SHERIFF's AIDE PERSONAL HISTORY STATEMENT INSTRUCTIONS

In order to expedite your background investigation, it is necessary that you comply with the following:

1. **Personal History Statement form (PHS):** Read all instructions prior to completing the PHS. Any omission, falsification, or misrepresentation will be grounds for rejection or dismissal. Complete all forms in **black ink** and in **your own handwriting** if not completing forms using a computer. Please answer every question. If a question does not apply, write "N/A". **Do not leave questions blank.** Please write complete addresses, phone numbers, zip codes, and area codes. Failure to do so will delay your application process.

2. **Waiver Form:** Various aspects of your background will be investigated. In order to do obtain pertinent information from agencies, employers, and any criminal history; it is necessary to **notarize the waiver**. The waiver allows the Kern County Sheriff's Office to use any/all information to determine your suitability with this agency. **The waiver must be notarized. (**Depending on the position, the Kern County Sheriff's Office may notarize the waiver free of charge).

3. **Fingerprints (Live Scan):** When submitting the completed PHS you will be provided with the fingerprint (Live Scan) form. Fingerprints may be obtained/completed at KCSO Headquarters, Licensing Unit, 1350 Norris Road, Bakersfield CA, 93308; from 8:00 am to 2:00 pm Monday through Thursday. **Your fingerprints can only be taken at this location.**

4. **Military:** Complete the "Request pertaining to military records" portion if you served in the military. Complete Section I and sign your name on Section III, item 3. Leave all other questions blank. If you have not served in the military, write your name in box #1 and "N/A" at the top, and leave the form in your PHS packet.

Applicants for Civilian Positions, including Sheriff's Aide, must provide the following **original** copies for documentation:

a. Birth certificate (you may provide a copy; however, a certified copy must be verified).
b. High school diploma or G.E.D. scores.
c. All high school and college transcripts (must be in a sealed/certified envelope).
d. Military discharge documents (DD214 Copy 4, Separation Form) and/or Selective Service Registration number.
e. Driver's license, Social Security card, and proof of vehicle insurance.

Once your PHS is accepted, it becomes the property of KCSO. If you require copies of any documents, make them before turning in the application. You have been assigned a return date for your PHS and other paperwork. You must return the PHS by that date. Please save a copy of the PHS for your records. Direct all questions to the **Background Investigations Unit at (661) 391-7750**.

CIVILIAN APPLICANT DO'S AND DON'TS

Personal History Statement (PHS)

DO's:

- Read all instructions before you begin. **If completing the forms by hand, write legibly in BLACK ink.** Reading, understanding instructions, and writing (correct spelling, grammar, and punctuation) are the first components of your background investigation.
- If handwriting, make a copy of the blank PHS for you to use as a working copy. Once all information is collected on the working copy, **neatly** transfer all information to the original form.
- If completing the PHS on a computer, use the "Tab" button to move to the next question.
- Start early; leave yourself enough time to thoroughly complete the entire packet.
- Include **all** information requested (names, addresses, phone numbers, **email addresses**).
- List **all** jobs you have had in the past ten years.
- Be honest about negatives in your life (being fired, using drugs, etc.). Very few things are disqualifying in and of themselves; but lying about them is!
- Write out detailed explanations for each "Yes" answer.
- Initial the bottom of each page.
- Sign and date pages 1 and 26.
- Make a copy or save your completed PHS for your own records.

DON'Ts:

- Download or copy another PHS you completed for another agency. The KCSO PHS may be similar, but is not the same as the PHS from another agency.

Authorization to Release Information Form

DO's:

- **Legibly** print the position for which you are applying on the line in paragraph #2.
- **Legibly** print your name, phone number, and address in the appropriate places.

DON'Ts:

- Sign or date until you are in front of a Notary.
- Pay to have the forms notarized (with the exception of a few Civilian positions, the Kern County Sheriff's Office will notarize the Authorization to Release Form free of charge).

Consumer Report Advisement of Rights Form

DO's:

- Sign, date, and print your name at the bottom.

DON'Ts:

- Pay for a credit report to attach to this application. We will run your credit history and give you a copy during the background investigation. (We run a "soft" check that does not affect your credit score.)

Request Pertaining to Military Records Form

DO's:

- Those with Military experience: complete all of Section I and Number 3 and Section III.
- Those without Military experience: print your name in Number 1 of Section I and write "N/A" in large letters across the form.

Illegal Drug Use Questionnaire Form

DO's:

- Be honest and complete. Again, very little is disqualifying in and of itself; but lying about it is.

DON'Ts:

- Lie, downplay the truth, or blame someone or something else.

Background Investigation Questionnaire

DO's:

- Read all instructions before you begin. **If completing the forms by hand, write legibly in BLACK ink.** Reading, understanding instructions, and writing (correct spelling, grammar, and punctuation) are the first components of your background investigation.
- If completing the **Background Investigation Questionnaire** on a computer, use the "Tab" button to move to the next question.
- Be honest and complete.
- For every "yes" answer on the questionnaire, first indicate the question number and write a detailed explanation on the "Additional Information Worksheet" located on page 9 of your **Background Investigation Questionnaire** (answer who, what, why, when, where, and how for each situation). When in doubt, give more, rather than fewer, details.

DON'Ts:

- Refer to the same explanation for a similar question in the PHS.

FREQUENTLY ASKED QUESTIONS

Some of my past employers have gone out of business. Do I still need to list these places of employment?

- Yes. You still need to account for all of your employment. List all the information that is available.

I've lost touch with some of my family/past housemates and no longer have contact information for them. Do I still need to list them?

- Yes. If you have a phone number for them, it is your responsibility to get current contact information for them. If you do not have a phone number, list as much information as possible.

I have ordered my birth certificate, transcript, etc., however I have not yet received it. May I still turn in my completed background packet?

- Yes. We can begin the background process without those required certificates, etc., but they will still need to be produced during the background investigation.

I forgot to make a copy of the PHS for my own records. Will I be able to get a copy during my background investigation?

- No. Once you turn in your background packet, it becomes the property of the Kern County Sheriff's Office. We will not make any copies of it for you.

I have recently moved and my license address does not match the address where I currently reside. Is this a problem?

- Yes. Per California Vehicle Code §14600, you are required to notify the DMV of any address change within 10 days of moving. You can go online to the DMV website and submit your change of address via the internet, or you can go to any DMV office to make the notification.

I am not a citizen of the United States of America. Is this a problem?

- As long as you have applied for citizenship, and can furnish proof of your application, you may be hired with the Kern County Sheriff's Office. You must complete the application process and become a citizen within three years of your application for citizenship.

I previously applied with the Kern County Sheriff's Office. Do I still need to complete another background packet?

- Yes. You must complete another packet. However, if we still have certificates, transcripts, etc., on file, and there has been no change in those items, we will be able to use those.

I have a misdemeanor arrest record. Will this disqualify me?

- Not necessarily. We take into consideration the nature of the offense(s), the surrounding circumstances, and time since the occurrence(s).

I was arrested as a juvenile, but my record was expunged and my attorney told me I never have to disclose that arrest. Do I still have to disclose it?

- Yes. When you apply for a law enforcement job, you **must** disclose **all** arrests, even if they occurred when you were a juvenile and were subsequently sealed or expunged.

I am unable to turn in my packet at the assigned date and time. Can I make arrangements to return it at another time?

- Special arrangements have been made to receive all background packets at the assigned date and time to expedite the process. If you are **absolutely unable** to turn in the packet at the assigned date and time, contact one of the background investigators for whom you have been given phone numbers and make arrangements to turn in the packet at an **earlier** time.

I have had some credit issues lately. Will this disqualify me?

- Not necessarily. We take into consideration all aspects of a person's credit history. It is in your best interest to try to make payment arrangements with your creditors when possible. Keep records that show you are attempting to pay what debts you can.

What if I have more questions while I am completing my background packet?

- Go back and read the instructions. Then read the instructions again. If your questions are not answered in the instructions, you may call one of the background investigators (661)391-7500. We want you to be able to complete the packet as requested.

CAUTION: Review your completed packet before you turn it in and make a copy for your records. Make sure it is legible, and that all of the information you provided is accurate. If we cannot read it, or cannot get hold of your references with the information you provide, we cannot complete your background investigation, and you will not be hired.

KERN COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY STATEMENT— SWORN

POSITION APPLIED FOR: Sheriff's Aide

OFFICE USE ONLY: Date Issued: _____ To Be Returned By: _____ Date Returned: _____

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Sheriff's Aide**.

- It is your responsibility to complete this form and provide all required information.
- Complete on a computer or print forms and neatly complete in **BLACK** ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

Disqualification

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

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

Disclosure of Medically-Related Information

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

***I have read and I understand the above instructions*.**

Signature: _____ **Date**: _____

KERN COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY STATEMENT—SWORN STAFF

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST | FIRST | MIDDLE NAME

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) ☐ N/A

3. ADDRESS WHERE YOU LIVE

NUMBER / STREET | APT / UNIT

CITY | STATE | ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

5. CONTACT NUMBERS

HOME ( ) | WORK ( ) | EXT | OTHER ( ) | ☐ CELL | ☐ FAX

6. CONTACT EMAIL

7. LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

8. CITIZENSHIP

Are you a U.S. citizen? ..... ☐ Yes ☐ No

IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? ..... ☐ Yes ☐ 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:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable.
- Mark "Deceased," if appropriate.
- *If more space is needed, continue on page 27 – reference corresponding numbers.*

14.A Spouse / Registered Domestic Partner ☐ Deceased ☐ N/A

NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

DATE OF MARRIAGE/REGISTRATION / (MM/YYYY) | DATE OF BIRTH (MM/DD/YYYY) / /

Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... ☐ Yes ☐ No

14.B Former Spouse / Former Registered Domestic Partner ☐ Deceased ☐ N/A

NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP

HOME PHONE ( ) | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP

WORK PHONE ( ) | CELL PHONE ( ) | EMAIL

DATE OF MARRIAGE/REGISTRATION / (MM/YYYY) | DATE OF DISSOLUTON / (MM/YYYY)

Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... ☐ Yes ☐ No

SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.

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

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.D Brothers / Sisters ☐ N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

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

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

SECTION 2: RELATIVES AND REFERENCES *continued*

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

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

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

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
( )				

WORK PHONE	CELL PHONE	EMAIL
( )	( )	

14.E Children

☐ N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

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

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL
( )	

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

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL
( )	

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

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL
( )	

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

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

CONTACT NUMBER	EMAIL
( )	

SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List **7 –10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere. **List each household only once.**

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		

SECTION 2: RELATIVES AND REFERENCES *continued*

15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
	How do you know this person?		How long have you known this person?		

SECTION 3: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 27.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
☐ High School Diploma:	/	☐ GED: /	☐ California High School Proficiency Certificate: /

17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY		STATE
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY		STATE

SECTION 3: EDUCATION *continued*

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
18.1		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY / STATE / ZIP			MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY / STATE / ZIP			MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY / STATE / ZIP			MAJOR / AREA OF STUDY
18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ ☐ QTR SYSTEM ☐ SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY / STATE / ZIP			MAJOR / AREA OF STUDY

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

	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
19.1		/	/	☐ Yes ☐ No
	CITY / STATE	TYPE OF SCHOOL OR TRAINING		
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	☐ Yes ☐ No
	CITY / STATE	TYPE OF SCHOOL OR TRAINING		

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? ..... ☐ Yes ☐ No

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? ..... ☐ Yes ☐ No	/

SECTION 3: EDUCATION *continued*

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? ..... ☐ Yes ☐ No

IF YES, provide the following information:

21.1	NAME OF ACADEMY	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? ☐ Yes ☐ No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )
21.2	NAME OF ACADEMY	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? ☐ Yes ☐ No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )

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

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

SECTION 4: RESIDENCE HISTORY

23. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 27.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)	FROM (MM/YYYY) /	TO (MM/YYYY) **Present**	
	CITY	STATE	ZIP	**IF RENTING:** NAME OF PROPERTY MGR, RENT COLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ( )
	CITY	STATE	ZIP	EMAIL
	Name(s) of those with whom you live:			
23.2	FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY) /	TO (MM/YYYY) /	
	CITY	STATE	ZIP	**IF RENTING:** NAME OF PROPERTY MGR, RENT COLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER ( )
	CITY	STATE	ZIP	EMAIL
	Name(s) of those with whom you lived:			
	Reason for moving:			

SECTION 4: RESIDENCE HISTORY *continued*

23.3

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

CITY	STATE	ZIP	**IF RENTING:** NAME OF PROPERTY MGR, RENT COLLECTOR, OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

23.4

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

CITY	STATE	ZIP	**IF RENTING:** NAME OF PROPERTY MGR, RENT COLLECTOR, OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

23.5

FORMER ADDRESS (NUMBER / STREET / APT)	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

CITY	STATE	ZIP	**IF RENTING:** NAME OF PROPERTY MGR, RENT COLLECTOR, OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)	CONTACT NUMBER
	( )

CITY	STATE	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years** or **since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 27.*

24.1

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

SECTION 4: RESIDENCES *continued*

24.2

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

24.3

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

24.4

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

24.5

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

24.6

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

24.7

NAME OF HOUSEMATE	CONTACT NUMBER
	( )

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL

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

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

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

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

27.1

NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) ☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	2)		REASON FOR WANTING TO LEAVE	

Would there be a problem if we contact your current employer? ..... ☐ Yes ☐ No

IF YES, explain:

27.2

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

27.3

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

27.4

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.5

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

27.6

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

27.7

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

27.8

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

27.9

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

27.10

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.11

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

27.12

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

27.13

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

27.14

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

27.15

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

27.16

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.17

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

27.18

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

27.19

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

27.20

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: _____	/	/

28. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) ..... ☐ Yes ☐ No

29. Have you ever been fired, released from probation, or asked to resign from any place of employment? ..... ☐ Yes ☐ No

30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ..... ☐ Yes ☐ No

31. Have you ever quit without giving notice? ..... ☐ Yes ☐ No

32. Have you ever resigned in lieu of termination? ..... ☐ Yes ☐ No

33. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? ..... ☐ Yes ☐ No

34. Were you ever the subject of a written complaint at work? ..... ☐ Yes ☐ No

35. Have you ever been counseled at work due to lateness or absences? ..... ☐ Yes ☐ No

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

37. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

38. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

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

39. *In the* ***past three years,*** have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No

IF YES, how often? _____

40. Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

IF YES, when? _____ Name of employer: _____

41. *In the* ***past three years***, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

IF YES, when? _____ Name of employer: _____

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

- If you answered "YES" **to Question 42,** list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 27.*

42.1

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
POSITION APPLIED FOR		EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.2

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

42.3

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

42.4

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

42.5

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			( )	
POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.6

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR		EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

42.7

NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
				/
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT
POSITION APPLIED FOR		EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ OTHER; EXPLAIN: _____

SECTION 6: MILITARY EXPERIENCE

43. Are you required to register for the Selective Service? ☐ Yes ☐ No

IF YES, have you registered? ☐ Yes ☐ No

IF NO, explain: _____

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

45. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1–4) if applicable – *refer to your DD-214:* _____

46. Are you currently participating in one of the following?

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

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

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

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

SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

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

A) From your employer(s), what is your take-home monthly income? ..... $ _____ per month

B) Do you have other sources of income? (IF YES, fill in amount and explain.) ..... ☐ Yes ☐ No $ _____ per month

Explain: _____

C) How much do you spend each month? ..... $ _____ per month

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

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

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

54. Have your wages ever been garnished? ..... ☐ Yes ☐ No

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

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

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

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

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

60. Have you ever borrowed money to pay for a gambling debt? ..... ☐ Yes ☐ No

IF YES, do you currently have any outstanding debts as a result of gambling? ..... ☐ Yes ☐ No

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

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

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

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

SECTION 8: LEGAL

▶ Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 27.*

64. 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)? ..... ☐ Yes ☐ No

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
64.1		/	
	DISPOSITION OR PENALTY		
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
	DISPOSITION OR PENALTY		
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
	DISPOSITION OR PENALTY		

65. Have you ever been placed on court probation? ..... ☐ Yes ☐ No

66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ..... ☐ Yes ☐ No

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ..... ☐ Yes ☐ No

68. Have the police ever been called to your home for any reason? ..... ☐ Yes ☐ No

69. Have you or your spouse/partner ever been referred to Child Protective Services? ..... ☐ Yes ☐ No

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ..... ☐ Yes ☐ No

SECTION 8: LEGAL *continued*

71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	☐ Yes	☐ No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	☐ Yes	☐ No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	☐ Yes	☐ No
74.	Have you ever filed a false insurance or workers' compensation claim?	☐ Yes	☐ No

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

▶ Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts ***within the past 10 years***? (You do NOT have to report any acts committed ***prior to age 15***.)

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

75.1	Animal abuse and/or neglect	☐ Yes	☐ No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	☐ Yes	☐ No
75.3	Battery (use of force or violence upon another)	☐ Yes	☐ No
75.4	Brandishing a weapon (any type of weapon)	☐ Yes	☐ No
75.5	Carrying a concealed weapon without a permit	☐ Yes	☐ No
75.6	Contributing to the delinquency of a minor	☐ Yes	☐ No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	☐ Yes	☐ No
75.8	Driving under the influence of alcohol and/or drugs	☐ Yes	☐ No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	☐ No
75.10	Filing a false police report	☐ Yes	☐ No
75.11	Hit & run collision (no injuries)	☐ Yes	☐ No
75.12	Illegal gambling	☐ Yes	☐ No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	☐ Yes	☐ No

SECTION 8: LEGAL *continued*

75.14	Impersonating a peace officer (pretending to be a police officer)	☐ Yes	☐ No
75.15	Indecent exposure and/or lewd or obscene conduct	☐ Yes	☐ No
75.16	Intentionally writing a bad check	☐ Yes	☐ No
75.17	Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	☐ No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	☐ Yes	☐ No
75.19	Petty theft (value up to $950, including shoplifting/switching price tags)	☐ Yes	☐ No
75.20	Possession of alcohol as a minor	☐ Yes	☐ No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	☐ No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ Yes	☐ No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	☐ Yes	☐ No
75.24	Reckless driving	☐ Yes	☐ No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	☐ Yes	☐ No
75.26	Trespassing	☐ Yes	☐ No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ Yes	☐ No
75.28	Any other act amounting to a misdemeanor	☐ Yes	☐ No

- If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 27.*

▶ Involvement in Criminal Acts – Part 2

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

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

76.1	Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	☐ Yes	☐ No
76.3	Blackmail or extortion	☐ Yes	☐ No
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	☐ Yes	☐ No

SECTION 8: LEGAL ***continued***

76.6	Elder abuse and/or neglect (physical and/or financial)	☐ Yes	☐ No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
76.8	Felony drunk driving (involving injuries)	☐ Yes	☐ No
76.9	Forcible rape	☐ Yes	☐ No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	☐ Yes	☐ No
76.12	Grand theft (value of over $950, or any firearm)	☐ Yes	☐ No
76.13	Hit & run (with injuries)	☐ Yes	☐ No
76.14	Hate crime	☐ Yes	☐ No
76.15	Illegal sex acts	☐ Yes	☐ No
76.16	Insurance fraud	☐ Yes	☐ No
76.17	Murder, homicide, or attempted murder	☐ Yes	☐ No
76.18	Perjury (lying under oath)	☐ Yes	☐ No
76.19	Possession of an explosive/destructive device	☐ Yes	☐ No
76.20	Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No
76.21	Stalking	☐ Yes	☐ No
76.22	Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
76.23	Viewing and/or possessing child pornography	☐ Yes	☐ No
76.24	Any other act amounting to a felony	☐ Yes	☐ No
76.25	Engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution	☐ Yes	☐ No
76.26	Engaging or attempting to engage in sexual activity facilitated by force, overt, or implied threats of force, or coercion	☐ Yes	☐ No
76.27	Engaging or attempting to engage in sexual activity if the victim did not consent or was unable to consent	☐ Yes	☐ No
76.28	Engaging or attempting to engage in sexual activity if the victim refused to engage in such activity	☐ Yes	☐ No
76.29	Been convicted of, or civilly or administratively adjudicated to have engaged in, any of the above acts	☐ Yes	☐ No

- If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*

SECTION 8: LEGAL *continued*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — ***but not be limited to*** — your use of any of the following:

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

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

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

78. ***Prior to the past twelve months:***

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

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

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

79. Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription: ..... ☐ Yes ☐ No

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

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

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

IF YES, explain:

SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License:

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

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

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

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

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

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

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

85. List your current liability insurance on your vehicle(s).

85.1	TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ 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 ( )
85.2	TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ 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 ( )
85.3	TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ 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 ( )

SECTION 9: MOTOR VEHICLE OPERATION *continued*

86. List all traffic citations, excluding parking citations, you have received ***within the past seven years***. ☐ None

	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
86.1				
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed		
86.2				
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed		
86.3				
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed		

87. 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): ☐ N/A

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

IF CHECKED, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident ***within the past seven years***? ..... ☐ Yes ☐ No

IF YES, give details below.

	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
88.1	/			
	POLICE REPORT ☐ Yes ☐ No	LAW ENFORCEMENT AGENCY	AT FAULT? ☐ Yes ☐ No	WAS THE ACCIDENT? ☐ Injury ☐ Non-injury
88.2	/			
	POLICE REPORT ☐ Yes ☐ No	LAW ENFORCEMENT AGENCY	AT FAULT? ☐ Yes ☐ No	WAS THE ACCIDENT? ☐ Injury ☐ Non-injury
88.3	/			
	POLICE REPORT ☐ Yes ☐ No	LAW ENFORCEMENT AGENCY	AT FAULT? ☐ Yes ☐ No	WAS THE ACCIDENT? ☐ Injury ☐ Non-injury

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

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

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

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

INSURANCE COMPANY

SECTION 10: OTHER TOPICS

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

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

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

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

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

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

SECTION 11: CERTIFICATION

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

Signature in Full: ▶ Date:

Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.

ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., 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.

BACKGROUND INVESTIGATION QUESTIONNAIRE

As an applicant for a position with this agency, you are required to complete this Background Investigation Questionnaire (BIQ). This Questionnaire supplements our Personal History Statement (PHS) and will be treated with the same confidentiality as your PHS.

Pursuant to the Americans with Disabilities Act (ADA), you are not expected, nor are you required to furnish any information in this questionnaire of a medical nature. For example, do not report any work absences which were for illnesses or worker's compensation injuries. Do not discuss or report any disabilities you may have. Do not discuss or report any information concerning illnesses you may have. That information is strictly medical in nature, and as this questionnaire is part of the pre-employment offer background suitability investigation, is not subject to disclosure during this portion of the hiring/background process.

Please read and answer all of the following questions. If using a computer to complete this section of the background investigation paperwork, use the “Tab” button to move to the next question. If you are completing this form in your own handwriting, it must be completed in **BLACK** ink.

You are admonished to answer all of the questions truthfully and completely. This includes any information contained in sealed records, expunged records, pardons, etc. that may apply.

A "Yes" answer to any question on this questionnaire will not necessarily disqualify you from consideration for this position; however, any deliberate omissions, falsifications, misstatements of material facts, untruthful responses, or discrepancies may be cause for disqualification from the hiring/background process.

Public safety agency employees must demonstrate integrity and credibility as a potential witness in a court of law. Your responses to these questions will be evaluated and considered in relationship to your entire background.

Your responses may be subject to verification by a polygraph examination.

If you answer "Yes" to any of the questions, you must provide a typed/written explanation. Use the "Additional Information" sheet at the end of this questionnaire and make sure to include the question number. If you are handwriting the form and need additional space, make copies of the “Additional Information” sheet at the end of the questionnaire before continuing.

- Throughout this questionnaire the word "ever" refers to your **entire** lifetime.
- Do not discuss this questionnaire with other applicants at any time.
- You will be given the opportunity to discuss your answers with your background investigator.
- You will not be allowed to have a copy of this document.
- This document and all portions of the Background Investigation are the property of the Kern County Sheriff's Office.

I have read and thoroughly understand the preceding instructions and admonishments:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

	CONDUCT & LAW	**YES / NO**
1)	Have you ever been arrested or charged with a criminal act, either as an adult or a juvenile, even if the charges were dismissed, dropped, reduced, or expunged?	○ ○
2)	Have you ever been detained for a criminal investigation, named as a suspect in a police report, held on suspicion, or questioned by the police, even as a victim or witness?	○ ○
3)	Have you ever had a warrant issued for your arrest, or have you ever failed to appear in a court on a criminal matter?	○ ○
4)	Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult?	○ ○
5)	Have you ever received a misdemeanor citation in lieu of going to jail?	○ ○
6)	Have you ever been placed on court probation?	○ ○
7)	Are you currently on any type of probation?	○ ○
8)	Have you ever violated a condition of probation?	○ ○
9)	Have you ever carried a concealed weapon?	○ ○
10)	Have you ever applied for a permit to carry a concealed weapon?	○ ○
	Note: While answering questions 11 through 47, the following applies: Have you ever been involved in, been associated with anyone involved in, or committed any of the following acts, either as an adult or a juvenile (including incidents where the records were sealed or expunged by a court)?	**YES / NO**
11)	Arson	○ ○
12)	Assisting in the escape of a prisoner, inmate, arrestee, or detainee from police custody	○ ○
13)	Being reported as a missing person or runaway	○ ○
14)	Blackmail or extortion	○ ○
15)	Burglary	○ ○
16)	Committing Perjury	○ ○
17)	Committing Welfare fraud	○ ○
18)	Covering up a crime for someone else	○ ○
19)	Discharging a firearm at a person or at a building	○ ○
20)	Displaying a weapon in a threatening manner to another person (Brandishing)	○ ○
21)	Embezzling money or other valuables	○ ○
22)	Exposing your private parts in a manner intended to offend anyone	○ ○
23)	Exposing your private parts in a manner intended to satisfy your own, or someone else's sexual gratification?	○ ○
24)	Filing a false police report	○ ○
25)	Forgery	○ ○
26)	Having a criminal record sealed	○ ○
27)	Having a restraining order filed against you	○ ○
28)	Illegal gambling	○ ○
29)	Impersonating a peace officer	○ ○
30)	Kidnapping	○ ○
31)	Looking into windows, invading someone's privacy	○ ○

		YES / NO
32)	Made annoying or obscene phone calls	○ ○
33)	Murder, homicide or attempted murder	○ ○
34)	Offering a bribe to a public, or police officer	○ ○
35)	Prostitution	○ ○
36)	Rape	○ ○
37)	Receiving or purchasing any stolen property	○ ○
38)	Resisting arrest	○ ○
39)	Robbery	○ ○
40)	Stealing or using a stolen credit card	○ ○
41)	Switching the price tags on any merchandise	○ ○
42)	Theft of a vehicle or vehicle parts	○ ○
43)	Theft of any kind (including shoplifting)	○ ○
44)	Theft of money or property from any employer (regardless of the value)	○ ○
45)	Using falsified or altered identification, or using the identification of another person	○ ○
46)	Vandalism	○ ○
47)	Violating a restraining order	○ ○
		YES / NO
48)	Have you ever filed a false or fraudulent claim for public assistance, medical benefits, insurance, or any other type of financial benefit or assistance?	○ ○
49)	Have you ever violated the terms of any court order or judgment to pay child support, spousal support, restitution, a fine, services rendered, or any other financial mandate, obligation, order, or settlement?	○ ○
50)	Have you ever been arrested, detained, or taken to jail while outside the United States?	○ ○
51)	Have you ever been involved in a physical fight, confrontation, or violent act?	○ ○
52)	Have you ever participated in an unlawful demonstration?	○ ○
53)	Are you currently being investigated by any law enforcement agency for any suspected illegal activity?	○ ○
54)	Have you ever been a member or associate of a hate group?	○ ○
55)	Have you ever been a member of, or associated with a street, prison, or neighborhood gang?	○ ○
56)	Have you ever lived with, or associated with, anyone who was involved in criminal activity, including drug use or gang membership?	○ ○
57)	Have you ever belonged to an organization, ever subscribed to, regularly read or distributed magazines, newspapers, newsletters or other literature, or ever accessed internet web sites that advocated beliefs about inferiority, deviance, or need for the elimination of groups on the basis of race, religion or sexual orientation?	○ ○
58)	Have you ever harassed someone on the basis of his or her sexual orientation, gender, race or ethnicity, or immigrant status (i.e. taunting, name-calling, threatening, intentionally humiliating, etc.)?	○ ○
59)	Have you ever committed any hate crimes on the basis of race, religion, immigrant status, gender, HIV/AIDS infection, or sexual orientation (i.e. destruction of property motivated by bias or prejudice, written derogatory epithets during a vandalism or burglary, written/sent/verbalized derogatory epithets to another person or group, physical assault on the basis of personal characteristics, or withheld services, provided inferior service, evaluated employees/supervisors unfairly, etc.)?	○ ○

		YES / NO
60)	Have you ever stalked another person (i.e. willfully, maliciously and repeatedly followed or harassed another person, or seriously alarmed, annoyed, tormented, or terrorized that person, made unwanted repetitive phone calls, e-mails, faxes, letters, notes, watched someone without his/her knowledge, intentionally created fear in another person through various acts, violated a restraining order, etc.)?	○ ○
61)	Are you now, or have you ever been a member of any organized association, group, or movement, which advocated/advocates the overthrow of our constitutional form of government by any means other than democratic procedures provided by our form of government?	○ ○
62)	Are you now, or have you ever been a member of an organized association, group, or movement, which advocated/advocates acts of force or violence to deny other persons their Constitutional Rights by unconstitutional means?	○ ○
63)	Are you now, or have you ever been associated with any individuals, including relatives, who you know, or have reason to believe, are or have been, members of any types of organizations identified above?	○ ○
64)	Have you ever been the victim of assaultive behavior within an intimate relationship?	○ ○
65)	Have you ever assaulted another person in an intimate relationship, or during the relationship's termination?	○ ○
66)	Have you ever forced another person, including your spouse, ex-spouse, or domestic partner to have intercourse or to engage in any sexual act (oral copulation, sodomy, etc.)?	○ ○
67)	Have you ever committed any acts of physical violence (i.e. slapping, hitting, beating, arm-twisting, spitting, etc.) within an intimate relationship, including both casual and long-term relationships?	○ ○
68)	Have you ever neglected the care of a child or elderly person who was you responsibility (i.e. did not feed, clean, clothe, or take care of medical needs, etc.)?	○ ○
69)	Have you ever mentally or emotionally abused a child (i.e. threatened, humiliated, insulted, frequently used hurtful names, intentionally tried to hurt his/her feelings/make him/her feel bad, etc.)?	○ ○
70)	Have you ever physically abused a child?	○ ○
71)	As an adult, have you ever had sex with a person under the age of 18?	○ ○
72)	Have you ever had a sexual contact with a child (i.e. fondling, taking pornographic pictures, masturbating in a child's presence, oral sex, sexual intercourse, etc.)?	○ ○
73)	Have you ever accessed web sites on the internet to view child pornography or possessed material related to child pornography?	○ ○
74)	Have you ever committed an act of incest?	○ ○
75)	Have you ever had any sexual contact with any animal?	○ ○
76)	Have you ever tortured, maimed, abused, or killed an animal for any reason other than when engaged in lawful hunting activity?	○ ○
	MILITARY	**YES / NO**
77)	Did you comply with the Selective Service Registration as required by law? (Note: This question only applies to male candidates)	○ ○
	Note: Applicants with military experience must answer the following questions. All others skip this section.	
78)	Were you honorably discharged from the military?	○ ○
79)	Were you ever AWOL (absent without leave) or UA (unauthorized absence)?	○ ○
80)	Were you ever court-martialed?	○ ○

		YES / NO
81)	Were you ever in military confinement?	
82)	Were you ever reduced in pay grade or the subject of judicial punishment or non-judicial disciplinary action?	
83)	Were you ever detained, arrested, jailed, or held by police or security forces in another country for anything other than minor traffic offenses?	
84)	Were you ever denied a security clearance, or did you ever have a clearance revoked, suspended or downgraded?	
85)	Were you ever investigated for any criminal activity, or did you ever receive verbal or undocumented discipline?	
86)	Have you ever taken military property without permission for personal use, to sell, or to give away?	
	LAW ENFORCEMENT APPLICATIONS & EXPERIENCE	**YES / NO**
87)	Have you ever been disqualified, non-selected, or advised to withdraw from any law enforcement agency's application process?	
88)	Have you ever taken a polygraph examination?	
	Note: Applicants who are now, or have previously been peace officers, reserve peace officers, or military police officers must answer the following questions. All others skip this section.	
89)	As a peace officer, did you ever accept a gratuity?	
90)	As a peace officer, did you ever accept anything for overlooking a violation?	
91)	As a peace officer, did you ever make a false official report?	
92)	As a peace officer, did you ever withhold any evidence seized in the course of your official duties?	
93)	As a peace officer, did you ever observe another peace officer commit any of the above acts?	
94)	As a peace officer, were you ever the subject of an internal affairs investigation by your department?	
95)	As a peace officer, were you ever allowed to resign in lieu of termination?	
	FINANCES	**YES / NO**
96)	Have you been late on any payments in the last 12 months?	
97)	Have you ever provided false information on a credit or loan application?	
98)	Have you ever had any property, including a vehicle, repossessed?	
99)	Have any of your debts ever been turned over to a collection agency?	
100)	Have you ever filed for, or been granted bankruptcy protection?	
101)	Have you ever been delinquent on any tax payments?	
102)	Have you ever had your wages attached or garnished?	
103)	Have you been refused credit in the last year?	
104)	Have you ever been the subject of a property lien?	
	VEHICLE OPERATION	**YES / NO**
105)	Do you currently have vehicle insurance?	
106)	Have you ever driven a vehicle without insurance?	

		YES / NO
107)	Have you ever been refused vehicle insurance for any reason?	○ ○
108)	Have you ever driven a vehicle without a valid driver's license?	○ ○
109)	Have you ever had a traffic warrant issued for your arrest?	○ ○
110)	Have you ever indicated a residential address on your insurance policy that was not your actual residence at the time?	○ ○
111)	As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?	○ ○
112)	Have you ever been refused a driver's license in any state?	○ ○
113)	Have you ever failed to appear for a traffic citation or parking citation?	○ ○
114)	Has your driver's license ever been suspended, revoked, or placed on negligent operations probation by any state?	○ ○
115)	Have you ever applied for, or obtained a driver's license or state identification card under a fictitious name?	○ ○
	RESIDENCE	**YES / NO**
116)	Have you ever been evicted or asked to leave a residence?	○ ○
117)	Have you ever left a residence without paying your rent due?	○ ○
118)	Have you ever had problems or difficulties with any of your roommates or neighbors?	○ ○
119)	Have the police or law enforcement officers ever been to your home or any of your residences?	○ ○
120)	Have you ever, or are you currently living or associating with anyone who has been convicted of a felony, or who is on parole?	○ ○
	EMPLOYMENT	**YES / NO**
121)	Have you ever been employed under another name?	○ ○
122)	Do you receive any income from any undisclosed or illegal sources?	○ ○
123)	Have you ever been accused of, or participated in, sexual harassment or discrimination in the workplace?	○ ○
124)	Have you ever been so angry at work that you became involved in loud argument?	○ ○
125)	Has anyone ever complained about you or your work performance (verbal or written)?	○ ○
126)	Have you ever quit a job without giving proper notice?	○ ○
127)	Have you ever been terminated (fired) or asked to resign in lieu of termination from a job or position?	○ ○
128)	Have you ever had any extended work absences for any reason other than medical or earned vacation (i.e. leave of absence, suspension, laid-off, etc.)?	○ ○
129)	Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations?	○ ○
130)	Will any employer or supervisor (past or present) give you an unfavorable recommendation?	○ ○
131)	Has any supervisor (including military) ever disciplined you or warned you either verbally or in writing (i.e. excessive tardiness, excessive absences, poor work performance, excessive phone use, unprofessional behavior or conduct, arguing, no call/no show, etc.)?	○ ○

	ADDITIONAL BACKGROUND QUESTIONS	**YES/ NO**
132)	Have you ever engaged in civil disobedience?	○ ○
133)	Have you ever gambled while behind on personal debts?	○ ○
134)	Have you ever been involved in a hazing incident?	○ ○
135)	Do you possess or own any firearms, or do you keep any firearms belonging to another person in your residence? (List make, model, serial numbers, and gun type on the Additional Information page)	○ ○
136)	Have you every purchased or participated in the construction of any explosive device of any kind?	○ ○
137)	Have you ever indicated to someone else that you attempted suicide, or feigned a suicide attempt, with the intent to gain sympathy or attention?	○ ○
138)	Do you have any tattoos? (List each tattoo, provide a description and location.)	○ ○
139)	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, prison gang, street gang, or neighborhood group?	○ ○
140)	Are any members of your family associated with any street gang?	○ ○
141)	Have you ever corresponded with an inmate who is/was incarcerated in a city or county jail, or a state prison?	○ ○
142)	Do you have any relatives, friends, or acquaintances that are/were committed to any state or federal prison at any time?	○ ○
143)	Has anyone advised you, prepared you, or helped you answer these background questions?	○ ○

CERTIFICATION

I hereby certify that all of the answers provided and statements made in this questionnaire are true and complete to the best of my knowledge. I understand that any misstatements of material fact, omissions, incomplete answers, or inaccurate responses may subject me to disqualification or dismissal.

I understand that any changes pertinent to my background responses such as, but not limited to: receiving any traffic citations, involvement in any criminal activity, arrests, being named on a police crime report, financial problems, civil or criminal lawsuits, changes in residence or telephone numbers, illegal drug or alcohol use, changes in employment status (including termination), applications to other law enforcement agencies, or disqualification from a background investigation from another law enforcement agency, **must be reported immediately to my background investigator** (661-391-7750). I understand that failure to do so can result in my disqualification from this application/hiring/background investigation process.

PRINT NAME: _____

SIGNATURE: _____

DATE COMPLETED: _____

Additional Information Worksheet

(Include question number then explanation)

(Rev. 9/2017) **Initial this page to indicate you have provided complete and accurate information: _____**

SHERIFF'S OFFICE
COUNTY OF KERN

1350 Norris Road
Bakersfield, California 93308-2231

HOLD HARMLESS AGREEMENT

for

Pre-employment Polygraph Examination

I, _____, desire employment as a Deputy Sheriff, Detentions Deputy, Sheriff's Aide, Deputy Coroner or Dispatcher for the Kern County Sheriff's or Coroner's Office. I understand that the background process for this position includes the completion of a polygraph interview and examination. I do hereby freely and voluntarily agree to undergo the polygraph interview and examination for consideration of possible future employment.

I understand that the polygraph examiner may ask pertinent medical questions related to any current or past medical conditions for the purpose of assuring examination accuracy. This includes, but is not limited to, any and all relevant prescription and non-prescription medications I may take or have taken. I also understand that this medical information will remain in the confidence of the examiner and will not be passed on, in any form, to my background investigator or the Sheriff's Office for consideration in the hiring process. I understand that any such conveyance of confidential medical information would be in violation of the Americans with Disabilities Act.

I understand the polygraph examination may be stressful and includes the physical attachment of several components to my body for the purpose of monitoring physiological responses. I freely assume any and all risks associated with this examination. I also understand I am free to postpone or reschedule the examination for the purpose of consulting with my private physician.

I understand that I may terminate this examination at any time. I also understand that the entire session may be electronically recorded and the applicant / examiner confidence extends only to and not beyond the limits of the Americans with Disabilities

Act and any incriminating statements that I may make during this interview and examination may be used at the discretion of the Sheriff's Office, against me, for admission into evidence, in any related or subsequent judicial proceedings resulting from or independent of this examination.

Having said technique explained to my satisfaction, I hereby release, waive, discharge and hold harmless the County of Kern, et al., including the Kern County Sheriff's Office, its officers and agents, and the examiner administering this examination, from all claims, demands, liabilities, actions and causes of action whatsoever resulting from or arising out of this examination. It is my express intent that this Hold Harmless Agreement shall also apply to the members of my immediate family.

Signature_____

Date_____

Witness_____

KERN COUNTY SHERIFF'S OFFICE
PRE-EMPLOYMENT POLYGRAPH QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

FULL LEGAL NAME: _____
Last Name First Name Middle Name

SOCIAL SECURITY NUMBER: _____ DOB: _____ AGE: _____

TELEPHONE NUMBER: _____

CURRENT ADDRESS: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

TODAY'S DATE: _____

All questions will be discussed in detail with you prior to the polygraph examination, even though they may not be applicable to you. Information obtained during this interview and examination is considered confidential and will only be discussed with an authorized representative of this agency.

During the actual polygraph examination, you must answer all the questions with a definite "yes" or "no". In order to formulate the polygraph questions that you can comfortably answer, it is necessary to require some detail about your background. This questionnaire will assist the examiner in formulating the questions on your test. You are instructed to:

1. **Answer all questions and fill in all blank spaces.**
2. **Click on either a "YES" or "NO" answer. Circle the question number if you are unsure of your answer, or if it will require an explanation.**
3. **If you answer "YES" to any of the questions, you must provide a complete and detailed written explanation (including *WHO, WHAT, WHERE, WHEN,* and *HOW*) with your completed questionnaire (additional space on page 12).**
4. **The word "ever" refers to any time in your life - from birth up to today's date.**
5. **This agency is not looking for someone without faults. This agency is looking for someone honest enough to admit his/her past mistakes. It is in your best interest to cooperate with the examiner, and to answer each question completely and truthfully.**

COMMON POLYGRAPH QUESTIONS AND ANSWERS

Why do so many law enforcement agencies ask applicants to take a polygraph test?

Given the circumstances of today's world, agencies want to hire only those people who meet the high standards that the public expects. They want their community to be served by officers who are well trained, highly professional, and whose word can be trusted without question.

I tend to be a nervous person. Even though I'm telling the truth, won't my nervousness make it seem as if I am lying?

Everyone who takes a polygraph test is nervous, and yet most people pass with flying colors. The test process easily compensates for such factors. The examiner will explain this in more detail during your interview. If you have a particular concern about your specific situation, please bring it to the attention of the examiner.

I am not exactly a perfect person. How can I pass a lie detector test?

People often worry that some negative factor in their past (such as a drunk driving arrest or having been fired from a job) will automatically disqualify them from the job. This is not the case. These events are evaluated in the context of your overall background and not as isolated events. Some of the factors that the department will consider are the length of time since the incident, how many times it happened, and what your conduct has been since that time. We understand that many situations need explanations beyond a simple "yes" or "no".

The most important thing is to be completely truthful with the examiner, especially about possible problems in your past. Law enforcement agencies are not necessarily looking for the person who has made the fewest mistakes in their life.

What kind of questions will I be asked?

You will not be asked any trick questions, or surprise questions. Every question will be read to you, word for word, before the actual test. The scope of the test is limited to finding out whether or not you are qualified for the job. Some of the areas that are covered are honesty, dependability, ability to function under stress, and your decision-making ability. You will not be asked embarrassing questions or personal questions such as questions about your political or religious beliefs. You will however, be asked questions about commission of crimes including sexual crimes.

I must admit that I've experimented with drugs. Won't that mean I'll fail the test?

We know that drugs are fairly common in today's world and that law enforcement applicants have not been living in a vacuum. The fact is that most people who are applying for a law enforcement job have used some type of illegal drugs, such drug use is not automatically disqualifying. During the interview we will clarify the last time you used any illegal drugs. You won't be expected to remember exact dates, but you will be asked to give an honest approximation that you feel is accurate.

How does the polygraph instrument work?

The polygraph is a delicately engineered, very sensitive recording device. It records changes that occur in your body and the examiner has the professional training and skill to interpret these tracings.

Will the test be painful?

No. Your blood pressure is measured in much the same manner as it is in your doctor's office. The other instruments do not produce any particular sensation, and there is no way the instrument can injure you.

Does the examiner decide whether or not I get the job?

Absolutely not. This decision is made only by the department administration. The purpose of the polygraph test is to provide the department with information that is used as one part of the total selection process.

I think I left something out when I filled out my background forms. What should I do?

This happens from time to time. During your interview make sure you point out the difference between what you now recall and the information you gave the department in the past. The best policy is to mention the discrepancy at the beginning of the interview, even before you are asked any questions in that area.

Who will get the results of the test?

The results of the polygraph are highly confidential. The report is sent to a member of the department who has been assigned to gather the background information and who has agreed to maintain your file. It will be maintained in the strictest confidence.

EMPLOYMENT HISTORY

NO YES 1. Have you deliberately omitted any information on your employment application or personal history statement forms?

NO YES 2. Have you placed any false information on your employment application or personal history statement forms?

NO YES 3. Do you receive any income from any illegal or undisclosed sources?

NO YES 4. Have you been truthful and complete about the reason for leaving each of your jobs?

NO YES 5. Has an employer ever disciplined you (i.e. verbal warnings, written reprimands, unpaid days off, etc.)?

NO YES 6. Have you ever been fired from a job for any reason, asked to resign, or quit to avoid being fired?

NO YES 7. Have you ever violated a work rule which would have resulted in discipline or termination, had it been discovered?

NO YES 8. Have you ever been in an argument with co-workers or supervisors during which you raised your voice in anger?

NO YES 9. Will any of your current or past employers give you an unfavorable recommendation?

MILITARY

NO YES 10. Were you ever turned down by any of the armed forces?

NO YES 11. Have you ever served in any armed force, National Guard, or military reserve?

IF YOU HAVE NO PRIOR MILITARY EXPERIENCE, SKIP THE REMAINDER OF THIS SECTION. IF YOU HAVE PRIOR MILITARY EXPERIENCE, COMPLETE THE FOLLOWING QUESTIONS.

NO YES 12. While in the service, were you ever charged with a violation of the UCMJ (Captain's Mast, Office Hours, Court Martial, etc.)?

NO YES 13. Were you ever the subject of any military investigation?

NO YES 14. Were you ever disciplined or reduced in rank?

NO YES 15. While in the service, were you ever AWOL, or on unauthorized absence?

NO YES 16. Have you ever taken military property without permission for personal use, to sell, or to give away?

NO YES 17. While in the service, could you have re-enlisted if you wanted?

NO YES 18. Do you have any reason to be concerned about an investigation into your military record?

RESET PAGE

THEFT

NO YES 19. Since you were **18** years old, have you shoplifted anything?

NO YES 20. Have you ever stolen money or property from any place you have worked?

NO YES 21. Have you ever given a discount, free merchandise or under charged a sale for yourself, a family member or a friend?

NO YES 22. Have you ever collected welfare or unemployment benefits you were not entitled to collect?

NO YES 23. Have you ever stolen a motor vehicle?

NO YES 24. Have you ever been a passenger in a stolen vehicle?

NO YES 25. Have you ever taken office supplies worth more than $20 from any place you have worked?

NO YES 26. Since you were **18** years old, have you ever switched the price tags on merchandise?

NO YES 27. Have you ever stolen or used a stolen credit card?

NO YES 28. Have you ever stolen anything from any business or individual?

NO YES 29. Have you ever knowingly received or purchased stolen property?

NO YES 30. Have you ever broken into a vending machine or any other coin operated machine in order to steal cash or property?

NO YES 31. Have you ever broken into a building, structure, or vehicle in order to steal cash or property?

NO YES 32. Have you ever filed a false or fraudulent claim for public assistance, medical benefits, insurance, or any other type of financial benefit or assistance?

NO YES 33. Have you ever filed a false insurance claim?

NO YES 34. Have you ever filed a false workman's compensation or an unemployment claim?

NO YES 35. Have you ever embezzled any money or other valuables entrusted to you?

RESET PAGE

CRIMES AGAINST PERSONS

NO YES 36. Since the age of **18**, have you ever struck, slapped, pushed or kicked another person in anger or frustration?

NO YES 37. Have you ever struck, slapped, pushed, or kicked a current or past spouse, significant other, girlfriend or boyfriend in anger or frustration?

NO YES 38. Have you ever struck a child which resulted in injury or bruising?

NO YES 39. Have you ever committed any type of elder abuse (i.e. physical, financial or other)?

NO YES 40. Have you ever been accused of racial or sexual harassment?

NO YES 41. Have you ever unlawfully taken the life of another human being?

NO YES 42. Have you ever kidnapped or kept a person captive?

NO YES 43. Have you ever had sex with a non-consenting partner?

NO YES 44. Have you ever had any sexual contact with a person who was incapacitated in any way (i.e. drugs, alcohol, dead)?

NO YES 45. Have you ever exposed yourself in public for sexual gratification or pleasure?

NO YES 46. Have you ever looked into windows for sexual excitement?

NO YES 47. Since the age of **18**, have you had any sexual contact with a person under the age of **18**?

NO YES 48. Before you were **18** years of age, did you have any sexual contact with anyone who was **4** or more years younger than you?

NO YES 49. Have you ever touched a child for sexual excitement?

NO YES 50. Have you ever bought, sold, traded, or possessed erotic or nude pictures of children (i.e. printed or on a computer)?

NO YES 51. Have you ever taken erotic or nude pictures of children for the purpose of sexual gratification or pleasure?

NO YES 52. Have you ever viewed any child pornography for the purpose of sexual gratification or pleasure?

NO YES 53. Have you ever had any sexual contact with any animal?

NO YES 54. Have you ever followed, called repeatedly, or otherwise harassed a person who objected to your doing these things, or was unaware you were doing these things?

NO YES 55. Have you ever used force or threat of force to take property or money from another person?

RESET PAGE

CRIMINAL ACTIVITY

NO YES 56. Have you ever paid for sex?

NO YES 57. Have you ever been paid for sex?

NO YES 58. Have you ever intentionally damaged or destroyed another person's property?

NO YES 59. Have you ever been the subject of a restraining order?

NO YES 60. Have you ever tortured or abused an animal?

NO YES 61. Have you ever been a member of a street gang, attended a gathering of any street gang, or participated in any gang activity?

NO YES 62. Do you have any family members, friends or acquaintances who are gang members or associates?

NO YES 63. Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody for any reason other than minor traffic violations in this state or any other state or country (excluding fingerprint checks for applicant processing)?

NO YES 64. Have you ever planned on committing a crime, but not followed through with the plan?

NO YES 65. In the past five years, have you been involved in any illegal gambling?

NO YES 66. Have you ever been questioned as a suspect in any crime?

NO YES 67. Have you ever committed a crime for which you could have been arrested if you had been caught?

NO YES 68. Have you ever been convicted or pled guilty to any criminal act?

NO YES 69. Have you ever been convicted of a crime, and later had the charges dropped for good behavior or completion of probation?

NO YES 70. Have you ever had any juvenile or adult criminal record sealed or expunged?

NO YES 71. Have you ever started a fire or caused an explosion to damage your or anyone else's property?

NO YES 72. Are you now, or have you ever been a member or supporter of any organization that uses force or fear to deny anyone his or her constitutional rights?

NO YES 73. Have you ever committed any act against someone because of his or her race, religion, sex, sexual orientation, political affiliation or disability?

NO YES 74. Have you ever taken or kept a child, in violation of a judgment or court order?

RESET PAGE

ILLEGAL DRUG USAGE/SALES CHART

Complete the following table concerning your past casual drug use*. List for each drug the total amount of casual use and any and all drug sales:

	USED (YES/NO)	HOW MANY TIMES USED	LAST TIME USED (MONTH/YEAR)	HOW MANY TIMES SOLD OR EXCHANGED	LAST TIME SOLD OR EXCHANGED
HALLUCINOGENS LSD, PCP, Peyote, Mushrooms, Mescaline, etc.					
STIMULANTS Cocaine, Crack, Rock, Crank, Crystal Meth, Angel Dust, Speed, etc.					
DEPRESSANTS Tranquilizers, Barbiturates, Benzodiazepines, Methaqualone, etc.					
NARCOTICS Codeine, Opium, Morphine, Heroin, etc.					
INHALANTS Glue, Paint, etc.					
STEROIDS Orally/Injected (What type, etc.)					
CANNABIS SUBSTANCES Marijuana, Hashish, Hashish Oil, etc.					
DESIGNER DRUGS Ecstasy, GHB, Rohypnol ("Roofies"), etc.					
PRESCRIPTION DRUG(S) not prescribed to you.					
OTHER intoxicating substances not listed above. Explain: _____					

**Casual drug use is defined as drug use which did not substantially limit or disrupt any of your major life activities (42 U.S.C.)*

DRUG USE

NO YES 75. Have you ever driven a motor vehicle while under the influence of any drug or alcohol?

NO YES 76. Have you ever used or been under the influence of any illegal drug or alcohol while at work?

NO YES 77. Have you ever been drunk? If so, how many times? _____
How often do you get drunk? _____

NO YES 78. Have you been in the presence of anyone else using illegal drugs?

NO YES 79. Have you ever ingested a substance you thought was an illegal drug and then found out later that it was not?

NO YES 80. Have you ever been the "middleman", "go between" or "done a favor for a friend" by becoming involved in a drug transaction?

NO YES 81. Have you ever sold or delivered an illegal drug, narcotic or pill?

NO YES 82. Have you ever illegally sold or delivered any prescription medication?

NO YES 83. Have you ever grown marijuana?

NO YES 84. Have you ever been involved in the manufacturing process of any illegal drug?

NO YES 85. In the past five years, have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?

NO YES 86. Have you ever used a prescription drug not prescribed to you for enjoyment, intoxication or getting high?

NO YES 87. Have you or has any other person ever injected any illegal substance into your body?

NO YES 88. Do you currently live with or have a relationship with anyone who uses, possesses or sells any kind of illegal drug or narcotic?

PRIOR LAW ENFORCEMENT EXPERIENCE

If you have no prior law enforcement experience, skip this section. If you have prior law enforcement experience, complete the following questions. The following questions pertain to on duty related incidents:

NO YES 89. Have you ever been the subject of an internal investigation?

NO YES 90. Have you ever been a witness in an internal investigation?

NO YES 91. Have you ever lied or been untruthful in an internal investigation?

NO YES 92. Have you ever been the subject of a criminal investigation?

NO YES 93. Have you ever committed a criminal act for which you could have been incarcerated?

NO YES 94. Have you ever been allowed to resign in lieu of termination?

NO YES 95. Have you ever been accused of misconduct that was racial or sexual in nature?

NO YES 96. Have you ever compromised an investigation by disseminating confidential information to anyone outside law enforcement?

NO YES 97. Have you ever intentionally falsified a time sheet?

NO YES 98. Have you ever intentionally falsified any official police document?

NO YES 99. Have you ever witnessed another officer commit a criminal act?

NO YES 100. Have you ever witnessed another officer violate a person's civil rights?

NO YES 101. Have you ever been terminated or resigned your commission?

NO YES 102. Have you ever covered up for a fellow officer who committed a crime?

NO YES 103. Have you ever lied or been untruthful to a supervisor?

NO YES 104. Have you ever covered up for a fellow officer who violated a department policy?

NO YES 105. Have you ever mistreated, abused or used excessive force on any person during any of your contacts?

NO YES 106. Have you ever been disciplined (i.e. verbal warnings, written reprimands, unpaid days off, etc.)?

NO YES 107. Have you ever had any discipline overturned during an appeals process?

NO YES 108. Have you ever converted property obtained in the scope of your employment to personal use?

DECLARATION OF TRUTHFUL STATEMENTS

WARNING:

DO NOT COMPLETE THE QUESTIONS ON THIS PAGE OR SIGN THIS DOCUMENT UNTIL IN THE PRESENCE OF A KERN COUNTY SHERIFF'S DEPARTMENT BACKGROUND INVESTIGATOR.

ASSESSMENT OF PERSONAL HISTORY INFORMATION

☐NO ☐YES 1. Is anyone likely to report you have a personality characteristic that would make you unsuitable for this job?

☐NO ☐YES 2. Is there anything in your background you have not been asked, but that we should know about before considering you for this job?

☐NO ☐YES 3. Is there **anything** I have not asked or discussed with you that you feel could cause you a problem on the polygraph test?

If you answered "YES" to any of the above listed questions, you must provide a complete and detailed explanation (including who, what, when, where, why and how).

_____

_____

_____

_____

_____

You have now completed the polygraph pre-test booklet. You should stop for a moment and think about your answers. You should ensure that you have accurately portrayed all the information that was requested. You will be tested on the truthfulness of the information.

I _____ certify that all of the information that I have revealed in this booklet is true, correct, and complete. I have not intentionally withheld, falsified or misrepresented any information requested in this questionnaire.

_____

Applicant's Signature **Date**

"YES" ANSWER EXPLANATIONS

Please note the number of the question with its explanation.

Kern County SHERIFF

Consumer Report Advisement of Rights

The U.S. Fair Credit Reporting Act (FCRA) of 1996 (15 U.S. Code 1681, et seq.) and California's Consumer Credit Agencies Act (Civil Code §1785.2) require that you be notified separately of your rights before any prospective employer may use credit data as part of an employment decision. In some cases, an evaluation of your financial history is mandated by California Peace Officer Standards and Training (POST) (Administrative Manual Chapter 5, §9053e(11)(A),(B)), or by policy of your prospective employer.

You are hereby notified that the Kern County Sheriff's Office intends to use credit data as **part** of its decision making process for the position for which you have applied. The Credit Report Agency (CRA), which will furnish this data will be:

TransUnion
2 Baldwin Place, PO Box 1000
Chester, PA 19022
(800) 888-4213
http://www/transunion.com

You will automatically be furnished a copy of this report, but before any adverse actions are taken as a result of this document, you are advised of the following:

1. Access to your file is limited to persons recognized by the FCRA;
2. Your consent is required for reports that are provided to employers or that contain Medical information;
3. You can find out what in is your file, although some information, such as “risk sources” or “credit scores” may be lawfully withheld;
4. You have been informed of the name, address, and telephone number of the CRA which is furnishing this data;
5. You can dispute inaccurate information with the CRA;
6. Inaccurate information must be corrected or deleted;
7. Outdated information may not be reported (seven years for most information, ten years for bankruptcies);
8. You may choose to exclude your name from the CRA list for unsolicited credit and insurance offers;
9. You may seek damages from violators, and;
10. The complete text of this act may be found at www.ftc.gov.

CERTIFICATION: I certify that the Kern County Sheriff's Office has my consent to obtain a copy of my credit report for the purpose of my pre-employment background investigation; that I have been furnished with the name, address, and telephone number of the CRA, I have been informed that I will receive a copy of my credit report and that I have been informed in summary of my rights under the FCRA.

Signature _____ Date _____

Name _____

Revised (10/12)

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at http://www.archives.gov/veterans/military-service-records/.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from *inquire@nara.gov* or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

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OMB No. 3095-0029 Expires 01/31/2015

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.
☒ NO ☐ YES _____

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?
☐ NO ☐ YES

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☒ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214 . ☐.

The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

☒ **All Documents in Official Military Personnel File (OMPF)**

☐ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: _____

☐ **Other** (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

☐ Benefits ☒ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal

☐ Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (*Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.*

☒ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____
(Relationship)
☐ Legal guardian (Must submit copy of court appointment.)
☐ Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

KERN COUNTY SHERIFF'S OFFICE
Name

1350 NORRIS ROAD
Street Apt.

BAKERSFIELD CA 93308
City State Zip Code

3. AUTHORIZATION SIGNATURE WHEN REQUIRED *(See items 2a or 3a on accompanying instructions.)* I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Signature Required - Do not print **Date**

( ) ( )
Daytime phone Fax Number

Email address

*This form is available at *http://www.archives.gov/research/order/standard-form-180.pdf* on the National Archives and Records Administration (NARA) web site.*

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge , deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	**Air Force Personnel Center** **HQ AFPC/DPSIRP** **550 C Street West, Suite 19** **Randolph AFB, TX 78150-4721**	6	**National Archives & Records Administration** **Old Military and Civil Records (NWCTB-Military)** **Textual Services Division** **700 Pennsylvania Ave., N.W.** **Washington, DC 20408-0001**	11	**Department of Veterans Affairs** **Records Management Center** **P.O. Box 5020** **St. Louis, MO 63115-5020**
2	**Air Reserve Personnel Center** **Records Management Branch** **(DPTARA)** **18420 E. Silver Creek Ave.** **Bldg. 390 MS 68** **Buckley AFB, CO 80011**	7	**US Army Human Resources Command** **ATTN: AHRC-PDR-V** **1600 Spearhead Division Ave., Dept 420** **Fort Knox, KY 40122-5402** **askhrc.army@us.army.mil**	12	**Division of Commissioned Corps Officer Support** **ATTN: Records Officer** **1101 Wooton Parkway, Plaza Level, Suite 100** **Rockville, MD 20852**
3	**Commander, Personnel Service Center** **(PSD-MR) MS7200** **US Coast Guard** **4200 Wilson Blvd., Suite 1100** **Arlington, VA 29598-7200** **http://uscg.mil/psc/adm**	8	***Reserved.***	13	***Reserved.***
4	**Headquarters U.S. Marine Corps** **Manpower Management Support Branch** **(MMSB-10)** **2008 Elliot Road** **Quantico, VA 22134-5030**	9	***Reserved.***	14	**National Personnel Records Center** **(Military Personnel Records)** **1 Archives Dr.** **St. Louis, MO 63138-1002** ***e*VetRecs!** ***http://www.archives.gov/veterans/military-service-records/***
5	**Marine Forces Reserve** **4400 Dauphine St.** **New Orleans, LA 70146-5400**	10	**Navy Personnel Command (PERS-312E)** **5720 Integrity Drive** **Millington, TN 38055-3120**		

KERN COUNTY SHERIFF'S OFFICE
ILLEGAL DRUG USE QUESTIONNAIRE

NAME: _____ AGE: _____ POSITION: _____

Have you **EVER**, in your entire life**, *illegally*** used, tried, experimented, or ***in any way*** illegally ingested into your body any of the below? *(Do not list drugs prescribed for you by a licensed physician)*

SUBSTANCE	YES	NO	DATE LAST USED
1. Marijuana			
2. Hashish/ Hash Oil			
3. Cocaine			
4. Crack or Rock			
5. Barbiturates, hypnotics or "downers" not prescribed			
6. Amphetamine (crosstops, whites, bennies, "uppers")			
7. Methamphetamine (speed, crank, ice, crystal)			
8. LSD or other hallucinogen (including mushrooms)			
9. PCP (angel dust, sherm, KJ)			
10. Heroin or other opiates			
11. Steroids not prescribed			
12. Prescription drug(s) not prescribed to you			

ADDITIONAL QUESTIONS ABOUT DRUG INVOLVEMENT	YES	NO
13. Is there any other illegal drug(s), narcotic or controlled substance not listed above that you have ingested?		
14. Have you ever or anyone else ever illegally injected a drug(s) into your body?		
15. Have you ever sold any illegal drug(s)?		
16. Have you ever purchased any illegal drug(s), narcotic or controlled substance other than by a doctor's prescription?		
17. Have you ever participated in the manufacture, cultivation or production of any illegal drug(s), narcotic or controlled substance?		
18. Have you ever acted as a courier by transporting any illegal drug(s), narcotic or controlled substance?		
19. Have you ever acted as the middleman, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
20. Have you ever told anyone where to purchase illegal drugs?		
21. Have you ever "held" or temporarily stored any illegal drug(s), narcotic or controlled substance?		
22. Are any illegal drugs presently in your home or car?		
23. Have you ever worked under the influence of illegal drugs?		
24. Have you ever had illegal drugs in your possession at work?		
25. Have you ever bought or sold any illegal drug(s) at work?		
26. Have you ever ingested a substance which you thought was an illegal drug and then found out it was not?		

I certify that the above answers are true and correct and that I have not deliberately falsified or omitted any information from this form.

Signed: _____ DATE: _____

Revised 03/2014

KERN COUNTY SHERIFF'S OFFICE
1350 Norris Road
Bakersfield, California 93308
(661) 391-7500

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:
Having made application for employment/security clearance with the Kern County Sheriff's Office (KCSO) and desiring it to be informed as to my previous record and character, I hereby authorize any peace officer or other authorized representative of the KCSO, bearing this release, or a copy of it, within one year of its date, to obtain any information in your files and/or copies of all records pertaining to my employment, application history for employment, credit or educational records, including but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, military records, and criminal justice records/reports, e.g., arrests, detentions, field citations and interviews, officer's records, jail/custody booking records, traffic citations and accident reports, probation/parole reports and records, Franchise Tax Board records, child protective services records, and any other information source.

For post job offer purposes only, I also hereby authorize any peace officer or other authorized representative of the KCSO, bearing this release or a copy of it, within one year of its date, and a copy of an offer of employment, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which may pertain to my employment as a _____, with the KCSO.

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 KCSO. In the event the Applicant is hired or appointed by the KCSO, this waiver will remain in full force and effect as necessary to investigate material misstatements or fraud in securing appointment.

Consent is granted for the KCSO to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I also hereby grant the KCSO the right to furnish its investigative information to my current employer, if the County of Kern currently employs me or, if I am currently employed by a law enforcement agency.

I hereby release, hold harmless and indemnify you, as the custodian of any of such records, former employer, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including all officers, agents, employees, or other personnel thereof both individually and collectively, from any and all liability for damage, suits, actions of claims of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

A photocopy of this release form shall be as valid as the original thereof, even though the photocopy does not contain an original writing of my signature. I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

SIGNATURE | DATE | SSN # (In accordance with Federal Privacy Act of 1974, disclosure of the S.S.N. is voluntary. The S.S.N. will be used only for identification purposes to ensure that proper records are obtained.)

FULL NAME (PLEASE PRINT) | TELEPHONE NUMBER

CURRENT ADDRESS, (including city, state, & zip code)

A notary public 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.

STATE OF _____

COUNTY OF _____

On _____before me, _____,
(Name, Title of Officer, Notary Public)

personally appeared_____. who proved to me on me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged 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 entity upon behalf of which the person(s) acted, executed the instrument.

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

OFFICIAL SEAL

WITNESS my hand and official seal.

Rev. 01/15

Notary's Signature