



City of Imperial Police Department

• Miguel Colón, Jr.
Chief of Police

424 SOUTH IMPERIAL AVENUE, IMPERIAL, CA 92251 PHONE (760) 355-4327 • FAX (760) 355-7960

INSTRUCTIONS-DO NOT DETACH FROM PERSONAL HISTORY STATEMENT

The City of Imperial Police Department requires completion of this form. In the case of peace officer applicants, completion of this type of form is required by POST Regulation. Please note, your ability to complete this form in a neat, timely and accurate fashion is a part of the background investigation process. While a background investigator will review this form with you, box by box and line by line, nonetheless, it is your responsibility to make sure that you have read and understand each question asked, and that you answer truthfully and completely.

This form is used by the City of Imperial Police Department to, among other things, determine your legal qualifications for the position for which you are applying. In addition to state and federal mandates in this area, the Police Department has an obligation to itself and to the citizens of this city to ensure those persons who are not qualified for this position be lawfully excluded from further consideration.

You should exercise care in answering each of the questions. Be as specific as possible in your answers. Vague answers only require explanations during your interview. Please remember that there is no such thing as a perfect person or a perfect candidate. The Police Department does not expect perfection in the recruitment and selection process; rather we want an opportunity to fairly and objectively evaluate your qualifications for a particular position.

If, for any reason, there is insufficient room on the front of the page for you to furnish the required information, the back of each page may be used to list additional information. You may not attach portions of other forms, resumes or applications in substitution for information required on this Personal History Statement.

You are encouraged to make a copy of the completed Personal History Statement for your own records. This document will become a permanent part of your background file and will be considered "confidential." As such, it will only be shared with, or released to (1) law enforcement/governmental agencies or their agents, (2) pursuant to a valid court order, or (3) designated individuals with your signed authorization.

The attached Personal History Statement must be hand printed in black ink by the applicant and returned to the Police Department. Do not type, or have someone else complete it for you.

If you are an applicant for the position of Police Officer Trainee, Lateral Police Officer, or Reserve Police Officer you will be required to give an oral presentation of your qualifications at your initial Personal History Statement review. **You should dress accordingly in business attire.**

Police Officer applicants, as well as those applying for any other position with the City of Imperial Police Department, must return this form to the Police Department, located at 424 S. Imperial Ave., Imperial, CA 92251, **in person**, prior to 3:00 p.m., and within five working days from when it was obtained, **unless the Chief of Police authorizes you to do otherwise.**

Special consideration should be given in the following areas:

1. All addresses must be complete, including complete street address, city, state, and zip code.
2. All telephone numbers must include the area code.
3. You must provide the names and addresses of your four nearest neighbors, even if you do not know them personally.
4. Do not use a person's name more than once (i.e. reference, neighbor, or employer).
5. Do not list a person as one reference and his his/her spouse as a second reference.
6. All questions must be answered. If not applicable, print N/A in the appropriate space that will show that will show you did read the question.
7. Drug related questions must be answered with the uses and/or possessions with a time frame as closely as you can estimate.
8. All criminal activity, whether as an adult or juvenile, must be listed.
9. If the Personal History Statement is incomplete or poorly prepared, your application for employment **will be rejected.**
10. Additional pages may be added to complete any answers.
11. When you return your Personal History Statement to the Police Department, please allow yourself at least 1-½ hours to meet with the Background Investigator. This will allow you to complete a waiver packet, and have your photo and fingerprints taken. Remember, as this is an interview it is recommended that you wear business attire.

12. A list of required documents as well as additional information needed to complete the data packet has been provided on the last page. Birth and marriage certificates must be certified copies and must have been obtained in the county where the event took place. The Police Department cannot accept "souvenir" certificates issued by hospitals or wedding chapels.

THE AMERICAN WITH DISABILITIES ACT

Completion of this form is invariably required prior to any "conditional offer of employment". It has been designed to avoid making inquiries about the existence, nature, or severity of any disability an applicant may have. However, you should exercise care in responding to questions so as to avoid inadvertently furnishing such information.

For example, when asked about why you left a job, do not indicate if you were disabled or granted a disability retirement. You should respond with something similar to, "unable to meet job requirements", or with just, "Retired". You may also indicate that you have sued (or settled a suit) as a result of an accident, but do not indicate (at this time) if you were injured in that accident.

When responding to questions about any prior use of illegal drugs, you should identify the drug or controlled substance and when you last used the drug, but do not indicate how many times you might have used. You may be asked to furnish this information if you have illegally used drugs within the past 12 months. Do not furnish any information about controlled substances, which are lawfully prescribed to you, unless you were arrested for driving under the influence of alcohol and/or drugs. In such cases do not identify the drug in question.

LEGAL QUESTIONS

You are required to disclose acts that you have committed even if you were never caught, arrested, or prosecuted. In many cases your responses will be subject to verification. All peace officer applicants, and others (when indicated), are required to disclose their prior involvement in illegal acts within certain specified reporting periods, regardless of any legal process which may or may not have occurred as a result of those acts. **Inconsistent statements made in this document will undoubtedly result in your disqualification.**

When responding to questions about any prior use of illegal drugs, you should identify the drug or controlled substance used and when you last used that drug. The term possession includes any use whatsoever, including: using, experimenting with, ingesting, tasting, smoking, injecting or being under the influence of. This question **includes** substances you thought were illegal drugs when you "***possessed***" them, even if they later turned out to be harmless.

You are instructed to truthfully and completely answer questions about infractions, misdemeanors, and felonies you may have committed.

Regarding questions about legal processes initiated against you, such as detentions, arrests, plea bargains, diversions and/or convictions, you may have a legal right to answer "NO" to certain questions. This would be as a result of provisions of California Law. You should consult with your attorney if you feel that you may be legally entitled to "deny" these processes under the law.

DISQUALIFICATION:

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

BOTTOM LINE: Be as complete, honest, and specific as possible in your responses. Intentional deception or any omission of a material fact at any stage of the testing or background process will result in your immediate disqualification from the hiring process.

I hereby certify that I have read the above listed instructions.

Signature: _____

Date: _____

Questions may be addressed by calling the Police Department at (760) 355-4327, from 8:00AM to 5:00 PM.

**IMPERIAL POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

ALL INFORMATION IS TO BE PRINTED IN BLACK INK BY THE APPLICANT

POSITION: _____

DATE: _____

Your Name: _____

First

Middle

Last

List any other name you have used or have been known by, including maiden or "nicknames".

Your Address: _____

Number

Street

City

State

Zip

Phone Numbers: Home: _____

Work: _____

Cell: _____

E-mail Address: _____

Date of Birth: _____

Month / Day / Year

Age

Place of Birth: _____

City

State

County

Social Security #: _____

Driver's License #: _____

State: _____

Height: _____

Weight: _____

Eyes: _____

Hair: _____

Are you a citizen of the United States? Yes No

If no, do you possess a Resident Alien Card,
or an Employment Authorization Document?

Yes No

With whom do you reside?

Parents Spouse Girlfriend/Boyfriend Roommate Self only Other

Provide full name of spouse , significant other or dating relationship

Length of relationship: _____

Social Security #: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Occupation: _____

Work Hours: _____

Employer: _____

Business Address: _____

List the following marriage information:

Date	Location (city/state)	Wife's Maiden Name or Husband's Full Name

If a marriage was dissolved, complete the following:

Name _____	Occupation _____
Address _____	Home Phone # _____
_____	Work Phone # _____
Status _____	Final Date _____
Title, Location of Court _____	
Name _____	Occupation _____
Address _____	Home Phone # _____
_____	Work Phone # _____
Status _____	Final Date _____
Title, Location of Court _____	

List all children (please indicate natural, step or adopted):

Name _____	Date of Birth _____	Place of Birth _____
Where resides and with whom _____		
Name _____	Date of Birth _____	Place of Birth _____
Where resides and with whom _____		
Name _____	Date of Birth _____	Place of Birth _____
Where resides and with whom _____		
Name _____	Date of Birth _____	Place of Birth _____
Where resides and with whom _____		
Name _____	Date of Birth _____	Place of Birth _____
Where resides and with whom _____		

How many persons are dependent upon you for support? _____

Are you paying child support? Yes No

If "yes," to whom? _____

Please supply the appropriate information in the spaces provided below; if the person is deceased, please note. If a category does not apply to you, write "N/A". *SIBLINGS (Indicate next to the sibling's name, whether they are brother, sister, step or half)

NAME	AGE	Address where person can be contacted (including city, state, zip)	List occupation and employer
FATHER			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
MOTHER			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
FATHER-IN-LAW			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
MOTHER-IN-LAW			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
STEP-FATHER			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
STEP-MOTHER			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
SIBLING			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
SIBLING			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
SIBLING			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
SIBLING			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:
SIBLING			Occupation:
Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			Employer:

List all additional names on the reverse side of this page.

List your four **nearest** neighbors at your current address, even if they are not personally known by you.

Name, address, city, state, zip code, & phone #	Name, address, city, state, zip code, & phone #
1. ----- -----	2. ----- -----
3. ----- -----	4. ----- -----

List your four **nearest** neighbors at your **most recent** previous address, if you lived there within the last four (4) years, even if they are not personally known by you.

Name, address, city, state, zip code, & phone #	Name, address, city, state, zip code, & phone #
1. ----- -----	2. ----- -----
3. ----- -----	4. ----- -----

List all individuals with whom you have resided with during the last 10 years. List no information prior to your 15th birthday and exclude previously listed family members.

Name/ Relationship	Address where person resided with you (include city, state, and zip code)	Dates lived with you. (mo. / yr.)		Address where person can be contacted (include city, state, and zip code.	Current telephone number
		From	To		
					Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
					Home <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>
					Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
					Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
					Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>

1.	Have you ever been evicted or left in lieu of being evicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever had problems or difficulties with any of your neighbors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Are you currently living with anyone who is a convicted felon or on parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Have the police or any law enforcement agency ever been to your current or previous homes for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explain all "yes" answers in detail below. Indicate the number of question for each answer.

List as professional references <u>five</u> individuals who have knowledge of you and your qualifications. Do not list relatives, current/prior neighbors, landlords, current supervisor, more than one member from any family, or current or past individuals with whom you have resided.			
	Age	Address where person can be contacted, (including city, state, and zip code.)	Telephone number
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/>
Occupation:			Cell <input type="checkbox"/>
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/>
Occupation:			Cell <input type="checkbox"/>
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/>
Occupation:			Cell <input type="checkbox"/>
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/>
Occupation:			Cell <input type="checkbox"/>
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/>
Occupation:			Cell <input type="checkbox"/>
E-mail address:			

List as social references five individuals who have knowledge of you and your character. Do not list relatives, current/prior neighbors, landlords, more than one member from any family, current or past individuals with whom you have resided, or persons listed as professional references.

	Age	Address where person can be contacted, (including city, state, and zip code.)	Telephone number
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
Occupation:			
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
Occupation:			
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
Occupation:			
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
Occupation:			
E-mail address:			
Name:		-----	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
Occupation:			
E-mail address:			

1.	Are you now, or have you ever been involved as a plaintiff, or defendant in ANY civil court action (I.E. family law matters, law suits)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are you now, or have you ever been the subject of ANY restraining order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you, or any member of your family ever been members of, or associated with, ANY street gang or organized crime, such as: Outlaw motorcycle groups, prison gangs, or tagging crews?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you, or any member of your family ever been a member of, or attended meetings of an extremist, subversive, or militia group?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the questions, fully explain the circumstances, including date(s) and names of individuals involved. Indicate the corresponding question number for each explanation.

Beginning with your most current employment, please list all jobs you have held in the past ten (10) years, including part-time, temporary, and volunteer positions, even those you have held for only one day. If you have had intervening periods of military service, school, or unemployment, list those in the spaces provided. List full names of supervisors and co-workers.

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor
		Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked _____ Per Week	Telephone #:	Names of Co-Workers
	Occupation/Title and job duties	_____
	_____	_____
Reason for leaving? _____ Any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain on the reverse side of this page.		
Is it O.K. to contact your current employer? Yes <input type="checkbox"/> Not at this time <input type="checkbox"/> N/A <input type="checkbox"/>		

Not employed from Mo. / Yr. to Mo. / Yr.
 Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor
		Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked _____ Per Week	Telephone #:	Names of Co-Workers
	Occupation/Title and job duties	_____
	_____	_____
Reason for leaving? _____ Any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain on the reverse side of this page.		

Not employed from Mo. / Yr. to Mo. / Yr.
 Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked Per Week	Telephone #: Occupation/Title and job duties	Names of Co-Workers _____ _____

Reason for leaving? _____
 Any problems? Yes No **If "Yes", explain on the reverse side of this page.**

Not employed from Mo. Yr. ____ / ____ to Mo. Yr. ____ / ____ Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked Per Week	Telephone #: Occupation/Title and job duties	Names of Co-Workers _____ _____

Reason for leaving? _____
 Any problems? Yes No **If "Yes", explain on the reverse side of this page.**

Not employed from Mo. Yr. ____ / ____ to Mo. Yr. ____ / ____ Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked Per Week	Telephone #: Occupation/Title and job duties	Names of Co-Workers _____ _____

Reason for leaving? _____
 Any problems? Yes No **If "Yes", explain on the reverse side of this page.**

Not employed from Mo. Yr. ____ / ____ to Mo. Yr. ____ / ____ Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor
		Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked _____ Per Week	Telephone #: _____ Occupation/Title and job duties _____	Names of Co-Workers _____ _____ _____
	Reason for leaving? _____ Any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain on the reverse side of this page.	

Not employed from Mo. Yr. _____ / _____ to Mo. Yr. _____ / _____
 Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor
		Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked _____ Per Week	Telephone #: _____ Occupation/Title and job duties _____	Names of Co-Workers _____ _____ _____
	Reason for leaving? _____ Any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain on the reverse side of this page.	

Not employed from Mo. Yr. _____ / _____ to Mo. Yr. _____ / _____
 Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor
		Telephone # & Ext.
_____ Monthly Salary _____ Hours Worked _____ Per Week	Telephone #: _____ Occupation/Title and job duties _____	Names of Co-Workers _____ _____ _____
	Reason for leaving? _____ Any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain on the reverse side of this page.	

Not employed from Mo. Yr. _____ / _____ to Mo. Yr. _____ / _____
 Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor Telephone # & Ext.
	Telephone #: Occupation/Title and job duties	Names of Co-Workers
_____ Monthly Salary _____ Hours Worked Per Week		

Reason for leaving? _____
 Any problems? Yes No **If "Yes", explain on the reverse side of this page.**

Not employed from Mo. Yr. ____/____ to Mo. Yr. ____/____ Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor Telephone # & Ext.
	Telephone #: Occupation/Title and job duties	Names of Co-Workers
_____ Monthly Salary _____ Hours Worked Per Week		

Reason for leaving? _____
 Any problems? Yes No **If "Yes", explain on the reverse side of this page.**

Not employed from Mo. Yr. ____/____ to Mo. Yr. ____/____ Military School

Dates of Employment From: Mo. Yr. To: Mo. Yr.	NAME AND ADDRESS OF EMPLOYER _____ _____	Name of Supervisor Telephone # & Ext.
	Telephone #: Occupation/Title and job duties	Names of Co-Workers
_____ Monthly Salary _____ Hours Worked Per Week		

Reason for leaving? _____
 Any problems? Yes No **If "Yes", explain on the reverse side of this page.**

Not employed from Mo. Yr. ____/____ to Mo. Yr. ____/____ Military School

Are you currently serving, or have you ever served, in the armed forces, National Guard or Military reserves? Yes No

If "Yes", supply the following:

If you have served in more than one branch of the military, or have served two or more different terms, use the backside of this page to include the additional service record information.

Branch of Service _____ Service Number _____

Grade, Rate or Rank _____ Pay Grade _____

Dates of Service _____ Type of Discharge _____

Type of Service: Active or Reserve

Last duty station (address): _____

Telephone Number: _____

Name and rank of supervisor: _____

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves, i.e., Captain's Mast, Article 15, or letters of counseling?

Yes No If "Yes", explain in detail, include dates, etc...

Have you registered for selective service? Yes No Not Required

List your Selective Service Number: _____

If "No" explain reason: _____

List all the high schools, colleges, universities, law enforcement academies, and trade schools you have attended. **Do not list elementary or junior high schools.**

Name of School & Telephone Number	Address of School (including zip code)	Dates Attended (mo/yr)		Major	Units Earned	Diploma Earned
		From	To			

List all diplomas, degrees and certificates: _____

Have you ever attended a P.O.S.T. basic academy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes," did you obtain your P.O.S.T. certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List the name of the academy you attended:		

Have you ever been placed on academic probation, suspended and/or expelled from any high school or post-secondary school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," explain below, include school, date, and circumstances.

CURRENT MONTHLY INCOME		CURRENT ASSETS	
Monthly salary-Net (after tax)	_____	Savings	_____
Spouse's salary-Net	_____	Checking	_____
Child support	_____	Real estate equity	_____
Spousal support	_____	Investments	_____
Rental income	_____	Automobile (s)	_____
Retirement benefits	_____	Other assets (Specify):	_____
Social Security	_____		_____
A.F.D.C.	_____		_____
Other (Specify): _____	_____		_____
	_____		_____
Total <u>Net</u> Monthly Income =	\$ _____	Total Assets =	\$ _____

CURRENT MONTHLY EXPENSES		CURRENT LIABILITIES (BALANCE DUE)	
Mortgage payment(s)	_____	Real estate indebtedness	_____
Rent payment(s)	_____	Charge account(s)	_____
Car payment(s)	_____	Auto loan(s)	_____
Car insurance	_____	Personal Loan(s)	_____
Gasoline	_____	Student Loan(s)	_____
Credit card payment(s)	_____	Other Liabilities (specify):	_____
Entertainment	_____		_____
Child/spousal support	_____		_____
Utilities	_____		_____
Other specify): _____	_____		_____
	_____		_____
Total Monthly Expenses =	\$ _____	Total Liabilities =	\$ _____

Please supply ALL information about your (and your spouse's) charge accounts, loans (auto, student and personal) and mortgage information. (List ALL credit cards)

Name of financier	Address, City, State, Zip and Phone number	Purpose of account	Balance
Name: _____	_____		
Acct. # _____			
Name: _____	_____		
Acct. # _____			
Name: _____	_____		
Acct. # _____			
Name: _____	_____		
Acct. # _____			
Name: _____	_____		
Acct. # _____			
Name: _____	_____		
Acct. # _____			
Name: _____	_____		
Acct. # _____			
Total Balance =			

1.	Have you, your spouse or ex-spouse, ever filed for bankruptcy, or been declared bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever had an article repossessed, or turned back to a finance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever had any credit canceled by a creditor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you have now, or have you ever had ANY debts, or joint accounts past due?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you ever had an account sent to a collection agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you ever been the subject of a small claims action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Have you ever had your wages garnished?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Have you ever written a check, knowing funds were not available to cover the check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you ever been delinquent on tax payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Have you ever been delinquent on a court ordered payment, ie., child support, alimony, restitution, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Do you have any outstanding debts as a result of gambling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Have you ever provided false information on a credit or loan application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Have you ever borrowed money to pay for a gambling debt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Have you ever avoided paying a lawful debt by moving away?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Have you ever fraudulently received welfare, unemployment compensation, or other state or federal assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Have you ever filed a false insurance claim or worker's compensation claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Have you failed to disclose ANY credit cards, or debts, including those of your spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explain all "yes" answers in detail below. Indicate the number of question for each answer. If additional space is needed, continue on the reverse side of this page.

List your current license information.	
California Driver's License number:	Expiration date:
Name under which license was granted:	

List other states, or countries where and when you have received a driver license.	
State / # _____	Country: _____
Name under which license was granted:	
State / # _____	Country: _____
Name under which license was granted:	
State / # _____	Country: _____
Name under which license was granted:	

1.	Have you ever been refused a driver's license by any state, for <u>non-medical</u> reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever been refused auto insurance for <u>non-medical</u> reasons, other than failure to pay a premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever driven a vehicle without auto insurance, as required by law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Has your license ever been suspended, revoked, restricted, or placed on negligent operator's probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Failure to appear <input type="checkbox"/> Failure to complete traffic school <input type="checkbox"/> Failure to pay the required amount <input type="checkbox"/>			

Explain all "yes" answers in detail below. Indicate the number of question for each answer. If additional space is needed, use the reverse side of this page.

California law requires all operators of motor vehicles to have auto insurance. List the current liability insurance you have for your vehicle(s).

Company:	Address:	Expiration date:
Policy #:		

Do you own the vehicle covered on the insurance? Yes No
 Year: _____ Make: _____ Model: _____ Color: _____ License#: _____

Company:	Address:	Expiration date:
Policy #:		

Do you own the vehicle covered on the insurance? Yes No
 Year: _____ Make: _____ Model: _____ Color: _____ License#: _____

List all traffic accidents you have been involved in as a driver within the last three years. (Use reverse side of page if additional space is needed)

Date:	Location:	Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
Police Investigation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you obtain the report? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency & Address:
		Party at fault: Self <input type="checkbox"/> Other <input type="checkbox"/>

Was your insurance company notified? Yes No

Date:	Location:	Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
Police Investigation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you obtain the report? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency & Address:
		Party at fault: Self <input type="checkbox"/> Other <input type="checkbox"/>

Was your insurance company notified? Yes No

Date:	Location:	Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>
Police Investigation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you obtain the report? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Agency & Address:
		Party at fault: Self <input type="checkbox"/> Other <input type="checkbox"/>

Was your insurance company notified? Yes No

List ALL parking citations you have received in the last three years. (Use the reverse side of this page if additional space is needed.)

Type of violation	Location (City / State)	Date	Final outcome

List ALL traffic citations (including mechanical violations) you have received in the last seven years. Do not list parking citations in this sections. (Use the reverse side of this page if additional space is needed.)

Type of violation	Location (City / State)	Date	Final outcome

You are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged or pardoned:

List all arrests, whether they resulted in a conviction or not. Include all convictions and all diversion programs.

Date: _____ Charge: _____ Report #: _____
 Arresting or detaining agency: _____
 Disposition and penalty: _____

Date: _____ Charge: _____ Report #: _____
 Arresting or detaining agency: _____
 Disposition and penalty: _____

Date: _____ Charge: _____ Report #: _____
 Arresting or detaining agency: _____
 Disposition and penalty: _____

Date: _____ Charge: _____ Report #: _____
 Arresting or detaining agency: _____
 Disposition and penalty: _____

Either as an adult or juvenile, have you ever been detained for a criminal investigation or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness?

Yes No

List ALL police contacts excluding arrest. Include detentions, field interviews, reporting party, questioning as a victim, witness, or a suspect of a crime, or **ANY OTHER CONTACT** such as ride-a-longs. Include federal, state and local law enforcement agencies. Do **NOT** include traffic accidents, citations or other agencies for which you have applied in this section. **All** contacts must be explained thoroughly on the following page. If additional space is needed, continue on the reverse side of this page.

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

Date: _____ Agency: _____

Reason for detention or contact: _____

Disposition: _____

At any time in your life have you <u>ever</u> committed any of the following?		
1.	Annoying / obscene phone calls?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Brandishing a weapon (any type of weapon)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Carrying a concealed weapon without a permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Contributing to the delinquency of a minor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Defrauding an innkeeper (not paying for food or room at a hotel / motel)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Driving under the influence of alcohol and / or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Drunk in public (being so intoxicated that you're unable to care for yourself)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Hit and run collision (with or without injuries)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Hunting or fishing without a license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Illegal gambling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Impersonating a peace officer (pretending to be a police officer)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Indecent exposure (includes flashing, mooning or streaking)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Joyriding (using a car or other vehicle without owner's permission)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Petty theft (value up to \$400.00, including shoplifting / switching price tags)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Possession of alcohol as a minor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Possession of falsified or altered identification, including use of another person's identification (for any reason)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Possession of stolen property (including vehicles)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Prostitution or soliciting a prostitute?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Resisting arrest (including running from the police)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Trespassing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	Vandalism (including "tagging," malicious and / or property damage)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Intentionally writing a bad check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	Filing a false police report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	Any other act amounting to a misdemeanor within the past seven years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered **yes** to any of the questions, fully explain the circumstances, including date(s), names of individuals involved, and resolution on the following page. Indicate the corresponding question number for each explanation.

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

1.	Arson (intentionally destroying property by setting a fire)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Assault with a deadly weapon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Theft of a vehicle and / or vehicle parts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Burglary (entering a structure or vehicle to commit a theft or other crime)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Child molestation (performing unlawful acts with a child)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Accessing and / or possessing child pornography?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Elder abuse / neglect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Embezzlement (theft of money or other valuables entrusted to you)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Drunk driving resulting in ANY injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Forcible rape or other act of unlawful intercourse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Forgery (falsifying any type of document, check, license, currency, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Hate crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Insurance fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Grand theft (value of over \$400, or any firearm)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Murder, homicide or attempted murder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Perjury (lying under oath)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Possession of an explosive device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	Robbery (theft from another person using a weapon, force or fear)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	Stalking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	Blackmail or extortion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.	Any other act amounting to a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of the questions, fully explain the circumstances, including date(s), names of individuals involved, and resolution on the following page. Indicate the corresponding question number for each explanation.

1.	Have you ever been involved in a physical altercation with a spouse or significant other?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Did a law enforcement agency become involved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to either of the questions, fully explain the circumstances, including date(s) and names of individuals involved.

Do you have now, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "yes," list and describe below.

List any relative(s), or friend(s) who have been arrested, or convicted of a crime.			
Name	Relationship	Offense	Location and date of arrest

1.	Have you ever carried a weapon for protection either on your person, or in your vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you been refused a security clearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "yes," explain below. Indicate the corresponding question number for each explanation.

Do you own a handgun, shotgun or rifle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes," supply the below information.			
1.	Are the weapons registered to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have any of the weapons been altered? (If "yes," describe below.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever applied for a permit to carry a concealed or exposed weapon?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes," supply the below information.			
1.	Was the permit granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date granted: _____	
2.	Was the permit revoked or expired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date revoked or expired: _____	
Purpose of permit: _____			
Name of law enforcement agency: _____			
Address: _____			
Phone number: _____			

Have you ever illegally possessed, or otherwise been involved in **ANY** illegal activity (Including sales, transporting, cultivating and/or manufacturing) involving the following substances? **Possession includes the mere holding of any of the substances listed below.**

Item	Yes	No	Date last possessed	Total # of possessions	Investigator's comments
Marijuana					
Hashish / Hash Oil					
Cocaine (Crack, Rock, Freebase, Powder, and Others)					
Barbiturates (Downers)					
Methamphetamines (Crank, Ice)					
Amphetamines (Speed)					
Heroin					
LSD (Other Hallucinogenics)					
Psilocybin (Magic Mushrooms)					
PCP (Angel Dust)					
MDMA (Ecstasy, Adam, Eve)					
Steroids					
Rohypnol (Roofies, GHB)					
Inhalants (Paint, Glue, Nitrous Oxide)					
Any Other Illegal Substance?					

Explain ALL "Yes" answers below:

1.	Have you ever had sexual contact with a minor under the age of fourteen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever forced another person to have sexual contact against their will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever been the victim of a sexual assault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Since your 18 th birthday, have you ever had sexual contact with a minor under the age of 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you ever participated in any other illegal sexual activity (prostitution, rape, illegal pornographic activity, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you ever attempted suicide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of the questions, fully explain below. Include dates and ages of individuals involved. Indicate the corresponding question number for each explanation.

List the name and address of the law enforcement agency(s) who have jurisdiction at your current and prior residence(s) during the past ten (10) years (i.e. Sheriff, City Police, University Police, etc.):	
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone Number: _____	Telephone Number: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone Number: _____	Telephone Number: _____

Police Officer Applicants Only

If it became necessary in the course of your duties to take a human life, would you have any reluctance to do so?

Yes No

If "Yes," explain below.

Applicants who have been, or are now, employed as peace officers or reserves:

1.	Have you ever accepted a gratuity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever accepted anything for overlooking a violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Did you ever make a false official report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Did you ever use your official position for personal gain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you ever withheld any evidence seized in the course of your official duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you ever been the subject of an internal investigation by your department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explain ALL "Yes" answers below:

**IMPERIAL POLICE DEPARTMENT
BACKGROUND INVESTIGATION**

Applicant:

Please provide the following **ORIGINAL** documents for copying to your Background Investigator:

- Driver License
- Proof of Vehicle Insurance
- Birth Certificate
- Social Security Number Card
- G.E.D./High School Diploma/College Diploma(s) & Transcripts*
- Marriage Certificate(s)
- Marriage Dissolution Papers - Divorce
- Selective Service Registration Card/Letter
- Military Discharge Document – DD214
- Naturalization Papers
- Weapon Permit Card (concealed and/or exposed)
- Bankruptcy Papers*
- Police Reports (copies)*

All applicants need to obtain certified and/or sealed copies of high school and college transcripts.

*Where applicable, candidates **MUST** furnish copies of bankruptcy filing, arrest/police reports and transcripts at the time of the second interview with a background investigator.

In addition, the following information must be available:

GENERAL INFORMATION:

- Place of birth
- Spouse's – date and place of birth
- Children's – date of birth
- P.O.S.T. Certificates (if applicable)

EMERGENCY NOTIFICATION:

Two people – names, relationship, phone numbers and address

RETIREMENT:

Name, relationship, address, date of birth and Social Security Number

MILITARY:

Branch of service, service number, last duty stations, dates of active and reserve duty.