

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 Nevada **Peace Officer**.
- Type or neatly print, in ink, responses 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 cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form 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: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act , at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER ()
		CELL	FAX PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, 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			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
			- -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased. If more space is needed, continue your response on page 25.

N/A	A. Father			
NAME	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	B. Step-father			
NAME	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	C. Mother			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A		D. Stepmother				
NAME		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 Domestic Partner					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()		EMAIL			
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual?				Yes	No

N/A		F. Father-in-law				
NAME		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. Mother-in-law				
NAME		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		H. Former Spouse(s) / Former Registered Domestic Partner(s)					
1) 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 there, or has there been, a restraining or stay-away order in effect for 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 there, or has there been, a restraining or stay-away order in effect for this individual?				Yes	No

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A	I. Brothers and Sisters – list all living siblings, including half-siblings, stepsiblings, foster siblings, etc.					
1) NAME		HOME ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
M F UNDERAGE 18	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME		HOME ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
M F UNDERAGE 18	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME		HOME ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
M F UNDERAGE 18	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME		HOME ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
M F UNDERAGE 18	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
5) NAME		HOME ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
M F UNDERAGE 18	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
6) NAME		HOME ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
M F UNDERAGE 18	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

N/A	J. Children					
List all of your 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 or guardian, if other than you.						
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
	CHILD'S AGE	ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL			
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
	CHILD'S AGE	ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL			

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL		
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL		
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL		
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER ()	EMAIL		

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) 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 PERSON? (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			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) 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 PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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SECTION 2: RELATIVES AND REFERENCES (Section 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			
HOW DO YOU KNOW THIS 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 ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN 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 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 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 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 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
	HOME PHONE ()	WORK ADDRESS	(NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: High School Diploma from an accredited U.S. institution GED California High School Proficiency Certificate

16. List high schools attended:

A) NAME	FROM	TO	
	CITY	STATE	
B) NAME	FROM	TO	
	CITY	STATE	

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	
	CITY	STATE		
B) NAME	FROM	TO	TOTAL UNITS EARNED	
	CITY	STATE		
C) NAME	FROM	TO	TOTAL UNITS EARNED	
	CITY	STATE		

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	
	TYPE OF SCHOOL OR TRAINING	CITY	STATE
B) NAME	FROM	TO	
	TYPE OF SCHOOL OR TRAINING	CITY	STATE
C) NAME	FROM	TO	
	TYPE OF SCHOOL OR TRAINING	CITY	STATE

19. Have you ever attended a **POST** Basic Academy?..... Yes No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? Y N
	LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? Y N
	LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()

SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

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

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. 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 on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
B) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
C) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
D) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
E) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
F) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL

23. Have you ever been evicted or asked to leave a residence?	Yes	No
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 circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- 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.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? Yes No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other						

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other						

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING	

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other					FROM	TO
G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING		
H) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other					FROM	TO
I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING		
J) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other					FROM	TO
K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS					F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING		
L) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other					FROM	TO

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*
 25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other						

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other						

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAME OF CO-WORKER & CONTACT NUMBER 1)		NAME OF CO-WORKER & CONTACT NUMBER 2)		REASON FOR LEAVING	

26. 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
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	Yes	No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes	No

PERSONAL HISTORY STATEMENT – PEACE OFFICER

Nevada POST

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice?	Yes	No
30. Have you ever resigned in lieu of termination?	Yes	No
31. 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
32. Were you ever the subject of a written complaint at work?	Yes	No
33. Have you ever been counseled at work due to lateness or absences?	Yes	No
34. Did you ever receive an unsatisfactory performance review?	Yes	No
35. Have you ever sold, released, or given away legally confidential information?	Yes	No
36. 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?		

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

37. 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?		

38. Has your work performance ever been affected by your use of alcohol or drugs?			Yes	No	
WHEN?	NAME OF EMPLOYER				

39. 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
WHEN?	NAME OF EMPLOYER					

40. Have you ever applied to any other law enforcement agency (city, county, state or federal)?.....		Yes	No
<ul style="list-style-type: none"> If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 25. 			

A) NAME OF AGENCY			DATE APPLIED	
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: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified				

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
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: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
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: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service?		Yes	No
If yes, have you registered?		Yes	No
If no, explain:			
42. BRANCH OF SERVICE		43. DATES OF SERVICE	
		From	To
44. 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:			
45. Are you currently participating in one of the following? Military Reserve National Guard		If checked, date obligation ends:	
46. 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
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?		Yes	No

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

48. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest 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?	Yes	No
If yes, fill in amount:	\$	per month
Explain:		
C) How much do you spend each month?	\$	per month
<i>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.</i>		

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes	No
50. Have any of your bills ever been turned over to a collection agency?	Yes	No
51. Have you ever had purchased goods repossessed?	Yes	No
52. Have your wages ever been garnished?	Yes	No
53. Have you ever been delinquent on income or other tax payments?	Yes	No
54. Have you ever failed to file income tax or cheated/lie on an income tax form?	Yes	No
55. Have you ever had an employment bond refused?.....	Yes	No
56. Have you ever avoided paying any lawful debt by moving away?	Yes	No
57. Have you ever defaulted on (failed to pay) a loan?	Yes	No
58. 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
59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?.....	Yes	No
60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?.....	Yes	No
61. Have you written three or more bad checks in a one-year period?	Yes	No

If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

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.**

62. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on page 25.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

63. Have you ever been placed on court probation as an adult?	Yes	No
64. 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
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes	No
66. Have the police ever been called to your home for any reason?	Yes	No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	Yes	No

SECTION 8: LEGAL *continued*

68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	Yes	No
69. 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. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	Yes	No
71. Have you ever filed a false insurance or workers' compensation claim?	Yes	No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1

Within the past **seven years** **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? **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.**

A) Annoying / obscene phone calls	Yes	No
B) Battery (use of force or violence upon another)	Yes	No
C) Brandishing a weapon (any type of weapon)	Yes	No
D) Carrying a concealed weapon without a permit	Yes	No
E) Contributing to the delinquency of a minor	Yes	No
F) Theft (not paying for food or room at a hotel/motel)	Yes	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)	Yes	No
I) Hit & run collision (no injuries)	Yes	No
J) Hunting/fishing without a license	Yes	No
K) Illegal gambling	Yes	No
L) Impersonating a peace officer (pretending to be a police officer)	Yes	No
M) Indecent exposure (including flashing or mooning)	Yes	No
N) Joyriding (using a car or other vehicle without owner's permission)	Yes	No
O) Theft (including shoplifting/switching price tags)	Yes	No
P) Possession of alcohol as a minor	Yes	No

SECTION 8: LEGAL *continued*

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason).....	Yes	No
R) Possession of stolen property (including vehicles).....	Yes	No
S) Prostitution or soliciting a prostitute	Yes	No
T) Resisting arrest (including running from the police)	Yes	No
U) Trespassing.....	Yes	No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	Yes	No
W) Intentionally writing a bad check	Yes	No
X) Filing a false police report	Yes	No
Y) Any other act amounting to a misdemeanor within the past seven years	Yes	No

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

73. INVOLVEMENT IN CRIMINAL ACTS – PART 2

At any time in your life have you **ever** committed any of the following? **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.**

A) Arson (intentionally destroying property by setting a fire)	Yes	No
B) Assault with a deadly weapon	Yes	No
C) Theft of a vehicle and/or vehicle parts	Yes	No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	Yes	No
E) Child molestation (performing unlawful acts with a child)	Yes	No
F) Accessing and/or possessing child pornography	Yes	No

SECTION 8: LEGAL (Question 73) continued

G) Elder abuse/neglect.....	Yes	No
H) Embezzlement (theft of money or other valuables entrusted to you)	Yes	No
I) 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
L) Hit & run (with injuries)	Yes	No
M) Hate crime.....	Yes	No
N) Insurance fraud.....	Yes	No
O) Grand larceny (value of over \$250, or any firearm).....	Yes	No
P) Murder, homicide, or attempted murder	Yes	No
Q) Perjury (lying under oath)	Yes	No
R) Possession of an explosive/destructive device	Yes	No
S) Robbery (theft from another person using a weapon, force, or fear).....	Yes	No
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 **any** item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

SECTION 8: LEGAL *continued*

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
(*Uppers, Speed, Crank, etc*)
- Barbiturates (*Downers*)
- Cocaine / Crack Cocaine
- Designer Drugs
(*Ecstasy, Synthetic Heroin, etc.*)
- GHB (*Date Rape Drug*)
- Glue
- Hallucinogens
(*Peyote, LSD, Mushrooms*)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana*
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

***NOTE: If you are currently serving as an active certified Nevada peace officer, contact your background investigator for direction on answering questions pertaining to marijuana.**

74. **Within the past six months**, 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 six months** (check all that apply):

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 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
- Manufactured
- Purchased
- Furnished
- Cultivated
- Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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

If yes, explain (include when, where, and circumstances):

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

If yes, explain (include when, where, and circumstances):

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY STATE ZIP			CONTACT NUMBER ()
B) TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY STATE ZIP			CONTACT NUMBER ()
C) TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY STATE ZIP			CONTACT NUMBER ()
D) TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY STATE ZIP			CONTACT NUMBER ()

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	Not Guilty	Fined	Traffic School	Dismissed
B) NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	Not Guilty	Fined	Traffic School	Dismissed
C) NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	Not Guilty	Fined	Traffic School	Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

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

If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	INJURY NON-INJURY		
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	INJURY NON-INJURY		
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	INJURY NON-INJURY		

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

IF YES, GIVE REASON:

DATE LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

Month Year

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

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

Month Year

SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

- | | | |
|---|-----|----|
| 86. Have you ever been refused a permit to carry a concealed weapon? | Yes | No |
| 87. 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 |
| 88. 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 |
| 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? | Yes | No |
| 90. Have you ever hit or physically overpowered a spouse or romantic partner? | Yes | No |

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, 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
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ADDITIONAL SPACE

- 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.). Identify the corresponding question and specific item being referenced.