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PERSONAL HISTORY STATEMENT - Police Officer

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Granger Police Department 102 Main Street/Po Box 960 Granger, Washington 98932 (509) 854-2656/ Fax (509)854-2306



Instructions to the Applicant

The information you provide in the <u>Personal History Statement</u> will be used during the investigation into your background to assist in determining your suitability for the position of Police Officer. Please fill out the questionnaire completely and accurately. Keep in mind that:

- 1. Completion of this request in a <u>timely manner</u> is mandatory if you wish to be considered for employment with this agency.
- 2. All statements are subject to verification.
- 3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
- 4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a Police Officer.

For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please <u>print in ink or type</u> your responses to this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

The completed personal history statement is to be returned to the City of Granger, Granger Civil Service Commission or the Granger Police Department.

Attach copies of the following documents to your personal history form:

- Social Security Card
- Washington State Drivers License
- Birth Certificate (certified copy)
- Form DD214 (for military service)
- Transcripts of college grades (a certified copy sent from registrars office)

I have read and understand the above instructions:							
Applicant's Signature	Date						
Signature of Witnessing Officer	Date						



PERSONAL HISTORY STATEMENT - Police Officer

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Granger Police Department 102 Main Street/Po Box 960 Granger, Washington 98932 (509) 854-2656/ Fax (509)854-2306



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

In exchange for the consideration by the Granger Police Department of my application for employment, I authorize you to provide to the Granger Police Department any and all information you might have concerning me, my work record, my reputation, my military service record, and my financial status, including any information that may be deemed confidential or privileged. This information is necessary for the Department to determine my qualifications and fitness for the position which I am seeking with the Granger Police Department.

I understand my rights under Title 5, United States Code, Section 552(a), the "Privacy Act of 1974", and waive those rights with the understanding that information furnished will be used by the Granger Police Department in conjunction with the application and future employment with the Department.

I further release the provider of this information from any and all liability or damages which may result from the furnishing of the information requested above.

I further authorize the release of any information received by the Department in the evaluation of my application (including the release of all test results) for employment to another law enforcement agency.

I further agree that a photocopy reproduction of this Waiver and Authorization to Release Information shall for all intents and purposes be treated as an original. This Waiver and Authorization shall be valid for a period of one hundred and eighty (180) days from the date written below.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

DATED this day of	
Applicant:	
Type or Print Name	Social Security Number
Signature	
SUBSCRIBED AND SWORN TO before me this	day of, <u>2</u> .
Notary Public in and for the State Residing in My Commission Expires:	of Washington.

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SECTION 1	: PERSONAL						
LAST			FIRST			MIDDLE	
2. OTHER NAMI	ES, INCLUDING NICKNAMES,	YOU HAVE USED OR BEEN				MIDDLE	***************************************
3. ADDRESS WI	IERE YOU RESIDE					7 - 17 - 1847	
NUMBER / ST	REET		**************************************			APT / UNIT	
CITY						STATE :	ZIP
4. MAILING ADD	RESS, IF DIFFERENT FROM	ABOVE					
5. CONTACT NO	JMBERS						
HOME ()	work ()	EXT	OTHER	()	CEL	L
6. EMAIL ADDRI	ESS			BUSINESS			
7 If you work	have autoide of the Liv	und Chaire		· · · · · · · · · · · · · · · · · · ·			
	e born outside of the Un you a resident alien who						
8. BIRTH PLACE	(CITY/COUNTY/STATE/	COUNTRY)			9. BIRTHDATE	10. SOCIAL	SECURITY NUMBER
11. DRIVER'S LIC	DENSE			12. PHYSICAL DESCR	IRTION		ten
NO.		STATE	EXP	HEIGHT		HAID OOLOD	FVF 001 0P
		OTTL	LAI	I HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
• If more	N/A' if a category is no space is needed, cont Father	inue your response on	and the state of t				
NAME	AN MARKAN SARESTON		S (NUMBER/STREET	7APT) CITY		STATE	ZIP
	HOME PHONE	WORK ADDRES	SS (NUMBER / STREET	(/APT) CITY		STATE	ZIP
	WORK PHONE	CELL PHONE		EMAIL			
	()	()					
□ N/A B.	Step-father:	HOME ADDRES	S (NUMBER/STREET	(APT) CITY		STATE	ZIP
	HOME PHONE	WORK ADDRES	SS (NUMBER / STREET	T/APT) CITY		STATE	ZIP
	WORK PHONE	CELL PHONE		EMAIL			
	()	()					:
N/A G	Mother	HOME ADDRES	S (NUMBER/STREET	/APT) CITY		ŜTATE	ZIP
	HOME PHONE	WORK ADDRES	SS (NUMBER/STREET	(/APT) CITY		STATE	ZIP
	WORK PHONE	CELL PHONE		EMAIL			
				I			

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18 IMMEDIATE	2: RELATIVES AND I	REFERE	NCES continue	14 74 15 12	II praint				inapasi	
	. Step-mother									
NAME	* széb-mortier		HOME ADDRESS	(NUMBER / STREET	/APT)	CITY		STATE	ZIP	
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	(APT)	CITY		STATE	ZIP	
	WORK PHONE		CELL PHONE		EMAIL					
	()		()		,					
□ N/A E	, Spouse / Registered	Domesti	c Partner HOME ADDRESS	(NUMBER / STREET	/APT)	CITY		STATE	ZIP	
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
	WORK PHONE		CELL PHONE		EMAIL		****		******	
	YEÁRS OF MARRIAGE	T	()		<u> </u>					
		Is ther	e, or has there	been, a restrair	ning or	stay-away orde	er in effect for	this individual	? ☐ Yes	□ No
N/A F	Father in law		HOME ADDRESS	(NUMBER / STREET	/APT)	CITY		STATE	ZIP	
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
	WORK PHONE		CELL PHONE		EMAIL.		· · · · · · · · · · · · · · · · · · ·			
	()		()							
□ N/A G VAME	Mother-In-law		HOME ADDRESS	(NUMBER / STREET	/APT)	CITY		STATE	ZIP	
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	TAPT)	CITY		STATE	ZIP	
	WORK PHONE		CELL PHONE		EMAIL	4-4-5				
□ N/A H	Former Spouse(s)://F	ormer R	the state of the state of the	estic Parther(s). (NUMBER / STREET	/APT)	CITY		STATE	ZIP	# # # # # # # # # # # # # # # # # # #
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
	WORK PHONE	······································	CELL PHONE		EMAIL					
	YEAR OF DISSOLUTION	1	()							
	TEAR OF BIOGOLOTION	Is ther	e, or has there	been, a restrair	ning or s	stay-away orde	er in effect for t	this individual?	? ☐ Yes	□ No
2) NAME			HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
	HOME PHONE		WORK ADDRESS	(NUMBER / STREET	/ APT)	CITY		STATE	ZIP	
	WORK PHONE	······································	CELL PHONE		EMAIL				-,	
	()		()							
	YEAR OF DISSOLUTION	Is then	e, or has there	been, a restrair	ning or s	stav-away orde	er in effect for t	his individual) [] Vac	[] No
	<u> </u>	1.2 1101	-, 0. 1.00 01010	2001, 010011011		Ady-divay orde	a ar enection t	ino marviduali	T 168	L 140

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SECTION 2: RE	ELATIVES .				A STATE OF THE STA	. 7			
□ N/A I Brot	hers and S	1 12 pt 10 10 11 11 12 13 20 14 15 11 1			rding half-siblings		p-siblings; føster siblings, etc.		
1) NAME			7		(NUMBER / STREET		11. 1. 10. 11.1 1 1 1 1 1 1 1 1 1 1 1 1	STATE	ZIP
☐ M	HOME PHON	E	W	ORK ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
UNDER AGE 18	WORK PHON	lĒ	CE (LL PHONE	EM	AIL			
2) NAME			H	OME ADDRESS	(NUMBER / STREET	/ APT	r) CITY	STATE	ZIP
□ M □ F	HOME PHON	E	W	ORK ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
UNDER AGE 18	WORK PHON	IE	CE (LL PHONE	EN	IAIL			
3) NAME			HO	OME ADDRESS	(NUMBER / STREET	APT	CITY	STATE	ZIP
☐ M	HOME PHON		W	ORK ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
UNDER AGE 18	WORK PHON	ΙE	CE (LL PHONE)	EM	AIL			
4) NAME			HO	OME ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
☐ M	HOME PHON	E	W	ORK ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
UNDER AGE 18	WORK PHON	IE	CI (ELL PHONE)	EM	AIL			
5) NAME			Н	OME ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
м г	HOME PHONE		W	ORK ADDRESS	(NUMBER / STREET	/ APT	T) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	IE	CI (LL PHONE	EN	AIL			
6) NAME			H	OME ADDRESS	(NUMBER / STREET	/ APT	r) city	STATE	ZIP
□ M	HOME PHONI	E	W	ORK ADDRESS	(NUMBER / STREET	/ APT	T) CITY	STATE	ZIP
UNDER AGE 18	WORK PHON	łE	CI (ELL PHONE)	EN	1AIL			
□ N/A Ú∴Chi	ldren		1 100 [13]			inger Ver			
List all of your name and cor	living child tact inform	iren, including na ation of the cust	atur odi	al, adopted, al parent or	step, and/or fost guardian, if other	er ca thai	are. Include any other childr n you.	en who reside with you. Pr	ovide the
1) NAME				CUSTODIAL PA	ARENT OR GUARDIAN	(IF O			
M □ F		CHILD'S AGE		ADDRESS (N	NUMBER / STREET / AF	T)	CITY	STATE	ZIP
· ·		<u> </u>	_	CONTACT NUM	IBER		EMAIL		
2) NAME			T	CUSTODIAL PA	ARENT OR GUARDIAN	(IF O	THER THAN YOU)		
		CHILD'S AGE		ADDRESS (N	NUMBER / STREET / AF	YT)	CITY	STATE	ZIP
L				CONTACT NUM	1BER		EMAIL		

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SECTION 2	RELATIVES AND REFEI		
3) NAME	A Company of the Comp	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
M □ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY	STATE ZIP
-	·	CONTACT NUMBER EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
M F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY	STATE ZIP
ш'	<u> </u>	CONTACT NUMBER EMAIL .	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
□ M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY	STATE ZIP
L.J 1°	L	CONTACT NUMBER EMAIL	(
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
M F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY	STATE ZIP
Ш г	<u> </u>	CONTACT NUMBER EMAIL	
HAREFERENCES List 7-40; or housen	Control of the contro	such as social and family friends; co-workers; military acquaintances. Lied disewhere. HOME ADDRESS (NUMBER / STREET / APT) CITY	o:not include relatives; employers STATE ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE ZIP
	() WORK PHONE	GELL PHONE EMAIL	STATE ZIP
	() HOW DO YOU KNOW THIS PE	() RSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME		HOME ADDRESS (NUMBER/STREET/APT) CITY	STATE ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE ZIP
	() WORK PHONE	CELL PHONE EMAIL	STATE ZIF
	() HOW DO YOU KNOW THIS PE	RSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	
	() WORK PHONE		STATE ZIP
	()	CELL PHONE EMAIL () RSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	
	A STATE OF THE PERSON WITHOUT TH	TOOTH (OT EASIER FINERD, TEACHER, FAMILT PRIEND, CO-WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?

PERSONAL HISTORY STATEMENT – PEACE OFFICER Page 7 of 26

SECTION 2:	RELATIVES AND REF	E RENCES (Seption 14): References) <i>continued</i>		
D) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE	CELL PHONE EMAIL ()	er	
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE	YOU KNOWN	THIS PERSON?
E) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE	GELL PHONE EMAIL		
	HOW DO YOU KNOW THIS	B PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE	YOU KNOWN	I THIS PERSON?
F) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE	CELL PHONE EMAIL		-
	HOW DO YOU KNOW THIS	B PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE	YOU KNOWN	THIS PERSON?
G) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE EMAIL ()		
	HOW DO YOU KNOW THIS	B PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE	YOU KNOWN	THIS PERSON?
H) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE	CELL PHONE EMAIL		
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE	YOU KNOWN	THIS PERSON?
I) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE	CELL PHONE EMAIL ()		
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE	YOU KNOWN	THIS PERSON?
J) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
L	HOME PHONE	WORK ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
	WORK PHONE	CELL PHONE EMAIL ()		
	HOW DO YOU KNOW THIS	S PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE	YOU KNOWN	THIS PERSON?

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Designation of the last of the	3: EDUCATION ou will be required to furnish trans						
15. Check a		- 1 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>	<u> </u>		ns. ol Proficiency (Certificate
16. List high	schools attended						
A) NAME				FROM	ТО		DID YOU GRADUATE?
		CITY			· ·	STATE	□ No
B) NAME				FROM	то		DID YOU GRADUATE?
		CITY		- 1		STATE	□ No
17. Listali co	illeges or universities attended:		 	l To	Ттоты	LAUTO CADAGO	
		Loury	FROM	ТО		UNITS EARNED	TYPE OF DEGREE EARNED
		CITY	4			STATE	
B) NAME			FROM	ТО	TOTAL	UNITS EARNED	TYPE OF DEGREE EARNED
		CITY				STATE	
C) NAME		•	FROM	ТО	TOTAL	UNITS EARNED	TYPE OF DEGREE EARNED
		CITY				STATE	
is. List any t	radė, vocationai¦ or businės schools/insti	tutes/attended/					
A) NAME				FROM	ТО		DID YOU COMPLETE THE COURSE?
	TYPE OF SCHOOL OR TRAINING	CITY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE	☐ Yes ☐ No
B) NAME				FROM	то		DID YOU COMPLETE THE COURSE?
	TYPE OF SCHOOL OR TRAINING	CITY				STATE	☐ Yes ☐ No
C) NAME				FROM	то		DID YOU COMPLETE THE COURSE?
	TYPE OF SCHOOL OR TRAINING	CITY				STATE	Yes No
	ou ever attended a Crime Justice Basic Advironite the following information:	cademy?					s 🗌 No
A) ACADEMY	NAME			FROM	ТО		DID YOU GRADUATE?
LOCA	ATION (CITY/STATE)		NAME OF TRAININ	IG OFFICER / ACADEMY COO	RDINATOR	CONTACT N	<u> </u>
B) ACADEMY	NAME			FROM	ТО		DID YOU GRADUATE?
LOCA	ATION (CITY/STATE)		NAME OF TRAININ	IG OFFICER / ACADEMY COO	RDINATOR	CONTACT	l

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SE	CTION 3: EDUCATION continued								
20.	Have you ever been placed on academic discipline, suspended, or business or trade school?	expelled	I from any high s	chool, college/univ	vers	ity,	Yes □ No		
	If yes, describe in detail below. Starting with high school, list any an when the disciplinary action(s) occurred, name of school(s), and ex	d all dis planatio	ciplinary actions n of circumstanc	received in any sc es.	hoc	l or educational Ins	stitution. Include		
					ERCO LIEBNO				
21. L	FION 4: RESIDENCE STOPRESIDENCES List all residences during the last ten years or since age 15. Proetc, and unit of apartment number). Do not use P.O. Boxes. If the residence is a military base, identify name of base in addryou shared individual guarters. If more space is needed continue on page 25.	vide.co/ ess, ne	rest city, state a	nd zip.code, DO:N	ΤOI	L(ST:military barra			
	DDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROI		TO Present		
L	CITY	STATE	ZIP	IF RENTING: PROPE	RTY	MANAGER, RENT COL	LECTOR, OR OWNER		
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER	R / STRE	ET / APT)	***************************************	CONTACT NUMBER ()				
	CITY	STATE	ZIP	EMAIL					
	Names of those with whom you live:								
B) F	ORMER ADDRESS (NUMBER / STREET / APT)			1	FRO	M	ТО		
L	CITY	STATE	ZiP	IF RENTING: PROPE	RTY	MANAGER, RENT COL	LECTOR, OR OWNER		
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER	I R/STRE	I ET / APT)			CONTACT NUMBER			
	сіту	STATE	ZIP	EMAIL					
	Names of those with whom you lived:								
	Reason for moving:								
C) F	ORMER ADDRESS (NUMBER / STREET / APT)				FRO	M .	то		
L	CITY	STATE	ZIP	IF RENTING: PROPE	RTY	MANAGER, RENT COL	LECTOR, OR OWNER		
	ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBI	ER / STRE	ET / APT)	J		CONTACT NUMBER			
	СПУ	STATE	ZIP	EMAIL					
	Names of those with whom you lived:								
	Reason for moving:								

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SECTION 4: RESIDENCE confinued 21 LIST OF RESIDENCES conlinued			177. THE							
D) FORMER ADDRESS (NUMBER / STREET / APT)	<u> </u>	<u> </u>		FROM		то				
CITY	STATE	ZIP	IF RENTING: PROF	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER						
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUM	/BER / STRE	ET / APT)		CONTACT NUMBER						
CITY	STATE	ŻIP	EMAIL							
Names of those with whom you lived:										
Reason for moving:	Reason for moving:									
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	i	то				
CITY	STATE	ZIP	IF RENTING: PROP	ERTY N	MANAGER, RENT COL	ECTOR, OR OWNER				
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUM	BER / STRE	ET / APT)			CONTACT NUMBER					
CITY	STATE	ZIP	EMAIL							
Names of those with whom you lived:		1								
Reason for moving:										
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM		то				
CITY	STATE	ZIP	IF RENTING: PROP	ERTY N	MANAGER, RENT COLI	ECTOR, OR OWNER				
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUM	I IBER/STRE	ET / APT)			CONTACT NUMBER					
CITY	STATE	ZIP	EMAIL.							
Names of those with whom you lived:										
Reason for moving:										
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM		ТО				
CITY	STATE	ZIP	IF RENTING: PROP	ERTY N	MANAGER, RENT COLI	ECTOR, OR OWNER				
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUM	BER / STRE	ET / APT)			CONTACT NUMBER					
CITY	STATE	ZIP	EMAIL	l_						
Names of those with whom you lived:			·							
Reason for moving:	*			•						

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ECTION 4: RESIDENCE continued 2. Provide contact information for all housemates listed in Question 21 with whom you have already provided contact information. If more space	ve resided during the next 10 years	conditionation and of the IDO
NOT list anyone for whom you have already provided contact information. If more space	se is needed, continue your respons	Consince the age of 15, DO Con page 25,
NAME	CONT	ACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY) OTATE 710
COUNTRY VARIATION IN LEUTEN (MANINEW) QUIVELLY WELL		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
3) NAME	CONT	ACT NUMBER
, 1746	()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
C) NAME	CONT	ACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	ļ
THE OTTER HOLD IN THE PARTY OF	Felkinin	
) NAME	CONT	ACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
NAME	CONT	AÇT NUMBER
	()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
· · · · · · · · · · · · · · · · · · ·		
F) NAME	CONT	TACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY		STATE ZIP
THE OF DELATIONOUS SECRETARIES AND DELATINE LAND OF THE MOLDENATE ONLY	EMAIL	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
23. Have you ever been evicted or asked to leave a residence?		
24. Have you ever left a residence owing rent?		Yes No
If you answered yes to Questions 23 and/or 24, explain (include when, where and circ	cumstances):	
	and the state of t	
	on gays you an shall be suppose at a sufficient with the bottle the bottle to be bottle as the bottle that is bottle to be	
	New Course to the Course of th	

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	TION 5: EXPERIENCE AND EMPLOYMENT								
= [•],	BEXPERIENCE. List <u>ALL</u> jobs you have had, indjuding part-fime, to dontinue your response on page 25;) If you have military experience, including reserve that <u>ALL</u> periods of unemployment in <u>excess of 3</u>	emporary, self-ei	mploym military	ent and volunteer	s, or unit o	f assignment			e le needed
A) NA	ME OF EMPLOYER OR MILITARY UNIT		******		7	FROM	<u>ka da Maria da </u>	то	
	ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	R			
	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP	CONTACT N	NUMBER		EXT	
	JOB TITLE		l	<u> </u>	EMAIL		****	L	-
	DUTIES / ASSIGNMENTS						F-T Self-emplo		☐ Temp
	NAMES OF CO-WORKERS 1)	2)				REASON FOR W	ANTING TO LEAV	E	
	Would there be a problem if we contact your current employer? ☐ Yes ☐ No								
	RIOD OF UNEMPLOYMENT eck applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐ 0	Other	FROM		то	
C) NA	ME OF EMPLOYER OR MILITARY UNIT					FROM		то	
	ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	DR .		I <u> </u>	
	CITY		STATE	ZIP	CONTACT N	CONTACT NUMBER EXT			
	JOB TITLE				EMAIL				
	DUTIES / ASSIGNMENTS						☐ F-T ☐ I		☐ Temp ☐ Volunteer
	NAMES OF CO-WORKERS 1)	2)				REASON FOR L	EAVING		•
-	RIOD OF UNEMPLOYMENT leck applicable: ☐ Student ☐ Between jobs	Leave of ab	sence	☐ Travel ☐ (Other	FROM		то	
E) NA	ME OF EMPLOYER OR MILITARY UNIT					FROM		то	
	ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	DR .		L	
	CITY	CONTACT (NUMBER		EXT				
	JOB TITLE				EMAIL				
	DUTIES / ASSIGNMENTS						☐ F-T ☐		☐ Temp
	NAMES OF CO-WORKERS 1)	2)				REASON FOR L	EAVING		

PERSONAL HISTORY STATEMENT – PEACE OFFICER Page 13 of 26

SECTION 5: EXPERIENCE AND EMPLOY 25. JOBERHENGE COMPAGE.	MENT continued			Pet (All In			Line of the property of the second
F) PERIOD OF UNEMPLOYMENT							
Check applicable: Student Betwe	en Jobs 🔲 Leave of al	bsence	☐ Travel ☐] Other	FROM		то
G) NAME OF EMPLOYER OR MILITARY UNIT					FROM		то
ADDRESS (NUMBER / STREET OR BASE)		· · · · · · · · · · · · · · · · · · ·		SUPERVIS	BOR		
CITY		STATE	ZIP	CONTACT	NUMBER		EXT
JOB TITLE			<u> </u>	EMAIL			
DUTIES / ASSIGNMENTS				<u> </u>		☐ F-T ☐	•
NAMES OF CO-WORKERS 1)	2)				REASON FOR		
i) PERIOD OF UNEMPLOYMENT Check applicable: Student Betwee	en jobs ☐ Leave of ab	sence	☐ Travel ☐	Other	FROM		то
NAME OF EMPLOYER OR MILITARY UNIT					FROM		то
ADDRESS (NUMBER / STREET OR BASE)				SUPERVIS	OR .		
CITY		STATE	ZIP	CONTACT	NUMBER		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<u></u>		☐ F-T ☐	
NAMES OF CO-WORKERS 1).	2)				REASON FOR I	LEAVING	
PERIOD OF UNEMPLOYMENT Check applicable: Student Betwee	n jobs 🔲 Leave of ab	sence	☐ Travel ☐	Other	FROM		то
ADDRESS (NUMBER / STREET OR BASE)			•	SUPERVISO	FROM		то
CITY		STATE	ZIP	CONTACT	NUMBER		EXT
JOB TITLE				EMAIL			
. DUTIES / ASSIGNMENTS						☐ F-T ☐	•
NAMES OF CO-WORKERS 1)	2)				REASON FOR L		
PERIOD OF UNEMPLOYMENT Check applicable: Student Between	n jobs ☐ Leave of abs	sence	☐ Travel ☐	Other	FROM		то

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SECTION 5: EXPERIENCE AND EMPLOYMENT CO 26 JOB EXPERIENCE CONTINUED.	onlinued							
M) NAME OF EMPLOYER OR MILITARY UNIT			<u></u>		FROM		то	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	R		<u></u>	
CITY		STATE	ZIP	CONTACT N	UMBER		EXT	
JOB TITLE		·		EMAIL			J	
DUTIES / ASSIGNMENTS		***************************************		<u> </u>	· · · · · · · · · · · · · · · · · · ·	☐ F-T ☐	P-T byed	☐ Temp
NAMES OF CO-WORKERS 1)	2)				REASON FOR L	L EAVING		
N) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs	☐ Leave of ab	sence	☐ Travel ☐	Other	FROM		то	
O) NAME OF EMPLOYER OR MILITARY UNIT					FROM		то	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	R		<u> </u>	
СІТУ		STATE	ZIP	CONTACT N	UMBER		EXT	
JOB TITLE		d	<u> </u>	EMAIL			1	
DUTIES / ASSIGNMENTS						☐ F-T ☐		☐ Temp
NAMES OF CO-WORKERS 1)	2)				REASON FOR L	EAVING		
P) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs	Leave of ab	sence	☐ Travel ☐ (Other	FROM		то	
Q) NAME OF EMPLOYER OR MILITARY UNIT					FROM		ТО	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISO	R			
CITY		STATE	ZIP	CONTACT N	UMBER		EXT	
JOB TITLE				EMAIL				
DUTIES / ASSIGNMENTS						☐ F-T ☐ ☐ Self-emplo	P-T oyed	☐ Temp
NAMES OF CO-WORKERS 1)	2)				REASON FOR L	L EAVING		
28. Have you ever been disciplined at work? (This inclusive suspensions, reductions in pay, reassignments or de	des written warni emotions)	ngs, for	mal letters of cou	nseling, rep	rimands,		Yes	□No
27. Have ever you ever been fired, released from probat								□ No
28. Were you ever involved in a physical/verbal altercati	on with a superv	isor, co	-worker, or custon	ner?			Yes	□ No

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SE	CTION 5: EXPERIENCE AI	ND EMPLOYMENT continued					
29,	Have you ever quit without gi	ving proper notice?	***************************************	***************************************			i □ No
30.	Have you ever resigned in lie	u of termination?	***************************************				3 □ No
31.	Have you ever been accused by a co-worker, superior, sub	of discrimination (such as sexual ordinate or customer?	harassmen	t, racial blas, sexu	al orientation ha	rassment, etc.)	i □ No
32.		a written complaint at work?					
33,	Have you ever been counsele	ed at work due to lateness or abse	nces?		***************************************	🗀 Yes	No □ No
		tisfactory performance review?					
		, or given away legally confidentia					
		hen you were neither sick nor car					
	If yes, how many sick days ha	ave you used in the past five years	s which were	not due to illness	s?		
	If you answered yes to any of	Questions 26–36, explain (includ	e when, who	ere and circumsta	nces; indicate co	rresponding number):	
			This first pass springers which have been been as the second passes as t		Pade 1 2 7 7 7 8 8 9 8 1 3 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	the state of the delicative colors for our class for the state of the	annulas contrastitui pun pousadur an ab printerior.
37.	In the past three years, have if yes, how often?	you missed days or been late to w	ork due to c	irug or alcohol cor	nsumption?	🗌 Yes	□No
38.	Has your work performance e	ver been affected by your use of a	alcohol or dr	ugs?		☐ Yes	□No
	WHEN?	NAME OF EMPLOYER					
39,	In the past three years, have your performance?	you been warned by an employer	about your	drinking or drug ha	abits and their im	pact on	□No
	WHEN?	NAME OF EMPLOYER					Пио
40.	Have you ever applied to any	other law enforcement agency (c	ity, county, s	etate or federal)?	***************************************	Yes	□ No
٠.	 If yes, list EVERY agency All agencies MUST be ili 	you have applied to; starting with sted regardless of the outcome o	the most re or current s	cent (give comple tatus. Check all I	te and accurate a	addresses); v for each agency	
	 If more space is heeded. 	continue your response on page 2	5 ₈ -	E			r grande Samuel Samuel Francisco
A) N	AME OF AGENCY				1	DATE APPLIED	
	ADDRESS (NUMBER / STREET)				BACKGROUND II	NVESTIGATOR'S NAME (IF KNOW	NN)
	CITY		STATE	ZIP	CONTACT NUMBE	R EXT	
	POSITION APPLIED FOR				EMAIL		
	Check eadh step in the pro	sess that you completed, and you	status:				
] Written ☐ Physical agility ☐	5.5 5.5.5.5.5.5.	Polygraph/CVSA			nditional job offer
	STATUS: Hired On	List 🔲 Withdrawn 🔲 Disquali	fled				

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SECTION'5: EXPERIENCE AND EMPLOYMENT continued 40: Have you ever applied to any other law enforcement agency cont	inued:				
B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROU	JND INVESTIGATOR'S NAME (I	F KNOWN)
CITY	STATE	ZIP	CONTACT N	UMBER	EXT
POSITION APPLIED FOR		<u> </u>	EMAIL		
Check each step in the process that you completed, and your sta					
STATUS: Hired On List Withdrawn Disqualified	~~~				
C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROU		F KNOWN)
CITY	STATE	ZIP	CONTACT N	UMBER	EXT
POSITION APPLIED FOR			EMAIL		<u> </u>
STEPS: Application Written Physical agility Or STATUS: Hired On List Withdrawn Disqualified SECTION 6: MILITARY EXPERIENCE 41. Are you required to register for the Selective Service?		VI NET PRO	To Alberta	A-10 (1 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
If yes, have you registered?	************				Yes No
42. BRANCH OF SERVICE			- 1	DATES OF SERVICE	То
44. TYPE OF DISCHARGE: Entry Level Honorable General Re-entry Code (1-4) if applicable – refer to your		ΓΗ (Other than Ho :	norable)	☐ Bad Conduct ☐ E	Dishonorable
45. Are you currently participating in one of the following? Military I	Reserve	☐ National Gua	ard If ch	ecked, date obligation en	nds:
46. Have you ever been the subject of any judicial or non-judicial discipl office hours, company punishment)?	linary ac	tion (such as, cour	t martial, ca	ptain's mast,] Yes □ No
47. Were you ever denied a security clearance, or had a clearance revo	oked, sus	spended or downg	raded?] Yes □ No
If you answered yes to Questions 46 and/or 47, explain (include date	es and cl	rcumstances):			

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SECTION 7: FINANCIAL 48. INCOME AND EXPENSES For each of the following questions fill in the amounts to the negrest dollar.	
A) From your employer(s), what is your take-home monthly income? \$	per month
B) Do you have income other than from your salary or wages? Ye	s □ No
If yes, fill in amount:\$\$	per month
c) How much do you spend each month?\$ 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 obligation(s) you may have.	per month
49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	B □ No
50. Have any of your bills ever been turned over to a collection agency?	s □ No
51. Have you ever had purchased goods repossessed?	ß □ No
52. Have your wages ever been garnished?	i □ No
53. Have you ever been delinquent on income or other tax payments?	i □ No
54. Have you ever failed to file income tax or cheated/lied on an Income tax form?	s □ No
55. Have you ever had an employment bond refused?	B □ No
56. Have you ever avoided paying any lawful debt by moving away?	B □ No
57. Have you ever defaulted on (falled to pay) a loan?	B □ No
58. Have you ever borrowed money to pay for a gambling debt?	No □ No
59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	
60. Have you ever falled to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	. □ No
61. Have you written three or more bad checks in a one-year period?	i □ No
If you answered yes to any of Questions 49-61, explain (include when, where, and why; indicate corresponding number):	
•	

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9	CTION 8: LEGAL			A (19)
	Disclosure of Arrests and C		Application of the second seco	
A E		fficer position, you are required to disclose any of the following vere sealed, expunged, alsmissed or pardoned:	vhich occurred on or after	your 15th
	ALL diversions ALL diversion program finore space is needed, conf			
	felony offense in this state	nile, have you EVER been detained for investigation, held on arrested, indicted, criminally charged, or convicted of any mi or in any other legal jurisdiction (including offenses punishary Justice)?	sdemeanor or	s 🗆 No
If ye	es, explain each inclident.			
A) AP	PROXIMATE DATE	ARRESTING OR DETAINING AGENCY		
	CHARGE			
	DISPOSITION OR PENALTY			
			•	
B) AP	PROXIMATE DATE	ARRESTING OR DETAINING AGENCY		
	CHARGE			
	DISPOSITION OR PENALTY		,	
C) API	PROXIMATE DATE	ARRESTING OR DETAINING AGENCY		
	CHARGE			
	DISPOSITION OR PENALTY			
			·	
D) API	PROXIMATE DATE	ARRESTING OR DETAINING AGENCY		
	CHARGE			
	DISPOSITION OR PENALTY	·		
		ourt probation as an adult?	🗀 Yes	□No
64. V	Vere you ever required to appear committed as an adult?	r before a juvenile court for an act which would have been a crime if	🗆 Yes	□No
65. H	lave you ever been a party in a c	civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternit	V	
		to your home for any reason?		
67. F	lave you or your spouse/partner	ever been referred to Child Protective Services?	🗆 Yes	□No

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N.	ECTION 8: LEGAL continued	
	。 第一章	
	B. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	□ No
	b. 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
70	b. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	□ No
71	. Have you ever filed a false insurance or workers' compensation claim?	□ No
	If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate correspond	
	thousand the state of the state	ing number):

72	и́мренестер дотя; в вант 1 At any time? have you ever committed any of the following misdemeanors?	
A)	Annoying / obscene phone calls	□ No
В)	Battery (use of force or violence upon another)	□ No
C)	Brandishing a weapon (any type of weapon)	□ No
D)	Carrying a concealed weapon without a permit	□ No
E)	Contributing to the delinquency of a minor	□ No
F)	Defrauding an innkeeper (not paying for food or room at a hotel/motel)	□ No
G)	Driving under the influence of alcohol and/or drugs ☐ Yes	□ No
H)	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□ No
)	Hit & run collision (no injuries)	□ No
J)	Hunting/fishing without a license Yes	□ No
<)	Illegal gambling	□ No
-)	Impersonating a peace officer (pretending to be a police officer)	□ No
۷i)	Indecent exposure (including flashing or mooning)	□ No
1)	Joyriding (using a car or other vehicle without owner's permission) □ Yes	□ No
D)	Petty theft (value up to \$400, including shoplifting/switching price tags)	□No
?)	Possession of alcohol as a minor	□ No

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	ECTION 8; LEGAL continued	
	. ONDETECTED ACTS: FART 1 continued	
Q)	Possession of falsified or altered identification, including use of another person's ID (for any reason)	. □ No
R)	Possession of stolen property (including vehicles)	□No
	Prostitution or soliciting a prostitute	□No
	Resisting arrest (including running from the police)	□No
	Trespassing Yes	□No
	Vandalism (including "tagging," malicious mischief and/or property damage) ☐ Yes	□ No
	Intentionally writing a bad check	□No
	Filing a false police report	
	Any other act amounting to a misdemeanor within the past seven years	□No
	If youranswered yes to anvitem(s) in Question 72, fully explain circumstances, including date(s), names of individuals involved in the corresponding letter (72-4), etc.) for each explanation.	
73.	UNDETECTED ACTS PART 2 At any time in your life have you <u>ever</u> committed any of the following?	
	Arson (intentionally destroying property by setting a fire)	□No
3)	Assault with a deadly weapon Yes	□No
2)	Theft of a vehicle and/or vehicle parts	□No
))	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
:)	Child molestation (performing unlawful acts with a child)	□ No
5)	Accessing and/or possessing child pornography	□No

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100	ECTION 8: LEGAL (Question 73) continued		
G	Elder abuse/neglect] Yes	□No
H)	Embezzlement (theft of money or other valuables entrusted to you)	Yes	□No
1)	Felony drunk driving (involving injuries)] Yes	□No
J)	Forcible rape or other act of unlawful intercourse] Yes	□No
K)	Forgery (falsifying any type of document, check certificate, license, currency, etc.)] Yes	□No
	Hit & run (with Injuries)		□No
M)	Hate crime	Yes	□ No
	Insurance fraud		□ No
0)	Grand theft (value of over \$400, or any firearm)	Yes	□ No
	Murder, homicide, or attempted murder		
	Perjury (lying under oath)		
R)	Possession of an explosive/destructive device	Yes	□ No
8)	Robbery (theft from another person using a weapon, force, or fear)	Yes	
T)	Stalking	Yes	 □ No
U)	Blackmail or extortion	Yes	□ No
V)	Any other act amounting to a felony	Yes	□ No
	If you answered yes to <u>any</u> item(s) in Question 73 , fully explain circumstances, including date(s), names of individuals resolution, indicate the corresponding letter (73-4, etc.) for each explanation.	s involved;	and-
			ļ

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SECTION 8: LEGAL conlinued Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over the counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs: Amphetamines / Methamphetamines Glue Mescaline (Uppers, Speed, Crank, etc) Hallucinogens Morphine Barbiturates (Downers) (Peyote, LSD, Mushrooms) PCP / Angel Dust Cocaine / Crack Cocaine Hashish / Hashish Oil Quaaludes Designer Drugs Heroin / Opium Steroids (Ecstasy, Synthetic Heroin, etc.) Marijuana Tetrahydrocannabinal (THC) GHB (Date Rape Drug) 74. Within the past 10 years, have you used any drug(s) as indicated above?...... 🔲 Yes ☐ No If yes, give details, including drug(s) used and circumstances: 75. Prior to the past 10 years (check all that apply): I have never used any drug recreationally. I have tried or used one or more drugs, but only under <u>limited</u> circumstances (for example, experimentation, at parties, concerts, special events, etc.). If checked, give details including drug(s) used, most recent date used, and circumstances. 76. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana? ☐ Sold Purchased Cultivated ☐ Manufactured ☐ Furnished ☐ Carried or held for another If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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SECTION	9: MOTOR VEHICLE O	PERATION						
77. CURRENT	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER	WHICH LICENSE WA	S GRANTED	表明是多似是	
78. LIST OTHE	R STATES WHERE YOU HAVE B	EEN LICENSED TO OPE	RATE A MOTOR VEHICL	F.				
	ue						 	
		ryperoralidense		Name und	er which license	was granted and	license nu	mber, if known
						•		

79. Have you	u ever been refused a drive	er's license by any	state?	******************	************		🗀 Yes	□ No
If yes, e	xplain (include when, wher	e, and circumstanc	es):					
4****************								
		\$ ************************************	**************************************	*******				
	and the contract of the contra	46-9 washout himida di kam ad imening agraph pula bil de wa tila se lagui ago at			era (1.470m) de l'antigen (1920) en	# house the end you become treating at 10 MeV load speed a 10 MeV load.	i bë malë mare i quel a veli	
		a participa que en en en entre participa de la companya de en della en en en entre en la la companya de entre e			**************************************	A P y Model o Fin Anni y G year (Annial Parish of Section 2 A Sect	ar an an are t b and - consum 111 f .	
80. Has your	driver's license ever been	suspended or revo	sked?				F71.V	P
If yes, ex	plain (include when, when	e, and circumstance	es);	***************************************	***************************************	***************************************	LJ Yes	☐ No
*************	ر و برستند ر بر دو همه دوست و دور و	The state of the transport and statement to be a fine and the company and the						
					and an analysis of the passed placement and a \$ 7.000 his	And the state of the second state of the sta	- Paris de Miller de Armado e como de asecuto y acer ase yas	and the same and provided the same and the same as
PROTECTION AND ADDRESS AND ASSESSED.			011000000000000000000000000000000000000		and any animal part of human particular and part of human party great history	the first term of the second of the first of the second of the second beginning.		
					and the balance of the production of the second			person and discharge did Action (if I diagraph can approprie did it is the same or manufa
ne Diekonia	New Year Wine World Co.		Sales Ford at 1975 to 1975	gar i englesemine	Comment of the second			
A) TYPE OF CO		on your ventale(s)!	IVEHIC	CLE MAKE		YEAR	VEHICLE LI	OFLIGE
☐ Insure		ash Deposit				ILOX	VEHICLE L	CENSE
INSURAI	NCE COMPANY				POLICY NUMBER		E	XPIRES
ADDRE	SS (NUMBER/STREET	CITY				STATE ZIP	CONTACT	NUMBER
B) TYPE OF CC	WERAGE			N. F. MALOR	······································	1	()	
☐ Insure		ash Deposit	VEHIC	CLE MAKE		YEAR	VEHICLE L	CENSE
INSURAI	NCE COMPANY		1		POLICY NUMBER	1	[E)	KPIRES
ADDRES	SS (NUMBER/STREET	CITY				STATE ZIP	CONTACT	NUMBER
C) TYPE OF CO	VEDAGE						()	
Insure		ash Deposit	VEHIC	CLE MAKE		YEAR	VEHICLE LI	CENSE
INSURA	ICE COMPANY		····		POLICY NUMBER	I	E)	(PIRES
ADDRES	SS (NUMBER/STREET	CITY				OTATE 710	CONTACT	Uninco
		VIII				STATE ZIP	CONTACT	NUMBER
D) TYPE OF CO Insure		ash Deposit	VEHIC	LE MAKE		YEAR	VEHICLE LI	CENSE
,,	ICE COMPANY				POLICY NUMBER		EX	(PIRES
ADDRES	S (NUMBER/STREET	Am.						
ייייייייייייייייייייייייייייייייייייייי	- (HOMOLINI OTNEE)	CITY				STATE ZIP	CONTACT (NUMBER

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SECTION 9: MOTOR	VEHICLEOP	ERATION continued							
	s, excluding pari	ding citations, you have t	ecelved within t	he past se	vèn years:	250 A		3. 57. 57	×
A) NATURE OF VIOLATION					LOCATION	(STREET) C	ITY		STAT
	DA	TE VIOLATION OCCURRED	ACTION	TAKEN		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	М	onth Year	☐ No	t Guilty	☐ Fined	☐ Traffic School	☐ Dism	issed	
B) NATURE OF VIOLATION					LOCATION	(STREET) CI	ITY		STAT
	DA	TE VIOLATION OCCURRED	ACTION	TAKEN					
	I .		I		☐ Fined	☐ Traffic School	☐ Dism	ssed	
C) NATURE OF VIOLATION					LOCATION	STREET) CI	TY		STAT
	l na	TE VIOLATION OCCURRED	1.071011	Processos.		-			91/1
	1		1		☐ Fined	☐ Traffic School	☐ Dismi	ssed	
) Has a traffic citation e	DATE VIOLATION OCCURRED Month Year DATE VIOLATION OCCURRED Month Year Not Guility Fined Traffic School Dismissed								
☐ Falled to app	ear 🗌 Fall	ed to complete traffic sch							
if checked, expla	n circumstances	3:							
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ECTION 9: MOTOR VEHICLE OPERATION continued	1.	
Use this space for additional information you would like to include regarding your driving record.		
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	or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group so violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, all preference, or disability?	
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Are you now or have you ever been a member or accepted weapon?	🗆 Yes	□ No
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Have you ever hit or physically everyowered a engue of the state of th		
GTON/10: OTHER TORICS Have you ever been refused a permit to carry a concealed weapon? Yes 1 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, netionality, Yes 1 Do you have, or have you ever had, a tatloo signifying membership in, or affiliation with, a criminal enterprise, steet gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, netionality, gender, excell preference, or disability? Yes In Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes In Have you ever hill or physically overpowered a spouse or romantic partner? Yes In Have you ever hill or physically overpowered a spouse or romantic partner? Yes In Have you ever hill or physically overpowered a spouse or romantic partner? Yes In Have you ever hill or physically overpowered a spouse or romantic partner? Yes In Have you ever hill or physically overpowered a spouse or romantic partner? Yes In Have you ever hill or physically overpowered as spouse or romantic partner? Yes In Have you ever hill or physically overpowered as spouse or romantic partner? Yes In Have you ever hill or physically overpowered as spouse or romantic partner? Yes In Have you ever hill or physically overpowered as spouse or romantic partner? Yes In Have you ever hill or physically overpowered as spouse or romantic partner? Yes In Have you ever hill or physically overpowered as a spouse or romantic partner? Yes In Have you ever hill or physically overpowered as a spouse or romantic partner? Yes In Have you ever hill or physically overpowered yes totally of Cartalla and you ever hill or physically overpowered yes totally overpowered yes totally overpowered yes totally overpowered yes t	□ No	
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You answered yes to any of Questions 86–90, give details including dates and circumstances: indicate dotresponding		□ No
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If you answered yes to any of Questions 86-90, give details including dates and circumstances; indicate corresponding. TION 11: CERTIFICATION It hereby certify that they personally completed and initialed each page of this form and any supplemental all statements made are true, and complete to the best of my knowledge of this form and any supplemental all statements made are true, and complete to the best of my knowledge of this form and any supplemental	number:	
f. you answered yes to any of Questions 86-90, give details including dates and circumstances; indicate corresponding	number:	
f you answered yes to any of Questions 86-90, give details including dates and circumstances; indicate corresponding. TION 11: CERTIFICATION Thereby certify that thrave personally completed and initiated each page of this form and any supplemental at statements made are true and complete to the best of my beautiful.	number:	

PERSONAL HISTORY STATEMENT – PEACE OFFICER Page 76 of 26

ADDI	TIONAL SPACE
	Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
=	Identify the corresponding question and specific item being referenced.
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