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Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form **in its entirety** and provide **accurate and truthful responses**.
- Following instructions provided by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 33) and identify the additional information by the question number.
- Following instructions provided by the hiring department, submit the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

Disqualification

There are very few **automatic** bases for rejection. Even prior instances of illegal drug use, driving under the influence, theft, or even arrest or misdemeanor conviction may not be, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" and/or are disqualified during the background investigation is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Disclosure of Medically-Related Information

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

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 1: PERSONAL

1. YOUR FULL NAME				
LAST	FIRST	MIDDLE		
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				<input type="checkbox"/> 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 ()	<input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. EMPLOYMENT ELIGIBILITY				
Are you legally authorized to work in the United States under federal law?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. 		<ul style="list-style-type: none"> Mark "Deceased," if appropriate. <i>If more space is needed, continue on Page 33 – reference corresponding numbers.</i> 			
14.A Spouse / Registered Domestic Partner				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.B Former Spouse / Former Registered Domestic Partner

Deceased N/A

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL				
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

14.C Parents / Guardians / In-laws

List ALL parents/guardians/in-laws living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian / In-law: 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				

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SECTION 2: RELATIVES AND REFERENCES *continued*

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

14.C.5 Parent / Guardian / In-law: Mother Father Step-mother Step-father In-law Other: _____ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL		

14.C.6 Parent / Guardian / In-law: Mother Father Step-mother Step-father In-law Other: _____ Deceased

NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL		

Supplemental relatives information provided on Page 33

14.D Brothers / Sisters

N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()		EMAIL			

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()		EMAIL			

14.D.3 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()		EMAIL			

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

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SECTION 2: RELATIVES AND REFERENCES *continued*

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
()					
WORK PHONE	CELL PHONE	EMAIL			
()	()				

Supplemental relatives information provided on Page 33

14.E Children N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER	EMAIL				

14.E.2 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER	EMAIL				

14.E.3 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER	EMAIL				

14.E.4 Child: Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
CONTACT NUMBER	EMAIL				

Supplemental relatives information provided on Page 33

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.**

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

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SECTION 2: RELATIVES AND REFERENCES *continued*

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

Supplemental references information provided on Page 33

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 3: EDUCATION

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

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

17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

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

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

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

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

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

Supplemental education information provided on Page 33

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 3: EDUCATION *continued*

LIST ALL POST BASIC COURSES ATTENDED

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? YES NO

IF YES, provide the following information:

A. COURSE PRESENTER NAME		LOCATION (CITY / STATE)
B. COURSE COMPLETION		COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		/

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

IF YES, provide the following information:

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

Supplemental POST basic course information provided on Page 33

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy? YES NO

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course/academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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

IF YES, explain circumstances.

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SECTION 4: RESIDENCE HISTORY

24. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- **If more space is needed, continue your response on Page 33.**

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		

Name(s) of those with whom you live:

24.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		

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	STATE	ZIP	IF RENTED: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		

Name(s) of those with whom you lived:

Reason for moving:

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SECTION 4: RESIDENCE HISTORY *continued*

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

Supplemental residence information provided on Page 33

25. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years** or **since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on Page 33.*

25.1	NAME OF HOUSEMATE			CONTACT NUMBER		
				()		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL			

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 4: RESIDENCE HISTORY *continued*

25.2	NAME OF HOUSEMATE	CONTACT NUMBER	()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.3	NAME OF HOUSEMATE	CONTACT NUMBER	()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.4	NAME OF HOUSEMATE	CONTACT NUMBER	()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		
25.5	NAME OF HOUSEMATE	CONTACT NUMBER	()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)	EMAIL		

Supplemental housemate information provided on Page 33

26. Have you ever been evicted or asked to leave a residence? 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 – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**
- **If more space is needed, continue your response on Page 33.**

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

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

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

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

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

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

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

Supplemental employment information provided on Page 33

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

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

- 29. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) YES NO
- 30. Have you ever been fired, released from probation, or asked to resign from any place of employment? YES NO
- 31. Have you ever been 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
- 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. Have you ever been 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. Have you ever received an unsatisfactory performance review? YES NO
- 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? YES NO
 IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days
- 40. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include *lawful* contact such as pat searches in law enforcement duties and/or training.) YES NO
- 41. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include *lawful* exchange of investigative content and/or evidence pursuant to official law enforcement investigations.) YES NO

If you answered "YES" to any of Questions 29–41, explain (include when, where, and circumstances – *reference corresponding numbers*). ***If more space is needed, continue your response on page 33.***

Supplemental employment information provided on Page 33

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

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

45.1	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	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral
 Conditional Offer

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

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral
 Conditional Offer

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

45.3	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/Exec Oral
 Conditional Offer

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

45.4	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/Exec Oral
 Conditional Offer

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

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral
 Conditional Offer

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral
 Conditional Offer

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

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral
 Conditional Offer

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

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

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief/Exec Oral
 Conditional Offer

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

Supplemental application information provided on Page 33

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

PREVIOUS PEACE OFFICER EXPERIENCE

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

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

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

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

Supplemental employment information provided on Page 33

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 6: MILITARY EXPERIENCE

47. Are you required to register for the Selective Service?..... YES NO
IF YES, have you registered? YES NO
IF NO, explain: _____

48. Have you ever served in the military? YES NO

49. If you answered "YES" to Question 48, 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: _____

50. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

51. 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

52. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? YES NO

53. Have you ever taken military property without permission for personal use, to sell, or to give away? YES NO

If you answered "YES" to any of **Questions 51-53**, explain (include dates and circumstances).

Supplemental military information provided on Page 33

SECTION 7: FINANCIAL

54. INCOME AND EXPENSES

For questions 54.1 and 54.2, fill in the amounts to the nearest dollar.

- For **Question 54.1**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 54.2**: 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.

54.1	What is your total monthly disposable income?\$ _____ per month
54.2	How much do you spend each month?\$ _____ per month

55. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? YES NO

56. Have any of your bills ever been turned over to a collection agency? YES NO

57. Have you ever had purchased goods repossessed? YES NO

58. Have your wages ever been garnished? YES NO

59. Have you ever been delinquent on income or other tax payments? YES NO

60. Have you ever failed to file income tax or cheated/lie on an income tax form? YES NO

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

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

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

Supplemental financial information provided on Page 33

SECTION 8: LEGAL

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

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

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

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL (continued)

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

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

Supplemental legal information provided on Page 33

► Involvement in Criminal Acts – Part 1

78. 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.)		
<ul style="list-style-type: none"> • 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. 		
78.1	Animal abuse and/or neglect	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.3	Battery (use of force or violence upon another)	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.4	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.5	Carrying a concealed weapon without a permit	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.6	Contributing to the delinquency of a minor	<input type="checkbox"/> YES <input type="checkbox"/> NO
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL HISTORY STATEMENT – Peace Officer

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SECTION 8: LEGAL (continued)

78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.10	Filing a false police report	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.11	Hit & run collision (no injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.12	Illegal gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.16	Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.17	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.18	Petty theft (value up to \$950, including shoplifting/switching price tags)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.19	Possession of alcohol as a minor (under the age of 21)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.20	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.21	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.22	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.23	Reckless driving	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.24	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.25	Trespassing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.26	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78.27	Any other act amounting to a misdemeanor	<input type="checkbox"/> YES	<input type="checkbox"/> 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., 78.5) for each explanation.*
- **If more space is needed, continue your response on Page 33.**

Supplemental legal information provided on Page 33

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 1/2024)

SECTION 8: LEGAL (continued)

► Involvement in Criminal Acts – Part 2

79. **At any time in your life**, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

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

PERSONAL HISTORY STATEMENT – Peace Officer

POST 2-251 (Rev 1/2024)

SECTION 8: LEGAL (continued)

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

I have **never** used any drug recreationally. (You may mark this box, if the only drug you have used recreationally was cannabis.)

Excluding any use of cannabis, I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

82. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription drugs without a prescription, excluding the use of cannabis off the job and away from the workplace? YES NO

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

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

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

83. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications, excluding the use of cannabis off the job and away from the workplace? YES NO

IF YES, explain:

Supplemental drug information provided on Page 33

SECTION 9: MOTOR VEHICLE INFORMATION

84. Current Driver's License:

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

85. List other states where you have been licensed to operate a motor vehicle.

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

