision a hit and run?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		
Date	City and state	Were you at fault?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was a police report taken?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Did the collision cause injury to another person?... <input type="checkbox"/> Yes <input type="checkbox"/> No Were you cited or arrested?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Was the collision a hit and run?... <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		

Motor vehicle operation & insurance (continued)

Date	City and State	Were you at fault?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a police report taken?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Did the collision cause injury to another person?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you cited or arrested?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the collision a hit and run?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal

Have you ever been arrested, detained, or cited for a crime? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony?..... Yes No

Have you ever been charged with a crime in which you were later acquitted of the charges?..... Yes No

If yes to any of the above, provide the following information. Start with the most recent.

Date	Charge	Police agency	Penalty

Explain circumstances:

Date	Charge	Police agency	Penalty

Explain circumstances:

Date	Charge	Police agency	Penalty

Explain circumstances:

Do you own or possess any firearm(s)? Yes No

List serial number (s), make, model, and caliber of each weapon.

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

If yes, please explain below and provide a copy of the permit.

Date applied	Was permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon?
--------------	--	---------

Name of agency where applied (city, county, and state)

For what purpose?

--

Legal (continued)

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action/lawsuit? Yes No

Have you ever filed for bankruptcy? Yes No

Ever had a judgment rendered against you? Yes No

If yes to either question, provide the following information and a copy of the civil action.

Date	Name of court	Case#	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
------	---------------	-------	---

Details

Date	Name of court	Case#	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
------	---------------	-------	---

Details

Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate? Yes No

If yes, please provide the following information and a copy of the permit/license.

Name, type of business, and address:

(THIS SECTION INTENTIONALLY LEFT BLANK)

Finances

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the pattern of behavior exhibited in meeting your overall financial obligations.

Current monthly income			Current monthly expenditures		
Monthly salary	\$		Home payment (mortgage or rent)	\$	
Spouse's salary			Car payment		
Child support			Auto insurance		
Rental, alimony, pension			Credit cards (charge accounts)		
Other income (indicate source)			Child support, alimony, and other monthly payments		
Total monthly income	\$		Total monthly expenditures	\$	

Current assets			Current liabilities		
Savings	\$		Real estate indebtedness	\$	
Checking			Long-term loans		
Real estate			Credit cards (total amount of charge accounts)		
Stocks and bonds			Student Loans		
Auto (s)			Utilities		
Other assets			Other liabilities		
Have you bounced a check in the last five years? (NSF)			Other liabilities		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:					
Total assets	\$		Total liabilities	\$	

Please list all banks or savings institutions where you currently have accounts.

Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____
Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____

Please list information regarding all of your current (open) charge accounts, loans, financial contracts and long-term liabilities.

Name of creditor, bank, firm or lender	Purpose	Monthly Payment	Current Balance	List the number of times you have been late thirty days or more.
		\$	\$	

Are you current on your State and Federal income taxes? Yes No

If no, please explain:

TATTOO INFORMATION

1) List and describe **all your tattoos** and their locations:

Tattoo description	Location

2) What do these tattoos mean to you? _____

3) Have you ever had tattoos altered, covered up or removed? Yes No

4) Have you (or anyone else) ever scarred or branded yourself with symbols, words, etc? Yes No

For official use only:

Investigator: Were photos of tattoos taken? Yes No

Family Members

During the background investigation, your family members and other relatives will be asked to comment upon your suitability for the position of peace officer. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Name	Residence Address (include zip codes). If same as yours write "same". Include e-mail	Telephone (Include area code)	
Father		Home	
Occupation		Work/Cellphone	
Mother		Home	
Mother's maiden name		Work/Cellphone	
Occupation			
Stepfather		Home	
Occupation		Work/Cellphone	
Stepmother		Home	
Occupation		Work/Cellphone	
Father-in-law		Home	
Occupation		Work/Cellphone	
Mother-in-law		Home	
Occupation		Work/Cellphone	
Brother/Step brother		Home	Age
Occupation		Work/Cellphone	
Brother/Step brother		Home	Age
Occupation		Work/Cellphone	
Brother/Step brother		Home	Age
Occupation		Work/Cellphone	

Family Members (continued)

Brother/Step brother		Home	Age
Occupation		Work/Cellphone	
Brother/Step brother		Home	Age
Occupation		Work/Cellphone	
Sister/Step sister		Home	Age
Occupation		Work/Cellphone	
Sister/Step sister		Home	Age
Occupation		Work/Cellphone	
Sister/Step sister		Home	Age
Occupation		Work/Cellphone	
Sister/Step sister		Home	Age
Occupation		Work/Cellphone	
Sister/Step sister		Home	Age
Occupation		Work/Cellphone	

Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced
---------------------------------	----------------------------------	----------------------------------	------------------------------------	-----------------------------------	-----------------------------------

Full name of spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, state, and country)	E-mail address and/or cell phone		
Spouse's employer		Occupation or position	Length of employment	
Current address of spouse, if not living with you		Home phone/cell phone (area code)	Work phone (area code)	

If divorced, widowed, or had a marriage annulment, provide the following information.				
Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place marriage (city, county, state, and country)			
Former spouse's employer		Occupation or position	Date of last contact	
Current address of former spouse or last known address		Home phone (area code)	Work phone (area code)	
Date filed for divorce	City, county, and state of divorce		Is divorce final? Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, country)			
Former spouse's employer		Occupation or position	Length of employment	
Current address of former spouse or last known address		Home phone (area code/cell)	Work phone (area code)	
Date filed for divorce	City, county, and state of divorce		Is divorce final/date? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Children

List all of your children living or deceased (include natural children, step-children, adopted children, foster children, etc.)

Name	Gender		Living with you		Date of birth	Other Parent/Guardian of child
	Male	Female	Yes	No		

Have you ever been ordered by court to pay child support? Yes No If yes, what is/was the monthly amount _____

Have you ever been required to pay alimony? Yes No If yes, what is/was the monthly amount _____

Have you ever been delinquent in child support payments or alimony payments? Yes No

If yes, explain below:

(THIS SECTION INTENTIONALLY LEFT BLANK)

References

Please list **seven (7) references who are within 10 years of your age that you have known for at least two years**, who have knowledge of you and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. **DO NOT** include relatives, family members, or individuals who belong to the law enforcement profession.

Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone #
Relationship	Age	Length of relationship
Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone#
Relationship	Age	Length of relationship
Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone#
Relationship	Age	Length of relationship
Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone#
Relationship	Age	Length of relationship
Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone#
Relationship	Age	Length of relationship
Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone#
Relationship	Age	Length of relationship
Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work/Cellphone#
Relationship	Age	Length of relationship

Optional: Please list any individuals who are members of **law enforcement/fire agencies** that you are acquainted with and who have knowledge of you and your qualifications. Address may be their residence or place of employment. Addresses must be complete with zip codes. Telephone numbers must include area codes.

Name / title / agency	Address (including zip code)	Telephone (including area code)
Name		Home
Agency		Work/Cellphone#
Name / title / agency	Address (including zip code)	Telephone (including area code)
Name		Home
Agency		Work/Cellphone#
Name / title / agency	Address (including zip code)	Telephone (including area code)
Name		Home
Agency		Work/Cellphone#

General Information

Use this space for any additional information.

I understand that any conditional job offer or appointment tendered to me will be contingent upon the results of a thorough completed background investigation.

I further understand that during the application process and/or background investigation, I am required to report to the Los Angeles Personnel Department, Background Investigation Division, **any changes in my personal history covered in the Personal History Form within five business days**. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration for the position.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for my disqualification, for my name to be removed from the eligible list, or for immediate termination if an appointment has been made.

Applicant's signature: _____ Date: _____

Completed PHF reviewed by: _____ Date: _____