



**CIVIL SERVICE COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO**

**LONDON N. BREED  
MAYOR**

**Sent via Electronic Mail**

September 7, 2023

**NOTICE OF CIVIL SERVICE COMMISSION MEETING**

**SUBJECT: STATUS OF 8238 PUBLIC SAFETY COMMUNICATIONS DISPATCHER  
HIRING AT SAN FRANCISCO DEPARTMENT OF EMERGENCY  
MANAGEMENT.**

The above matter will be considered by the Civil Service Commission at a hybrid meeting (in-person and virtual) in Room 400, City Hall, 1 Dr. Goodlett Place, San Francisco, California 94102 and through Cisco WebEx to be held on **September 18, 2023, at 2:00 p.m.**

This item will appear under the Regular Agenda. Please refer to the attached notice for procedural and other information about Commission hearings.

Attendance by you or an authorized representative is recommended. Should you or your representative not attend, the Commission will rule on the information previously submitted and testimony provided at its meeting. All calendared items will be heard and resolved at this time unless good reasons are presented for a continuance.

Sincerely,

CIVIL SERVICE COMMISSION

/s/

SANDRA ENG  
Executive Officer

Attachment

Cc: Sandy Chan, Department of Emergency Management  
Carol Isen, Department of Human Resources  
Anna Biasbas, Department of Human Resources  
Robert Smuts, Department of Emergency Management  
Kate Howard, Department of Human Resources  
Dave Johnson, Department of Human Resources  
Shawn Sherburne, Department of Human Resources  
Mawuli Tugbenyoh, Department of Human Resources  
Yvonne Rodriguez, Department of Emergency Management  
Najuawanda Daniels, SEIU Local 1021  
Commission File  
Commissioners' Binder  
Chron

## **NOTICE OF COMMISSION HEARING POLICIES AND PROCEDURES**

### **A. Commission Office**

The Civil Service Commission office is located at, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. The telephone number is (628) 652-1100. The fax number is (628) 652-1109. The email address is [civilservice@sfgov.org](mailto:civilservice@sfgov.org) and the web address is [www.sfgov.org/civilservice/](http://www.sfgov.org/civilservice/). Office hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

### **B. Policy Requiring Written Reports**

It is the policy of the Civil Service Commission that except for appeals filed under Civil Service Commission Rule 111A Position-Based Testing, all items appearing on its agenda be supported by a written report prepared by Commission or departmental staff. All documents referred to in any Agenda Document are posted adjacent to the Agenda, or if more than one (1) page in length, available for public inspection and copying at the Civil Service Commission office. Reports from City and County personnel supporting agenda items are submitted in accordance with the procedures established by the Executive Officer. Reports not submitted according to procedures, in the format and quantity required, and by the deadline, will not be calendared.

### **C. Policy on Written Submissions by Appellants**

All written material submitted by appellants to be considered by the Commission in support of an agenda item shall be submitted to the Commission office, no later than 5:00 p.m. on the fourth (4<sup>th</sup>) business day preceding the Commission meeting for which the item is calendared (ordinarily, on Tuesday). An original copy on 8 1/2-inch X 11 inch paper, three-hole punched on left margin, and page numbered in the bottom center margin, shall be provided. Written material submitted for the Commission's review becomes part of a public record and shall be open for public inspection.

### **D. Policy on Materials being Considered by the Commission**

Copies of all staff reports and materials being considered by the Civil Service Commission are available for public view 72 hours prior to the Civil Service Commission meeting on the Civil Service Commission's website at <https://sf.gov/civilservice> and in its office located at 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102. If any materials related to an item on this agenda have been distributed to the Civil Service Commission after distribution of the agenda packet, those materials will be available for public inspection at the Civil Service Commission's during normal office hours (8:00 a.m. to 5:00 p.m. Monday through Friday).

### **E. Policy and Procedure for Hearings to be Scheduled after 5:00 p.m. and Requests for Postponement**

**A request to hear an item after 5:00 p.m. should be directed to the Executive Officer as soon as possible following the receipt of notification of an upcoming hearing. Requests may be made by telephone at (628) 652-1100 and confirmed in writing or by fax at (628) 652-1109.**

A request for a postponement (continuance) to delay an item to another meeting may be directed to the Commission Executive Officer by telephone or in writing. Before acting, the Executive Officer may refer certain requests to another City official for recommendation. Telephone requests must be confirmed in writing prior to the meeting. Immediately following the "Announcement of Changes" portion of the agenda at the beginning of the meeting, the Commission will consider a request for a postponement that has been previously denied. Appeals filed under Civil Service Commission Rule 111A Position-Based Testing shall be considered on the date it is calendared for hearing except under extraordinary circumstances and upon mutual agreement between the appellant and the Department of Human Resources.

### **F. Policy and Procedure on Hearing Items Out of Order**

Requests to hear items out of order are to be directed to the Commission President at the beginning of the agenda. The President will rule on each request. Such requests may be granted with mutual agreement among the affected parties.

### **G. Procedure for Commission Hearings**

All Commission hearings on disputed matters shall conform to the following procedures: The Commission reserves the right to question each party during its presentation and, in its discretion, to modify any time allocations and requirements.

If a matter is severed from the *Consent Agenda* or the *Ratification Agenda*, presentation by the opponent will be for a maximum time limit of five (5) minutes and response by the departmental representative for a maximum time limit of five (5) minutes. Requests by the public to sever items from the [*Consent Agenda* or] *Ratification Agenda* must be provided with justification for the record.

For items on the *Regular Agenda*, presentation by the departmental representative for a maximum time of five (5) minutes and response by the opponent for a maximum time limit of five (5) minutes.

For items on the *Separations Agenda*, presentation by the department followed by the employee or employee's representative shall be for a maximum time limit of ten (10) minutes for each party unless extended by the Commission.

Each presentation shall conform to the following:

1. Opening summary of case (brief overview);
2. Discussion of evidence;
3. Corroborating witnesses, if necessary; and
4. Closing remarks.

The Commission may allocate five (5) minutes for each side to rebut evidence presented by the other side.

#### **H. Policy on Audio Recording of Commission Meetings**

As provided in the San Francisco Sunshine Ordinance, all Commission meetings are audio recorded in digital form. These audio recordings of open sessions are available starting on the day after the Commission meeting on the Civil Service Commission website at [www.sfgov.org/civilservice/](http://www.sfgov.org/civilservice/).

#### **I. Speaking before the Civil Service Commission**

Speaker cards are not required. The Commission will take public comment on all items appearing on the agenda at the time the item is heard. The Commission will take public comment on matters not on the Agenda, but within the jurisdiction of the Commission during the "Requests to Speak" portion of the regular meeting. Maximum time will be three (3) minutes. A subsequent comment after the three (3) minute period is limited to one (1) minute. The timer shall be in operation during public comment. Upon any specific request by a Commissioner, time may be extended.

#### **J. Public Comment and Due Process**

During general public comment, members of the public sometimes wish to address the Civil Service Commission regarding matters that may come before the Commission in its capacity as an adjudicative body. The Commission does not restrict this use of general public comment. To protect the due process rights of parties to its adjudicative proceedings, however, the Commission will not consider, in connection with any adjudicative proceeding, statements made during general public comment. If members of the public have information that they believe to be relevant to a matter that will come before the Commission in its adjudicative capacity, they may wish to address the Commission during the public comment portion of that adjudicative proceeding. The Commission will not consider public comment in connection with an adjudicative proceeding without providing the parties an opportunity to respond.

#### **K. Policy on use of Cell Phones, Pagers and Similar Sound-Producing Electronic Devices at and During Public Meetings**

The ringing and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

#### **Information on Disability Access**

The Civil Service Commission normally meets in Room 400 (Fourth Floor) City Hall, 1 Dr. Carlton B. Goodlett Place. However, meetings not held in this room are conducted in the Civic Center area. City Hall is wheelchair accessible. The closest accessible BART station is the Civic Center, located 2 ½ blocks from City Hall. Accessible MUNI lines serving City Hall are 47 Van Ness Avenue, 9 San Bruno and 71 Haight/Noriega, as well as the METRO stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. Accessible curbside parking has been designated at points in the vicinity of City Hall adjacent to Grove Street and Van Ness Avenue.

The following services are available on request 48 hours prior to the meeting; except for Monday meetings, for which the deadline shall be 4:00 p.m. of the last business day of the preceding week. For American Sign Language interpreters or the use of a reader during a meeting, a sound enhancement system, and/or alternative formats of the agenda and minutes, please contact the Commission office to make arrangements for the accommodation. Late requests will be honored, if possible.

Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our ADA coordinator at (628) 652-1100 or email [civilservice@sfgov.org](mailto:civilservice@sfgov.org) to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

#### **Know your Rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code)**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, or to obtain a free copy of the Sunshine Ordinance, contact Victor Young, Administrator of the Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689 at (415) 554-7724, by fax: (415) 554-7854, by e-mail: [soff@sfgov.org](mailto:soff@sfgov.org), or on the City's website at [www.sfgov.org/bdsupvrs/sunshine](http://www.sfgov.org/bdsupvrs/sunshine).

#### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code Section 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Ave., Suite 220, San Francisco, CA 94102, telephone (415) 252-3100, fax (415) 252-3112 and web site <https://sfethics.org/>.



# CIVIL SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

## CIVIL SERVICE COMMISSION REPORT TRANSMITTAL (FORM 22)

Refer to Civil Service Commission Procedure for Staff - Submission of  
Written Reports for Instructions on Completing and Processing this Form

1. Civil Service Commission Register Number:
2. For Civil Service Commission Meeting of: **September 18, 2023**
3. Check One:           Ratification Agenda             
                              Consent Agenda                     
                              Regular Agenda                             
                              Human Resources Director's Report
4. Subject: **8238 Dispatcher Recruitment and Hiring**
5. Recommendation: **Adopt the report of the Department of Emergency Management**
6. Report prepared by: **Sandy Chan**   Telephone number: **415.558.3829**
7. Notifications:           **(Attach a list of the person(s) to be notified in the format described in IV. Commission Report Format-A).**
8. Reviewed and approved for Civil Service Commission Agenda:

Human Resources Director:

A handwritten signature in cursive script, appearing to read "Carol H.", written over a horizontal line.

Date: 09.06.23

9. Submit the original time-stamped copy of this form and person(s) to be notified (see Item 7 above) along with the required copies of the report to:

**Executive Officer  
Civil Service Commission  
25 Van Ness Avenue, Suite 720  
San Francisco, CA 94102**

10. Receipt-stamp this form in the ACSC RECEIPT STAMP box to the right using the time-stamp in the CSC Office.

**CSC RECEIPT STAMP**

Attachment

## NOTIFICATIONS

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Sandy Chan, Departmental Personnel Officer  
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**Department of Emergency Management**  
 1011 Turk Street, San Francisco, CA 94102  
 Phone: (415) 558-3800 Fax: (415) 558-3843



London N. Breed  
 Mayor

Mary Ellen Carroll  
 Executive Director

DATE: September 7, 2023

TO: The Honorable Civil Service Commission

THROUGH: Carol Isen, Human Resources Director  
 Department of Human Resources

FROM: Sandy Chan, Assistant Deputy Director, Administration and Support  
 Robert Smuts, Deputy Director, Division of Emergency Communications  
 Department of Emergency Management

RE: Status of 8238 Public Safety Communications Dispatcher Hiring at San Francisco  
 Department of Emergency Management

**Executive Summary**

The San Francisco Department of Emergency Management (DEM) respectfully submits this staff report in response to the Civil Service Commission’s (CSC) inquiry on the status of 8238 Public Safety Communications Dispatcher (“Dispatcher”) hiring following the July 3, 2023, CSC meeting. The purpose of the report is to provide details about relevant hiring schedule metrics, challenges, the vacancy rate, and current and future interventions to improve dispatcher hiring.

**Hiring Schedule**

Current Metrics for Fiscal Year 2022-2023

POST	Publish Date	Publish End Date	MMQ (Invited to Perf Exar	Passed PE	Passed Oral Exam	Passed Background/Medic	Notes
65							
66 (SWD Aug '23, prev May)	7/7/22	9/15/22	273	28	25	4	Cancelled May 2023 class and moved September class up to August 2023
66 (SWD Aug '23, prev Sept)	9/23/2022	12/7/2022	428	33	28	6	2 candidates declined
67 (SWD Oct '23)	12/9/2022	2/10/2023	714	64	51	in progress	
68 (SWD Mar '24)	2/11/2023	5/18/2023	774	71	TBD		
69 (SWD Aug '24)	5/19/2023	11/2/2023					

## **Hiring Challenges**

Dispatcher hiring must follow Peace Officer Standards and Testing (P.O.S.T.) guidelines which require written and oral exams, as well as a complex background process. Given those requirements, the lead time from job ad publish to start work date (SWD) is approximately nine months.

DEM has long experienced recruitment, training, and retention challenges for the high-stress job of dispatcher even prior to the pandemic. After the nine-month exam and post referral background process, the Academy classroom training and on-the-job training [OJT] to get employees to “solo” status takes 10 months. Another challenge is 50% trainee attrition and veteran attrition of an average of 12 per annum.

DEM was on track to achieve full-staffing in FY2020-21 despite these challenges. Staffing levels have dropped significantly since the onset of the pandemic. Post pandemic, the department has faced all the original challenges and smaller, less qualified candidate pools. Pre-pandemic about 4% of qualified candidates passed all background hurdles. Post-pandemic the percentage has decreased to 2% against the same background standards. Anecdotal evidence from background investigators and the polygraph expert suggests that there are fewer qualified candidates in the pool.

## **The Vacancy Rate**

DEM's Annual Salary Ordinance (ASO) authority for Class 8238 is 189 positions. The vacancy rate for dispatchers based on ASO authority is currently 35% (122 filled versus 189 authorized). This month, it should be down to 31% vacant assuming ten of the 19 trainees in the current academy successfully complete training. By mid-October, the ASO-based vacancy rate will probably be around 26% and dropping below 20% by our January 2024 academy class. However, ASO-based vacancy is not very meaningful. A more appropriate vacancy rate would be based on the number of fully-trained dispatchers compared to DEM's staffing model which requires 165 dispatchers. One-hundred twenty-two fully trained dispatchers against 165 positions shows a current vacancy rate of 26%.

Getting to full staffing of 165 dispatchers through hiring and training will take time. Based on current infrastructure, each academy is limited to 15 trainees. To close the gap between 122 dispatchers and 165 full staffing would require 43 dispatchers successfully completing all training. Eighty-six trainees would be required to account for the 50% attrition from the training regimen, which would require six Academies over approximately one and a half years. The anticipated attrition of 18 veteran dispatchers during that period would necessitate additional Academies and a real number of 122 day-one trainees [(43 dispatchers X 2) +(18 veteran dispatchers X 2)] over eight academies.

Raising the ASO authority to bring in more trainees may seem an obvious solution, but Academy capacity mitigates that solution. Increasing Academy capacity was considered, but DEM does not have the physical space necessary to accommodate additional trainees and does not have enough trainers for additional trainees during the OJT component of the training.

## **Current Interventions**

### Dedicated Recruiter

To address the smaller [and perhaps less qualified] candidate pool, the Department hired a recruiter whose focus has included:

- Increasing 911/DEM's presence on social media with a focus on LinkedIn and Instagram as key platforms for recruitment.
- Developing targeted LinkedIn campaigns to reach candidates from diverse backgrounds.
- Partnering with local community social media accounts to expand the department's exposure on Instagram and engagement with followers.
- Implementing several recruitment initiatives including increased presence at university career fairs and community events, outreach to small businesses in diverse communities, and partnering with internal and external entities to spread awareness of dispatching as a career path.

The recruiter's efforts have resulted in a 300% increase in the applicant pool. DEM will be watching this increase to assess effectiveness as the applicants progress through the hiring process. The first group from the effort is currently in the background phase.

### Links

DEM included helpful links in the job ad and scheduling notices to assist candidates in understanding the work environment and to prepare them for the performance exam including a typing test -- candidates must be able to type 40 words per minute to proceed in the exam process.

- A detailed video illustrating the nature of dispatch work – with employee testimonials - is linked in the job ad and runs in a loop in the waiting area on the test days: <https://youtu.be/0L0UjV7xX1k>
- DEM encourages candidates via the job ad and in the performance test scheduling notice to practice typing and include a sample test [see screen shots in Attachment A] so candidates are familiar with the test format: [Sample Tests](#)
- Criticall is the performance exam and simulates the job duties of a dispatcher. Links to an overview of Criticall [see Attachment B] and a test preparation guide for Criticall [see Attachment C] are included in the scheduling notice: <https://criticall911.com/dispatcher-testing/applicants/>, and [https://criticall911.com/documents/CritiCall\\_Candidate\\_Test\\_Preparation\\_Guide.pdf](https://criticall911.com/documents/CritiCall_Candidate_Test_Preparation_Guide.pdf).
- A repeat of the link to the sample typing test is also included in the scheduling notice: [Sample Tests](#).

### Reminder Notices

The dispatcher job ad has been posted continuously since December 9, 2022. DEM has internal application cut-off dates to move candidates through the exam and post referral processes. There are three Academy classes per fiscal year – typically September, March, and May - so the application acceptance windows for each academy vary from two to five months long. DEM is aware that candidates may mistake non-communication as the position no longer being available and seek other opportunities. To counter this, DEM will



send monthly communication to candidates reminding them that they are in queue and of the internal cutoff date to keep them engaged and informed.

### PHS Q & A

Candidates on the eligible list are prompted to complete a Personal History Statement (“PHS”) [see Attachment D] which initiates the background process. The PHS: [2-251 Personal History Peace Officer \(ca.gov\)](#) is a detailed 33-page questionnaire about the candidate’s personal life. In June 2023, DEM implemented virtual PHS question and answer sessions and invited new candidates on the eligible list to participate. Twenty-nine of 51 eligibles attended that session. DEM anticipates that this will make completion of the PHS less intimidating and increase the response rate.

### **Future Interventions**

DEM is committed to hiring qualified candidates and retaining seasoned dispatchers. DEM hopes to revive dispatcher “sit-alongs” which was suspended during the pandemic. Candidates on the eligible list were invited to spend approximately four hours on the dispatch floor and observe veteran dispatchers in a live environment taking 911 calls and dispatching police, fire, and medical. The department wants to ensure candidates understand that nature of dispatcher work prior to accepting the job.

Hiring of 911 Dispatchers continues to be a challenge both locally and nation-wide. DEM in collaboration with the Department of Human Resources are looking for ways to make our process more efficient for candidates who have a variety of employer choices.

### **Recommendation**

Adopt the report of the Department of Emergency Management as submitted.

Attachments:

- A – Screen shots from Sample Test Screen Shots
- B – Overview of Criticall
- C – Test Preparation Guide for Criticall
- D – Personal History Statement

## TestGenius Practice Test

**Test Name:**  
SAMPLE-Practice Keyboarding

Click the button below to begin the practice test. The test is not scored, and the results are not available to you. The purpose of the practice test is to allow you to ensure that your device and operating systems are ready and able to conduct an actual test session. Good luck!

Take Practice Test

## Organization: Sample Testing ONLY

Test Battery: Practice Keyboarding

Test Code: A121390132408023

Test Taker Name: Biddle Sample Test

Click the button below to begin. Tests will automatically be administered in the order that they are listed.

### Test List

Keyboarding Sample Test

**ATTENTION SAFARI USERS:** Please click the link below and read the additional instructions before you begin testing.  
[Click Here for Instructions](#)

[Begin Testing](#)



## Instructions

[Launch Practice >](#)

You are about to start the "Keyboarding" test.

When the test begins, you will see an editing window. Type the text in the same format as it appears in the document mentioned on the left. The text you type will word-wrap (move to the next line automatically). If the text on the left stops scrolling, hit the Enter key twice to advance the text on the left one line at a time.

Continue typing for the full test duration. Your score will be based on the time allowed for the test.

While you may use the Backspace key to correct errors, you will not receive credit for the Backspace keystrokes.

Unless otherwise instructed, you will be allowed five minutes to complete this test. You will notice a countdown timer on the header section showing the time remaining.

## Practice

Launch Assessment &gt;

The first thing that you notice is that the text that should be typed is here on the left. The area in which the text should be typed is to the right. Notice also that there is a timer above. The timer begins its countdown when you type the first character. You are first presented with a warm-up test. If you wish to skip the warm-up, you may do so by clicking the "launch assessment" button above and to the right.

This is a new paragraph. By hitting "enter" twice, you start a new paragraph. The text to the left will scroll with you as you type. If you ever get to the bottom and notice that the text is not scrolling, you can always hit enter twice.

This happens when someone skips a line or two, and the program does not know that it needs to catch up.

|

Word Count: 0

The first thing that you notice is that the text that should be typed is here on the left. The area in which the text should be typed is to the right. Notice also that there is a timer above. The timer begins its countdown when you type the first character. You are first presented with a warm-up test. If you wish to skip the warm-up, you may do so by clicking the "launch assessment" button above and to the right.

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This happens when someone skips a line or two, and the program does not know that it needs to catch up.

The timer will continue to count down automatically.

You may, of course, glance up to see how much time is left, or you may ignore the timer. Know that when the timer runs out, you will no longer be able to enter keystrokes into the test and a dialog box will appear telling you that time has run out.

The first that you notice is that the text that should be typed is here on the left. The area

Word Count: 20



The first thing that you notice is that the text that should be typed is here on the left. The area in which the text should be typed is to the right. Notice also that there is a timer above. The timer begins its countdown when you type the first character. You are first presented with a warm-up test. If you wish to skip the warm-up, you may do so by clicking the "launch assessment" button above and to the right.

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You may, of course, glance up to see how much time is left, or you may ignore the timer. Know that when the timer runs out, you will no longer be able to enter text. The timer will tell you that time has run out.

Are you sure you want to submit the test?

Yes No

## Test Session Complete

You have completed all tests assigned to you. Please note, all tests scores are property of the assigning organization.

If you have any questions about your test results, please do not contact technical support as they cannot provide details. Instead contact the assigning organization directly.



# CritiCall 911 Dispatcher & Emergency Calltaker Testing Software

## Applicants Public-Safety Dispatcher / Calltaker Applicants

Have you always wanted a career in public safety? Do you like to help people and think the dispatch industry is right for you? Do you need a career change and becoming a public-safety dispatcher is calling your name?

While CritiCall is a software program used by agencies to test applicants before they are hired, we do not offer a software solution catered specifically to job applicants. For training and industry information, we recommend you investigate the websites of the leading industry organizations.

### Leading Industry Associations:

- > APCO International – Association of Public-Safety Communications Officials (<http://www.apcointl.org/>).
- > IAED – International Academics of Emergency Dispatch (<http://www.emergencydispatch.org/>).
- > NENA – National Emergency Number Association (<http://www.nena.org/>).
- > The Academy – South Bay Regional Public-Safety Training Consortium (<http://theacademy.ca.gov/>).
- > NECI – National Emergency Communications Institute (<http://www.neci911.com/>).

### CritiCall Candidate Resources:

- > CritiCall Candidate Test Preparation Guide ([http://www.criticall911.com/documents/CritiCall\\_Candidate\\_Test\\_Preparation\\_Guide.pdf](http://www.criticall911.com/documents/CritiCall_Candidate_Test_Preparation_Guide.pdf)), (PDF)
- > CritiCall and the Dispatcher Applicant Frequently Asked Questions (FAQs) (<http://criticall-dispatcher-applicant/>).
- > Practice Test Battery (Keyboarding, Proofreading, and Spelling) ([https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Test%20Battery&\\_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&\\_hssc=98385728.1.1692971949505&\\_hsfp=3504488039](https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Test%20Battery&_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&_hssc=98385728.1.1692971949505&_hsfp=3504488039)).
- > Practice Test (Keyboarding Only) ([https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Keyboarding&\\_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&\\_hssc=98385728.1.1692971949505&\\_hsfp=3504488039](https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Keyboarding&_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&_hssc=98385728.1.1692971949505&_hsfp=3504488039)).
- > Practice Test (Proofreading Only) ([https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Proofreading&\\_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&\\_hssc=98385728.1.1692971949505&\\_hsfp=3504488039](https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Proofreading&_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&_hssc=98385728.1.1692971949505&_hsfp=3504488039)).
- > Practice Test (Spelling Only) ([https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Spelling&\\_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&\\_hssc=98385728.1.1692971949505&\\_hsfp=3504488039](https://online.testgenius.com/sampletest/user-registration.html?SAMPLE-Practice%20Spelling&_hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&_hssc=98385728.1.1692971949505&_hsfp=3504488039)).

### Additional Resources:

- > Data Entry Practice Test created by Karen Freeman-Smith (<http://thepracticetest.com/data-entry/criticall-911-dispatch-test/>). \*Note: This tool was created by dispatcher applicant Karen Freeman-Smith for her personal use and as a resource for her blog readers. CritiCall 911 or Biddle

Consulting Group did not participate in its development.

- > [911 Dispatcher Education and Career Information \(http://911dispatcheredu.org/\)](http://911dispatcheredu.org/). \*Note: This website link has been provided as a resource for dispatcher job applicants and is independent of CritiCall and Biddle Consulting Group, Inc., altogether.
- > [911 Dispatcher Orientation Video \(http://youtu.be/Y1wOkcgLNso\)](http://youtu.be/Y1wOkcgLNso) by Gateway Technical College
- > WECT News. [New Hanover County 911: a WECT News 6 Feature Story & Video \(/new-hanover-county-911-using-criticall-a-wect-news-6-feature-story/\)](#).

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[http://www.testgenius.com/?hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&\\_hssc=98385728.1.1692971949505&\\_hsfp=3504488039](http://www.testgenius.com/?hstc=98385728.049ba3687f52fbfb62d07e00a1e9b4c4.1692971949505.1692971949505.1692971949505.1&_hssc=98385728.1.1692971949505&_hsfp=3504488039)

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[\\_ \(http://www.youtube.com/user/biddletube01\)](http://www.youtube.com/user/biddletube01)

# **CritiCall 911 Dispatcher & Emergency Calltaker Testing Software**

## Test Descriptions CritiCall Test Descriptions

> CritiCall Test Descriptions Data Sheet (<https://critical911.com/wp-content/uploads/2017/08/CritiCall-Test-Descriptions-With-Licensing.Pdf>)

### **Multi-Tasking / Advanced Decision Making**

- Multi-Tasking/Deductive Reasoning/Reaction Time
- Requires decision making while simultaneously performing other tasks
- Limited response time recreates the dispatching environment

### **Computerized Data Entry**

- Test-taker enters information received vocally or in writing via keyboard
- Assesses speed and accuracy
- Data must be entered in the proper location on the screen

### **Oral Comprehension (Call Summarization 1)**

- Ability to hear and understand vocal information
- Tests general narrative note taking via keyboard
- Ability to filter out non-essential distractions, and summarize important facts

### **Oral Comprehension (Call Summarization 2)**

- More advanced version of Call Summarization 1
- Requires detailed responses to information provided

### **Reading Comprehension**

- Measures the applicant's ability to read, comprehend and retain details contained in a short paragraph

### **Sentence Clarity**

- Assesses whether or not a person can determine which is the most-clear way to present a set of facts

### **Cross Referencing**

- Assesses alphabetic, character recognition, and numeric searching skills
- Test taker responds to both written and oral requests for information

### **Frequency of Information/Probability Determination**

- Ability to choose the most likely solution based on information provided
- Tests ability to apply the law of probability
- Requires ability to filter out non-relevant information

### **Map Reading/Geographic Directions**

- Tests ability to choose most direct route to assigned destination
- Requires decisions that comply with all regulatory signs

### **Memory Recall (Short Term)**

- Tests memory and selective attention for written and audible information
- Test taker responds both vocally and in writing
- Requires character recognition and/or listening accuracy

### **Memory Recall (Long Term) & Inductive Reasoning**

- Tests memory for details provided earlier in test
- Requires logical inferences based upon information provided
- Requires inductive reasoning to form conclusions

### **Numerical Ability**

- Job related addition, subtraction, and percentages
- Real life scenarios when calculating distances, times, and amounts

### **Perceptual Ability**

- Ability to compare job related letter/number sequences
- Aptitude at eliminating similar and potentially confusing sequences

### **Spelling**

- Ability to spell commonly misspelled or misused words
- Test taker responds on keyboard

### **Vocalization Summary**

- Assesses ability to accurately select audible information based upon a job-related decision rule
- Tests ability to filter non-essential information

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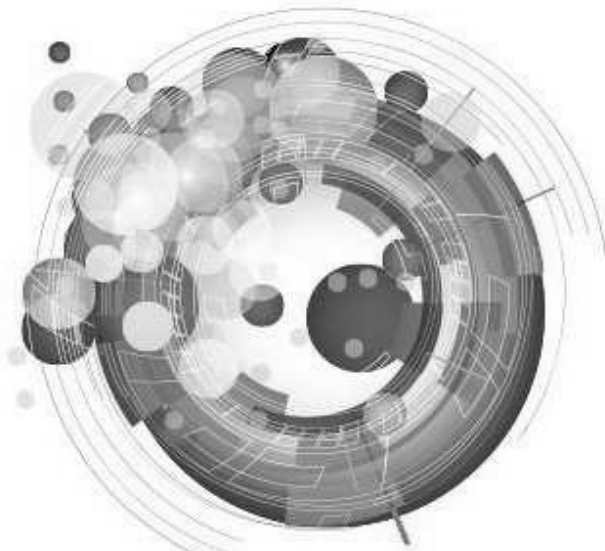
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# TestGenius

## 911/EMS Skills Testing



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## Public Safety Communications Pre-Employment Test Preparation Guide

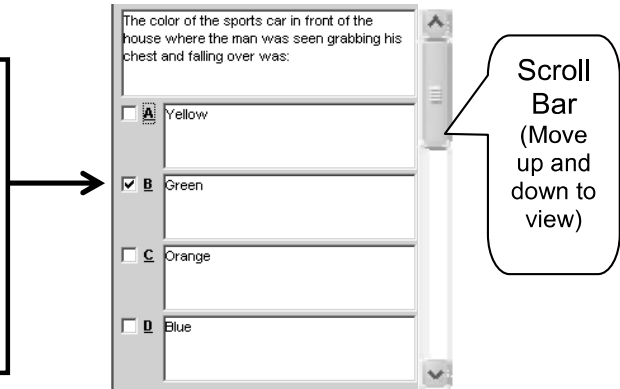
The computerized CritiCall pre-employment test used by this agency measures underlying skills and abilities a person needs to possess prior to any training they might receive if they are hired as a public-safety dispatcher and/or calltaker, including the ability to effectively navigate and use a computer. Because of this, a test taker does not need to possess any specialized dispatcher/calltaker knowledge or training to be able to read, understand, or answer the test items. The following information is designed help a future test taker to prepare for the CritiCall testing process.

### **General Notes**

- Be sure to follow all of the instructions provided during the test.
- Practice test items are offered before each section of the test to help you understand how you should respond during that section. Scores from the practice items are not included in your final test score. You are not required to take the practice items and you will be given an opportunity to bypass them during the test if you wish.
- During the test you will likely be required to listen to spoken information heard over a headset and then must use that information to answer questions or input data. You will also likely have the ability to adjust the volume of the information you hear over the headset.
- Many test takers find it helpful to have the computer's keyboard "Num Lock" (number lock) function turned "on" when taking the test.
  - See [http://en.wikipedia.org/wiki/Num\\_lock](http://en.wikipedia.org/wiki/Num_lock) for details.
- Do not be surprised when the computer allows you to enter information during many parts of the test using only UPPER case letters. This mimics computerized dispatcher systems, which also limit a dispatcher to enter information in only UPPER case letters.
- You will be penalized if you skip any questions during the test (unless you are informed otherwise during the instructions for that portion of the test.).
- You may need to use "scroll bars" that might appear on the right side of the computer screen during testing so that you can view those parts of the screen that might be hidden.

- At some points during the test you may need to select the correct response by clicking your mouse on a box to the left of your choice, or by pressing the **A**, **B**, **C**, or **D** key on the keyboard.

A “check mark” indicates your choice during multiple-choice questions. In this example, the check mark next to alternative **B** (“Green”) was placed by either moving the pointer over the small box to the left of the letter **B** and clicking once, or by entering the letter **B** on the keyboard. You can change your response as many times as you wish before you move on to the next test item by either clicking on a different box or by entering a different letter.



### Decision rules to be followed during testing

One of the important abilities needed by a public safety communication’s employee is the ability to make decisions based upon structured rules. During the test, you will be asked to quickly and accurately indicate which type of agency (i.e., Police, Fire, Emergency Medical Service, or Public Utility Company) should be dispatched to the scene of an incident **according to the rules listed below.**

**IMPORTANT!**  
For purposes of this test you should use only the four decision rules shown below when responding to “emergency message” items during the test. Do not rely on any prior knowledge about either this agency or any other public-safety agency when responding to those items.

You should read and learn these four rules before taking the test. Experience has shown that the better an applicant knows these rules, the better they will perform during the decision-making portions of the test.

- **Police**  
Police Department should be dispatched when someone is attempting or threatening to physically harm another person, or has actually physically harmed another person, or when a person causes or is in the process of causing harm to another person's property.
  - **Fire**  
Fire Department should be dispatched when there are the immediate signs of a fire in progress (such as flames or smoke), when a fire alarm is sounded, or when a person who is trapped or confined needs to be rescued or released.
  - **EMS**  
Emergency Medical Service should be dispatched when there is an emergency medical condition requiring intervention by medically trained personnel.
- CONTINUED ON NEXT PAGE!**



## CONTINUED FROM PREVIOUS PAGE

- **Utility**

Public Utility should be dispatched when there is a problem associated with malfunctioning or broken public water systems, electric power systems (including, but not limited to, electrical power lines, streetlights, and traffic signals), natural gas systems used for home heating, or blocked sewer drainpipes.

### Examples:

Based upon the decision rules shown above, if you were given the scenarios of:

- "Man is throwing rocks in an attempt to hurt children," you should select POLICE as the correct response since the man was attempting to physically harm another person.
- "Electrical power lines knocked down during a severe hail storm," you should select UTILITY as the correct response because there is a problem with broken or malfunctioning electrical power lines.

Please note that sometimes you will be asked to respond to emergency-message test items *while performing other tasks on the computer*. For this reason you will need to be reasonably proficient at navigating and using a computer in order to perform both tasks as the same time.

To make your selection as to which of the four types of agencies should be dispatched in response to the "emergency response" messages that will appear on the screen during the test you will be required to:

- Move the computer's cursor over one of the four symbols (indicating Police, Fire, EMS, or Utility Company) (an example of the four symbols as they appear during the test is shown to the right) and left-click the mouse once to make your choice. (The example to the right has the cursor placed over the "Fire" symbol).



Note: Throughout the test you should use only single clicks of the left mouse button.


- You will have only **15 seconds** to respond to each of the "emergency messages" that appear on the screen during the test. Credit will not be given if an incorrect agency is dispatched or if your response is not made within the 15 seconds after the emergency message first appears.




### **Entering information into the correct "fields" during the test**



Communication Center employees must be able to accurately enter information they hear into the correct fields on the computer. The figure below shows the location of the fields that will appear on the computer screen during the test.

You can move from field to field by using the computer's mouse. Simply left-click the cursor in the field you wish to enter information into.

The image shows a data entry form with the following fields and labels: Last Name, First Name, Telephone, Address, City, Zip, Vehicle Identification Number, License Plate, and Driver's License. Each label is underlined, indicating a keyboard shortcut. The form is divided into two sections by a horizontal line. The top section contains Last Name, First Name, Telephone, Address, City, and Zip. The bottom section contains Vehicle Identification Number, License Plate, and Driver's License.

You can also press the **Tab** key or the **down-arrow** ()

key to move the cursor to the appropriate field. The **Shift + Tab** keys or the **up-arrow** () key moves the cursor in the opposite direction. Note that the side-to-side arrow keys ( ) on the keyboard will not move the cursor during the CritiCall test.

Note: The cursor always begins in the "Last Name" field whenever a new set of empty fields appears on the screen. The sequence the cursor moves as you press the **Tab** key or **down-arrow** () key is as follows: Last Name; First Name; Telephone; Address; City; Zip; Vehicle Identification Number; License Plate; Driver's License (where it stops). The cursor will NOT move if you press the **Tab** key or **down-arrow** () key while the cursor is in the Driver's License field.

Finally, you can also move to a specific field by pressing the letter key that is underlined on the screen for that field (such as **L** in **L**ast Name) while simultaneously pressing down the **Alt** key. For example, if you press down on the **C** key and the **Alt** key at the same time, your cursor will move directly to the **C**ity field. (See below for all of the field shortcuts).

**Alt + L** = Last Name

**Alt + F** = First Name

**Alt + T** = Telephone

**Alt + A** = Address

**Alt + C** = City

**Alt + Z** = Zip or Postal Code

**Alt + V** = Vehicle Identification Number (also called a VIN)

**Alt + P** = Plicense Plate

**Alt + D** = Driver's License

### **Other Skills and Abilities That May be Measured During the Test**

The following is a list of some of the abilities that may be measured during the test.

- Follow rules and directions.
- Make decisions quickly and accurately based on rules you are provided.
- Enter data or information (such as names, telephone numbers, license plate sequences, etc.) you read and hear into a computer using a keyboard.
- Hear, comprehend, summarize, and/or answer questions about information told verbally in short story form.
- Identify written information provided on lists (such as finding a name on a list from an alphabetically-sequenced telephone book).
- Recognize if bits of information, such as addresses or names, are similar or different.

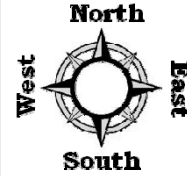
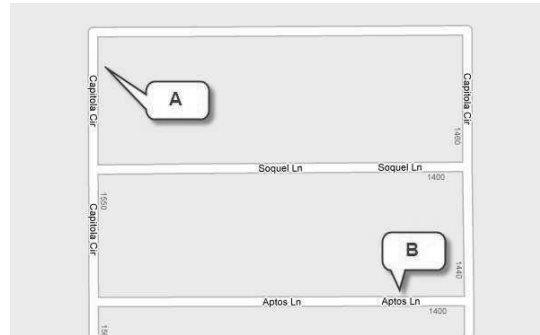
- Quickly learn and later recognize information that is shown in writing, such as descriptions (e.g., red car, blue boat, green shirt).
- Hear and remember pieces of information, such as telephone numbers or license plate numbers, for a very short period of time.
- Determine routes and/or locations using very basic maps. (No prior map-reading training or experience is required to correctly respond to these questions. However, candidates should know and be able to follow simple directions, such as "left" and "right.")
- Correctly spell commonly-used words which sound alike that might delay badly-needed assistance if misspelled (e.g., patience instead of patients).
- Communicate using sentences or phrases that clearly express the intended meaning.
- Read and comprehend written passages.

### **Test Preparation Hints**

The following are some hints that may help you to prepare for the testing process.

- ✓ Practice moving your computer's mouse around the screen and left-clicking your mouse on specific targets. Keep in mind that during the test you will be required to only single-click the left mouse button each time you wish to indicate your choice.
- ✓ Read names, addresses, and telephone numbers and enter those into a computer using a keyboard. Build up your speed and accuracy to be able to achieve a higher score during testing.
- ✓ Have someone slowly read names, addresses, and telephone numbers to you while you enter those into a computer using a keyboard. Build up your speed and accuracy to be able to achieve a higher score during testing.
- ✓ Have someone slowly read a seven-digit telephone number to you (e.g., 555-1234; "five-five-five-one-two-one-zero"). As soon as they have finished reading the telephone number, enter that telephone number (without a hyphen) from memory into a computer using a keyboard. Continue, listening and entering one set after another with approximately five seconds in-between each set of telephone numbers. Continue until you are very accurate.
- ✓ Learn the set of Decision Rules provided earlier in this Guide.
- ✓ Dispatchers must be able to read and write clearly. It may be helpful for you to practice your reading and writing skill to enhance your level of skill.
- ✓ Practice giving instructions from a very simple map. For example, using the terms "left" and "right," as well as "North," "East," "South," and "West" (as shown in the legend

below), describe the quickest route from Point A to Point B on this map. You can make up additional maps to practice at <http://maps.google.com/maps>.



- ✓ Have someone read and spell a person's first and last name from a telephone book and then you find the address associated with that name. Enter the address into a computer using a keyboard exactly as written in the book. Practice one name at a time until you develop a high degree of proficiency at locating and correctly entering the information.

**Good Luck!**

RESET

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Please download PDF and save it, before filling out. *Adobe Acrobat Reader* is the preferred program to use.

## 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 **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form **in its entirety** and provide **accurate and truthful responses**.
- Following instructions provided by the hiring department, type or neatly print 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 supplemental information page on the last page of this form (page 33) and identify the additional information by the question number.
- Following instructions provided by the hiring department, submit the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

## Disqualification

There are very few **automatic** bases for rejection. Even prior instances of illegal drug use, driving under the influence, theft, or even arrest or misdemeanor conviction may not be, 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" and/or are disqualified during the background investigation 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:** \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 1: PERSONAL**

<b>1. YOUR FULL NAME</b>				
LAST	FIRST	MIDDLE		
<b>2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>				<input type="checkbox"/> N/A
<b>3. ADDRESS WHERE YOU LIVE</b>				
NUMBER / STREET			APT / UNIT	
CITY			STATE	ZIP
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>				
<b>5. CONTACT NUMBERS</b>				
HOME (    )	WORK (    )	EXT	OTHER (    )	<input type="checkbox"/> CELL <input type="checkbox"/> FAX
<b>6. CONTACT EMAIL</b>		<b>7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b>		

<b>8. EMPLOYMENT ELIGIBILITY</b>				
Are you legally authorized to work in the United States under federal law? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>				
<b>10. BIRTHDATE (MM/DD/YYYY)</b>	<b>11. SOCIAL SECURITY NUMBER</b>	<b>12. DRIVER'S LICENSE</b>		
-	-	NUMBER:	STATE:	EXPIRES:
<b>13. PHYSICAL DESCRIPTION</b>				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	

**SECTION 2: RELATIVES AND REFERENCES**

<b>14. IMMEDIATE FAMILY</b>					
<ul style="list-style-type: none"> <li>• Provide all applicable information in the spaces below.</li> <li>• Mark "N/A" if a category is not applicable.</li> </ul>		<ul style="list-style-type: none"> <li>• Mark "Deceased," if appropriate.</li> <li>• <b>If more space is needed, continue on Page 33 – reference corresponding numbers.</b></li> </ul>			
<b>14.A Spouse / Registered Domestic Partner</b>				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 2: RELATIVES AND REFERENCES** *continued*

14.B Former Spouse / Former Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/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				
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**14.C Parents / Guardians / In-laws**  
 List ALL parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			

14.C.2 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			

14.C.3 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			

14.C.4 Parent / Guardian / In-law: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ( )	CELL PHONE ( )	EMAIL			

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**14.C Parents / Guardians / In-laws** *continued*

**14.C.5 Parent / Guardian / In-law:**  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.6 Parent / Guardian / In-law:**  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		

**Supplemental relatives information provided on Page 33**

**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			

**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			

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



**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**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			

**Supplemental relatives information provided on Page 33**

**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		

**Supplemental relatives information provided on Page 33**

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**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.**

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			
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>		
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			
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>		
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			
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>		
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			
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>		
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			
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>		

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 2: RELATIVES AND REFERENCES** *continued*

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		
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>	

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		
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>	

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		
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>	

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		
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>	

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		
	<i>How do you know this person?</i>			<i>How long have you known this person?</i>	

Supplemental references information provided on Page 33

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 3: EDUCATION**

- **NOTE: You will be required to furnish official transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on Page 33.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Graduation:	/	<input type="checkbox"/> High School Equivalency Test:	/
		<input type="checkbox"/> 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	

**18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED**

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	DEGREE EARNED		
		<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

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

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE TRAINING?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information provided on Page 33

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 3: EDUCATION *continued***

LIST ALL POST BASIC COURSES ATTENDED

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?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		/

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher?  YES  NO  
**IF YES, provide the following information:**

21.1	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

21.2	NAME OF COURSE PRESENTER/ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

**Supplemental POST basic course information provided on Page 33**

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 basic course/academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Since the age of 18, have you cheated on an exam, or assisted another person in cheating on an exam, or participated in cheating on any POST exam? .....  YES  NO  
**IF YES, explain circumstances.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 4: RESIDENCE HISTORY**

**24. 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/dormitory). 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 33.*

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

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 4: RESIDENCE HISTORY** *continued*

24.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	<b>IF RENTED:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				( )	
CITY		STATE	ZIP	EMAIL	
<i>Name(s) of those with whom you lived:</i>					
<i>Reason for moving:</i>					

24.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	<b>IF RENTED:</b> PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				( )	
CITY		STATE	ZIP	EMAIL	
<i>Name(s) of those with whom you lived:</i>					
<i>Reason for moving:</i>					

Supplemental residence information provided on Page 33

**25. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 24** 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 33.*

25.1	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			

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 4: RESIDENCE HISTORY** *continued*

25.2	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		
25.3	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		
25.4	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		
25.5	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		

**Supplemental housemate information provided on Page 33**

26. Have you ever been evicted or asked to leave a residence? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Have you ever left a residence owing rent, utilities, or other household expenses? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "YES" to <b>Questions 26 and/or 27</b> , explain (include when, where, and circumstances):		
_____		
_____		
_____		
_____		
_____		
_____		
_____		



**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**28. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- 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 33.**

28.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
DUTIES / ASSIGNMENTS			REASON FOR WANTING TO LEAVE		
SUPERVISOR		CONTACT NUMBER	EXT	EMAIL	
		( )			
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT	EMAIL	
1)		( )			
2)		( )			
Would there be a problem if we contact your current employer? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, explain:</b> _____ _____ _____ _____ _____					

28.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

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

28.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

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

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

28.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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

28.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

28.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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

28.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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

28.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

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**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. Have you ever quit without giving proper notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. Have you ever resigned in lieu of termination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. Have you ever been the subject of a written complaint at work that resulted in disciplinary action against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. Have you ever called in sick when you were neither sick nor caring for a sick family member? IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include <i>lawful</i> contact such as pat searches in law enforcement duties and/or training.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include <i>lawful</i> exchange of investigative content and/or evidence pursuant to official law enforcement investigations.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If you answered "YES" to any of Questions 29–41, explain</b> (include when, where, and circumstances – <i>reference corresponding numbers</i> ). <b>If more space is needed, continue your response on page 33.</b>		
_____ _____ _____ _____ _____ _____ _____		

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

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

45. Have you **ever** applied for **any** position at this or any other law enforcement agency (city, county, state, or federal)? .....  YES  NO

- If you answered "YES" to Question 45, list **EVERY** agency you have applied to, **starting with the most recent**.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If you applied more than once to the same agency, list each occurrence separately.**
- Give complete and accurate addresses.
- **If more space is needed, continue your response on Page 33.**

<b>45.1</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain) \_\_\_\_\_

<b>45.2</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain) \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

<b>45.3</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain) \_\_\_\_\_

<b>45.4</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain) \_\_\_\_\_

<b>45.5</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain) \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

<b>45.6</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain) \_\_\_\_\_

<b>45.7</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain)

<b>45.8</b>	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/Exec Oral  
 Conditional Offer

STATUS:  Hired     On Eligibility List     Withdrew     Disqualified     Non-Select     Other (explain)

**Supplemental application information provided on Page 33**



**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

**PREVIOUS PEACE OFFICER EXPERIENCE**

46. Do you have previous peace officer experience in this state or any other jurisdiction? .....  YES  NO  
*(If no, skip to Section 6: Military Experience.)*

**During, or after, your employment as a peace officer:** (check Yes or No)

<b>46.1</b>	Have you ever been terminated for cause from employment as a peace officer in any State? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.2</b>	Have you ever had your peace officer certification suspended or revoked in any State, including California? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.3</b>	Have you ever been dishonest in the reporting, investigation, or prosecution of a crime, or relating to the reporting of, or investigation of misconduct by, a peace officer or custodial officer, including, but not limited to, false statements, intentionally filing false reports, tampering with, falsifying, destroying, or concealing evidence, perjury, and tampering with data recorded by a body-worn camera or other recording device for purposes of concealing misconduct? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.4</b>	Have you ever abused your power, including but not limited to, intimidating witnesses, knowingly obtaining a false confession, or knowingly making a false arrest? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.5</b>	Have you ever committed physical abuse, including, but not limited to, excessive or unreasonable use of force? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.6</b>	Have you ever committed sexual assault as described in subdivision (b) of Penal Code Section 832.7, but to also include acts committed amongst members of any law enforcement agency? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.7</b>	Have you ever demonstrated bias on the basis of actual or perceived race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status in violation of law or department policy or inconsistent with a peace officer's obligation to carry out their duties in a fair and unbiased manner? ....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.8</b>	Have you ever committed acts that violate the law and are sufficiently egregious or repeated as to be inconsistent with a peace officer's obligation to uphold the law or respect the rights of members of the public? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.9</b>	Have you ever participated in a law enforcement gang, as defined in Penal Code §13510.8(b)(7)? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.10</b>	Have you ever failed to cooperate with an investigation into potential police misconduct, including an investigation conducted pursuant to Penal Code §13510.8? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>46.11</b>	Have you ever failed to intercede when present and observing another officer using force that was clearly beyond that which was necessary? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- If you answered "YES" to **ANY** of the item(s) in **Question 46**, fully explain (include dates and circumstances). *Reference the corresponding number (e.g., 46.5) for each explanation.*
- *If more space is needed, continue your response on Page 33.*

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**Supplemental employment information provided on Page 33**



**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 7: FINANCIAL** *continued*

61.	Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
62.	Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
63.	Have you ever borrowed money to pay for a gambling debt? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
64.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ..	<input type="checkbox"/> YES	<input type="checkbox"/> NO
65.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**If you answered "YES" to any of Questions 55-65, explain** (include when, where, and why – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Supplemental financial information provided on Page 33

**SECTION 8: LEGAL**

► **Government Code section 1029(a) Disqualifiers**

• If you have any doubts or concerns as to the applicability of a particular item, or how you should respond, you should discuss your response with the hiring department and/or competent legal counsel before completing this section.

66.1	Have you ever been convicted of a felony? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.2	Have you ever been convicted of any offense in any other jurisdiction which would have been a felony if committed in this state? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.3	Have you ever been discharged from the military for committing an offense, as adjudicated by a military tribunal, which would have been a felony if committed in this state? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.4	After January 1, 2004, have you ever been convicted of a crime based upon a verdict or finding of guilt of a felony by the trier of fact, or upon the entry of a plea of guilty or nolo contendere to a felony, regardless of whether, pursuant to subdivision (b) of Section 17 of the Penal Code, the court declared the offense to be a misdemeanor, or the offense become a misdemeanor by operation of law? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.5	Have you ever been charged with a felony and adjudged by a superior court to be mentally incompetent under Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.6	Have you ever been found not guilty by reason of insanity of any felony? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.7	Have you ever been determined to be a mentally disordered sex offender pursuant to Article 1 (commencing with Section 6300) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.8	Have you ever been adjudged addicted or in danger of becoming addicted to narcotics, convicted, and committed to a state institution as provided in Section 3051 of the Welfare and Institutions Code? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.9	Following exhaustion of all available appeals, have you ever been convicted of, or adjudicated through an administrative, military, or civil judicial process committed, any act that is a violation of Section 115, 115.3, 116, 116.5, or 117 of, or of any offense described in Chapter 1 (commencing with Section 92), Chapter 5 (commencing with Section 118), Chapter 6 (commencing with Section 132), or Chapter 7 (commencing with Section 142) of Title 7 of Part 1 of the Penal Code, including any act committed in another jurisdiction that would have been a violation of any of those sections if committed in this state? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66.10	Have you ever been issued a certification described in Section 13510.1 of the Penal Code, and had that certification revoked by the Commission on Peace Officer Standards and Training, voluntarily surrendered that certification pursuant to subdivision (f) of Section 13510.8, or having met the minimum requirement for issuance of certification, been denied issuance of certification? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO



**PERSONAL HISTORY STATEMENT – Peace Officer**  
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**SECTION 8: LEGAL** *(continued)*

68. Have you ever been placed on court probation? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
71. Have the police ever been called to your home for any reason? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
72. Have you or your spouse/partner ever been referred to Child Protective Services? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
77. Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

***If you answered "YES" to any of Questions 68-77, explain*** (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on Page 33.*

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**Supplemental legal information provided on Page 33**

**► Involvement in Criminal Acts – Part 1**

78. Have you committed any of the following acts <b><i>within the past seven (7) years?</i></b> (You do NOT have to report any acts committed <b><i>prior to age 15.</i></b> )		
<ul style="list-style-type: none"> <li>You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.</li> <li><b>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.</b></li> </ul>		
78.1	Animal abuse and/or neglect .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.3	Battery (use of force or violence upon another) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.5	Carrying a concealed weapon without a permit .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO



**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 8: LEGAL (continued)**

**► Involvement in Criminal Acts – Part 2**

79. *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.**

79.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.3	Blackmail or extortion .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.4	Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.6	Elder abuse and/or neglect (physical and/or financial) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.7	Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.8	Felony drunk driving (involving injuries) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.9	Felony illegal sex acts .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.10	Forcible rape .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.12	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.13	Grand theft (value of over \$950, automobile, any firearm) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.14	Hit & run (with injuries) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.15	Hate crime .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.16	Insurance fraud .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.18	Perjury (lying under oath) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.19	Possession of an explosive/destructive device .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.20	Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.21	Stalking (including, but not limited to, electronic communication) .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79.24	Any other act amounting to a felony .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO





**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 8: LEGAL (continued)**

81. **Prior to the past six 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

82. 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 **If YES, indicate which activities (mark all that apply):**

- 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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

83. 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supplemental drug information provided on Page 33**

**SECTION 9: MOTOR VEHICLE INFORMATION**

84. Current Driver's License:

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

85. 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

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 9: MOTOR VEHICLE INFORMATION** *(continued)*

86. Have you ever been refused a driver's license by any state? .....  YES  NO  
**IF YES, explain** (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

87. Has your driver's license ever been suspended or revoked? .....  YES  NO  
**IF YES, explain** (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

88.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ( )
88.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)	VEHICLE LICENSE
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ( )

89. Have you received any traffic citations, excluding parking citations, **within the past seven years?**  YES  NO  
**IF YES, give details below.**

89.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
89.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			
89.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

**PERSONAL HISTORY STATEMENT – Peace Officer**  
 POST 2-251 (Rev 1/2023)

**SECTION 9: MOTOR VEHICLE INFORMATION** *(continued)*

90. 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

91. Have you been involved as the driver in a motor vehicle accident ***within the past seven years?*** .....  YES     NO

***IF YES, give details below.***

91.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

92. 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)
	/	/

93. 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	

**Supplemental motor vehicle information provided on Page 33**

**SECTION 10: OTHER TOPICS**

94. Have you ever applied for a concealed carry weapon (CCW) permit?.....  YES     NO

**IF YES, have you ever been refused a CCW permit?** .....  YES     NO

95. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? .....  YES     NO

96. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....  YES     NO

97. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, law enforcement gang, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability? .....  YES     NO

98. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, law enforcement gang, hate group, or any other group that advocates discrimination, genocide, or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual orientation, or disability?.....  YES     NO

99. Are you or have you ever engaged in membership in a hate group, participation in any hate group activity, or advocacy of public expressions of hate, as defined in Section 13680 of the Penal Code? .....  YES     NO

**PERSONAL HISTORY STATEMENT – Peace Officer**  
POST 2-251 (Rev 1/2023)

**SECTION 10: OTHER TOPICS *(continued)***

100. Have you ever made postings, statements or endorsements advocating discrimination, genocide, or violence against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? .....  YES  NO

101. Have you ever expressed or exhibited bias against individuals because of their real or perceived race or ethnicity, gender, nationality, religion, disability, or sexual orientation? .....  YES  NO

If you answered "YES" to any of **Questions 94–101**, give details including dates and circumstances – *reference corresponding numbers*),  
*If more space is needed, continue your response on Page 33.*

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**Supplemental other topics information provided on Page 33**

**SECTION 11: CERTIFICATION**

*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 your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

