

## 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 **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given 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 23) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide 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 issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

### Disclosure of Medically-Related Information

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

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_


# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET				APT / UNIT	
CITY				STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME (    )		WORK (    )		EXT	OTHER (    )
					CELL    FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. LEGAL AUTHORIZATION FOR EMPLOYMENT					
Are you legally authorized for permanent employment in the United States? ..... Yes    No					
IF NO, explain fully:					
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
		—    —		NUMBER:	STATE:    EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

## SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY						
<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> <li>Mark "Deceased," if appropriate.</li> <li>If more space is needed, continue on page 23 – reference corresponding numbers.</li> </ul>						
14.A Spouse / Registered Domestic Partner					Deceased	N/A
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP	
(    )						
WORK PHONE	CELL PHONE	EMAIL				
(    )	(    )					
DATE OF MARRIAGE/ REGISTRATION			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... Yes    No			
/    (MM/YYYY)						
14.B Former Spouse / Former Registered Domestic Partner					Deceased	N/A

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STAT E	ZIP
HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STAT E	ZIP
(    )				
WORK PHONE	CELL PHONE	EMAIL		
(    )	(    )			
DATE OF MARRIAGE/ REGISTRATION	DATE OF DISSOLUTON	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... Yes    No		
/        (MM/YYYY)	/        (MM/YYYY)			

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 14.C Parents / Guardians / In-laws

- List **ALL** parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.
- If more space is needed, continue on page 23 – reference corresponding numbers.

14.C.1 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.2 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.3 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.4 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.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 included on Page 23

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 2: RELATIVES AND REFERENCES *continued*

14.D Brothers / Sisters										N/A			
<ul style="list-style-type: none"> <li>List <b>ALL LIVING</b> siblings, including half-siblings, step-siblings, foster-siblings, etc.</li> <li>If more space is needed, continue on page 23 – reference corresponding numbers.</li> </ul>													
14.D.1 Sibling: Brother Sister Half-brother Half-sister Other:													
NAME		AGE		HOME ADDRESS (NUMBER / STREET / APT)				CITY		STAT		ZIP	
HOME PHONE		( )		MAILING ADDRESS (IF DIFFERENT)				CITY		STAT		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		STAT		ZIP	
HOME PHONE		( )		MAILING ADDRESS (IF DIFFERENT)				CITY		STAT		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		STAT		ZIP	
HOME PHONE		( )		MAILING ADDRESS (IF DIFFERENT)				CITY		STAT		ZIP	
WORK PHONE		( )		CELL PHONE		( )		EMAIL					
14.D.4 Sibling: Brother Sister Half-brother Half-sister Other:													
NAME		AGE		HOME ADDRESS (NUMBER / STREET / APT)				CITY		STAT		ZIP	
HOME PHONE		( )		MAILING ADDRESS (IF DIFFERENT)				CITY		STAT		ZIP	
WORK PHONE		( )		CELL PHONE		( )		EMAIL					

Supplemental relatives information included on Page 23

14.E Children										N/A			
<ul style="list-style-type: none"> <li>List <b>ALL LIVING</b> children, including natural, adopted, step, and/or foster care.</li> <li>Include any other children who reside with you.</li> <li>Provide the name and contact information of the custodial parent/guardian, if other than you.</li> <li>If more space is needed, continue on page 23 – reference corresponding numbers.</li> </ul>													
14.E.1 Child: Son Daughter Other:													
NAME		AGE		CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)									
				ADDRESS (NUMBER / STREET / APT)				CITY		STAT		ZIP	
				CONTACT NUMBER		( )		EMAIL					

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

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

<b>14.E.2 Child:</b>	Son	Daughter	Other:
NAME	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			
CITY			
STATE			
ZIP			
CONTACT NUMBER		EMAIL	
( )			

<b>14.E.3 Child:</b>	Son	Daughter	Other:
NAME	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			
CITY			
STATE			
ZIP			
CONTACT NUMBER		EMAIL	
( )			

<b>14.E.4 Child:</b>	Son	Daughter	Other:
NAME	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			
CITY			
STATE			
ZIP			
CONTACT NUMBER		EMAIL	
( )			

**Supplemental relatives information included on Page 23**

### 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.
- If more space is needed, continue on page 23 – reference corresponding numbers.

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

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

15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP



**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

(    )				
WORK PHONE	CELL PHONE	EMAIL		
(    )	(    )			
How do you know this person?		How long have you known this person?		

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

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

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

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

(    )				
WORK PHONE	CELL PHONE	EMAIL		
(    )	(    )			
How do you know this person?		How long have you known this person?		

Supplemental references information included on Page 23

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 3: EDUCATION

- **NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 23.*

16. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate? ..... Yes  
No

### 17. LIST HIGH SCHOOL(S) ATTENDED

17. 1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	Yes No
	CITY			STATE

17. 2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	Yes No
	CITY			STATE

### 18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18. 1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	QTR SYSTEM SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED
				YES NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18. 2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	QTR SYSTEM SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED
				YES NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18. 3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	QTR SYSTEM SEM SYSTEM
	ADDRESS (NUMBER / STREET)			DEGREE EARNED
				YES 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 COURSE?
		/	/	Yes No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

Supplemental education information included on Page 23

### LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a <b>PC832</b> (Arrest and/or Firearms) Course?..... Yes No	
IF YES, provide the following information:	
A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

B. COURSE COMPLETION			COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? .....	Yes	No	/

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

### SECTION 3: EDUCATION *continued*

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?
		/	/	Yes 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?
		/	/	Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )

*Supplemental POST basic courses information included on Page 23*

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, 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. Include when the disciplinary action(s) occurred, name of school(s)/academy, 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

IF YES, explain circumstances.


### 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 23.*

24. 1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>Present</b>
	CITY	STAT	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	STAT	ZIP	EMAIL	

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

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Name(s) of those with whom you live:

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**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 4: RESIDENCE HISTORY** *continued*

24. 2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STAT	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			STAT	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24. 3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STAT	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			STAT	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24. 4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STAT	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			STAT	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

24. 5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STAT	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			STAT	ZIP	EMAIL

Name(s) of those with whom you lived:

Reason for moving:

**Supplemental residence information included on Page 23**



## POST 2-255 (Rev 02/2018)

## 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 23.*

1742

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

25.6				(    )	
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 included on Page 23

26.	Have you ever been evicted or asked to leave a residence? .....	Yes	No
27.	Have you ever left a residence owing rent, utilities, or other household expenses? .....	Yes	No

If you answered "YES" to Questions 26 and/or 27, explain (include when, where, and circumstances):

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 28. JOB EXPERIENCE

- List **ALL** jobs you have had ***within the past ten years***, 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 23.*

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)		
			FT PT Temp Self-employed 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? ..... Yes No					

IF YES, explain:

28. 2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:			/	/
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)		

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

				FT	PT	Temp	Self-employed	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)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/	

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

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)		
				FT PT Temp Self-employed Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		( )				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		( )				
2)		( )				

28. 6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	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)		
				FT PT Temp Self-employed Volunteer		
DUTIES / ASSIGNMENTS				REASON FOR LEAVING		
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL		
		( )				
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL		
1)		( )				

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

2)

( )

28.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel 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)	
			FT PT Temp Self-employed Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EXT.	EMAIL
		( )		
NAMES OF CO-WORKERS		CONTACT NUMBER	EXT.	EMAIL
1)		( )		
2)		( )		

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

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

28. 11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT	
				( )		
	CITY	STAT	ZIP	EMAIL		
JOB TITLE / RANK				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				FT PT Temp Self-employed 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)
	Student	Between jobs	Leave of absence	Travel	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	STAT	ZIP	EMAIL		
JOB TITLE / RANK				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				FT PT Temp Self-employed 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)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/

### Supplemental employment information included on Page 23

29.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.).....	Yes	No
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment? .....	Yes	No
31.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	Yes	No
32.	Have you ever quit without giving proper notice? .....	Yes	No
33.	Have you ever resigned in lieu of termination? .....	Yes	No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

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? .....	Yes	No
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you? .....	Yes	No
36.	Have you ever been counseled at work due to lateness or absences? .....	Yes	No
37.	Did you ever receive an unsatisfactory performance review? .....	Yes	No



POST 2-255 (Rev 02/2018)

38.	Have you ever sold, released, or given away legally confidential information?.....	Yes	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	Yes	No
40.	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? <b><i>Note: Do not include lawful exchange of investigative content and/or evidence pursuant to official law enforcement investigations.</i></b> .....	Yes	No

**Supplemental employment information included on Page 23**

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

44. 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 44, list **EVERY** agency you have applied to, **starting with the most recent**.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 23.*

44. 1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT
				(     )		
	POSITION APPLIED FOR			EMAIL		

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrew ☐ Disqualified ☐ List Expired ☐ Other (explain) \_\_\_\_\_

44. 2	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
		/

PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
			(     )	
POSITION APPLIED FOR		EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:				

STEP:    Application   Written   Physical Ability   Oral   Polygraph/CVSA   Background   Chief's Oral   Conditional Offer  
STATUS:   Hired   On Eligibility List   Withdrew   Disqualified   List Expired   Other (explain)

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

44. 3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP:    Application    Written    Physical Ability    Oral    Polygraph/CVSA    Background    Chief's Oral    Conditional Offer						
STATUS:    Hired    On Eligibility List    Withdrew    Disqualified    List Expired    Other (explain)						

44. 4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP:    Application    Written    Physical Ability    Oral    Polygraph/CVSA    Background    Chief's Oral    Conditional Offer						
STATUS:    Hired    On Eligibility List    Withdrew    Disqualified    List Expired    Other (explain)						

**SECTION 6: MILITARY EXPERIENCE**

45.	Are you required to register for the Selective Service?.....	Yes	No
	IF YES, have you registered? .....	Yes	No
	IF NO, explain:		
46.	Have you ever served in the military? .....	Yes	No
47. If you answered "YES" to Question 46, include the following service information:			
BRANCH OF SERVICE		FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
TYPE OF DISCHARGE			
Entry Level    Honorable    General    OTH (Other than Honorable)    Bad Conduct    Dishonorable			
Re-entry Code (1–4) if applicable – refer to your DD-214:			
48.	Are you currently participating in one of the following? Military Reserve    National Guard    IF CHECKED, date obligation ends (MM/DD/YY):		
49.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....	Yes	No
50.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....	Yes	No
51.	Have you ever taken military property without permission for personal use, to sell, or to give away? .....	Yes	No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

If you answered "YES" to any of **Questions 49–51** explain (include dates and circumstances).

*Supplemental military information included on Page 23*

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 7: FINANCIAL

### 52. INCOME AND EXPENSES

- For each of the following questions (**52A** and **B**), fill in the amounts to the nearest dollar.
- For **Question 52A**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 52B**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) What is your total monthly disposable income? .....	\$	__per month
B) How much do you spend each month? .....	\$	__per month

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

If you answered "YES" to any of **Questions 53–65**, explain (include when, where, and why – *reference corresponding numbers*).

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

### SECTION 8: LEGAL

#### ► Disclosure of Arrests and Convictions

- If you are applying for a dispatcher position at a criminal justice agency (as defined in Penal Code 13101), you are required to report detentions, arrests, and convictions (per Labor Code 432.7), except where sealed or expunged by law. If you are applying for a dispatcher position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.**
- *If more space is needed, continue your response on page 23.*

66.	Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ..... Yes No		
IF YES, explain each incident:			
66. 1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

66. 2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

#### Supplemental disclosure information included on Page 23

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

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

If you answered "YES" to any of **Questions 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 23.*

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 8: LEGAL *continued*

### ► Involvement in Criminal Acts – Part 1

77. Have you committed any of the following acts ***within the past seven (7) years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

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

77.1	Animal abuse and/or neglect .....	Yes	No
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	Yes	No
77.3	Battery (use of force or violence upon another) .....	Yes	No
77.4	Brandishing a weapon (any type of weapon) .....	Yes	No
77.5	Carrying a concealed weapon without a permit.....	Yes	No
77.6	Contributing to the delinquency of a minor .....	Yes	No
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	Yes	No
77.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs .....	Yes	No
77.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	Yes	No
77.10	Filing a false police report .....	Yes	No
77.11	Hit & run collision (no injuries).....	Yes	No
77.12	Illegal gambling.....	Yes	No
77.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	Yes	No
77.14	Impersonating a peace officer (pretending to be a police officer) .....	Yes	No
77.15	Indecent exposure and/or lewd or obscene conduct .....	Yes	No
77.16	Intentionally writing a bad check .....	Yes	No
77.17	Joyriding (using a car or other vehicle without owner's permission) .....	Yes	No
77.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) .....	Yes	No
77.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	Yes	No
77.20	Possession of alcohol as a minor (under the age of 21) .....	Yes	No
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason).....	Yes	No
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	Yes	No
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....	Yes	No
77.24	Reckless driving .....	Yes	No
77.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police).....	Yes	No



PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

77.2 6	Trespassing .....	Yes	No
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# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 8: LEGAL *continued*

77.2 7	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....	Yes	No
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77.2 8	Any other act amounting to a misdemeanor .....	Yes	No
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- If you answered "YES" to **ANY** of the item(s) in **Question 77**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 77.5) for each explanation.*
- *If more space is needed, continue your response on page 23.*

**Supplemental legal information included on Page 23**

### ► Involvement in Criminal Acts – Part 2

**78. 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.**

78.1	Arson (intentionally destroying property by setting a fire) .....	Yes	No
------	---	-----	----

78.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	Yes	No
------	---	-----	----

78.3	Blackmail or extortion .....	Yes	No
------	------------------------------	-----	----

78.4	Burglary (entering a structure or vehicle to commit theft or other crime) .....	Yes	No
------	---	-----	----

78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	Yes	No
------	--	-----	----

78.6	Elder abuse and/or neglect (physical and/or financial) .....	Yes	No
------	--	-----	----

78.7	Embezzlement (theft of money or other valuables entrusted to you) .....	Yes	No
------	---	-----	----

78.8	Felony drunk driving (involving injuries) .....	Yes	No
------	---	-----	----

78.9	Felony illegal sex acts .....	Yes	No
------	-------------------------------	-----	----

78.1 0	Forcible rape .....	Yes	No
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78.1 1	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	Yes	No
-----------	---	-----	----

78.1 2	Fraudulent use of a credit, ATM, debit, and/or check card .....	Yes	No
-----------	---	-----	----

78.1 3	Grand theft (value of over \$950, automobile, any firearm) .....	Yes	No
-----------	--	-----	----

78.1 4	Hit & run (with injuries) .....	Yes	No
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78.1 5	Hate crime .....	Yes	No
-----------	------------------	-----	----

78.1 6	Insurance fraud .....	Yes	No
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PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

78.1 7	Murder, homicide, attempted murder, or assault with intent to commit murder ..... Yes    No
78.1 8	Perjury (lying under oath) ..... Yes    No
78.1 9	Possession of an explosive/destructive device ..... Yes    No
78.2 0	Robbery (theft from another person using a weapon, force, or fear) ..... Yes    No

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

## SECTION 8: LEGAL *continued*

78.2 1	Stalking .....	Yes	No
78.2 2	Theft of a vehicle and/or vehicle parts .....	Yes	No
78.2 3	Viewing and/or possessing child pornography .....	Yes	No
78.2 4	Any other act amounting to a felony .....	Yes	No

- If you answered “YES” to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.3) for each explanation*
- *If more space is needed, continue your response on page 23.*

Supplemental legal information included on Page 23

### ► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
  - Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - Barbiturates (*Downers*)
  - Cocaine / Crack Cocaine
  - Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
  - GHB (*Date Rape Drug*)
  - Hallucinogens (*Peyote, LSD, Mushrooms*)
  - Hashish / Hashish Oil
  - Heroin / Opium
  - Marijuana (*with or without a prescription*)
  - Mescaline
  - Morphine
  - PCP / Angel Dust
  - Quaaludes
  - Steroids
  - Tetrahydrocannabinol (THC)
  - Glue, paint, or any substance containing toluene

79. **Within the past six months**, have you used any drug(s) as indicated above? ..... Yes

No

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

80. **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**:

81. 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

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

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

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

### SECTION 8: LEGAL *continued*

82. 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 included on Page 23*

### SECTION 9: MOTOR VEHICLE INFORMATION

83. Current Driver's License:

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

84. 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

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

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

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

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

87. Have you received any traffic citations, excluding parking citations, **within the past seven years**. Yes No *If YES, give details below.*

87. 1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN		
	Month: Year:	Not Guilty	Fined	Traffic School Dismissed
87. 2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

DATE VIOLATION OCCURRED		ACTION TAKEN			
Month:	Year:	Not Guilty	Fined	Traffic School	Dismissed

## PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 02/2018)

### SECTION 9: MOTOR VEHICLE INFORMATION

88. 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:

*Supplemental motor vehicle information included on Page 23*

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

IF YES, GIVE REASON

FROM (MM/  
YYYY)

TO (MM/YYYY)

/

/

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

IF YES, GIVE REASON

DATE (MM/YYYY)

/

INSURANCE COMPANY

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

*Supplemental motor vehicle information included on Page 23*

### SECTION 10: OTHER TOPICS

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

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

93. 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

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

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

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

*Supplemental other topics information included on Page 23*



**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

<b>SECTION 11: CERTIFICATION</b>	
<p>96. <i>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.</i></p>	
<b>Signature in Full: ►</b>	<b>Date:</b>

**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.**

## POST 2-255 (Rev 02/2018)

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.