SACRAMENTO COUNTY SHERIFF’S OFFICE

PERSONAL HISTORY STATEMENT

*NON-SWORN PERSONNEL*

*LEVEL III & IV*

IMPORTANT

*This application is a permanent record. All information must be typewritten and printed on single-sided pages. Applications that are handwritten, incomplete, or printed on double-sided pages will not be accepted.*

4500 Orange Grove Avenue

Sacramento, CA 95841

(Rev. 2/2024)

PRE-EMPLOYMENT INVESTIGATION INSTRUCTIONS

**Dear Candidate:**

You have indicated that you are interested in being considered for employment with Correctional Health Services. You are advised that, prior to being considered for employment, a pre‑employment investigation will have to be completed. Before we can conduct the investigation, it will be necessary for you to have completed the attached forms and submit certain documents and materials.

For the purpose of expediting this process, please follow these instructions:

# PERSONAL HISTORY STATEMENT Your first task will be to fill out this Personal History Statement. Please read the notice on the front cover and the instruction pages carefully. You are expected to follow those instructions precisely. It is of particular importance that the questionnaire be filled out completely and accurately. With regard to completeness, please pay particular attention to the following:

## All addresses requested in the questionnaire must be complete mailing addresses, including zip code. If the mailing address is a post office box number, in addition to the mailing address, please give the street address.

## When providing information regarding employment, please note that employment must be listed in chronological sequence dating from the most recent employment going back for the past five years. At the bottom of each box, a space has been provided for time where your employment may have been interrupted by a period of unemployment or military service. Be sure to complete these boxes if they apply to you. Completely list all employment along with periods of unemployment in order to achieve the correct chronological record of your activities. Account for all your time during that five-year period.

# FILLING OUT THE PERSONAL HISTORY STATEMENT WITH A COMPUTER The downloaded Personal History Statement can be filled out on a computer with word processor. Follow these instructions when using a word processor to fill out the Personal History Statement:

## Except for the fill-in areas, the Personal History Statement is “protected” (locked) to prevent the modification of the form. Do not remove the protection. Any unauthorized modification of the protected portions of the form will invalidate the entire document and it will not be accepted.

## When typing in information, DO NOT USE ALL CAPITAL LETTERS.

## Each information field will accept a limited number of characters. If a narrative field does not contain a sufficient number of characters for your complete response, end your response with the words, “Continued on attached page” and continue your response on an attached page.

## Once the Personal History Statement is completely filled in, it is recommended that it be printed out and proof read. Once the final copy is printed, fill in by hand those areas that could not be filled in with the word processor, such as your initials, signature, and date at the bottom of some of the pages. Be aware that one particular waiver and release must be filled-in by a notary and signed by you in the notary’s presence.

## Once you have completely filled out the Personal History Statement, print it out single-sided. Personal History Statements printed double-sided will not be accepted. You are encouraged to keep a copy for your records and submit the original.

# REQUIRED DOCUMENTS You are required to provide evidence you have a legal right to work in the United States.

# Acceptable evidence includes one of the following:

# Certified Copy of your U.S. Birth Certificate

# Naturalization Documentation

# Current Permanent Resident Alien Card

# RELEASE AND WAIVER Included in this package is the “Release and Waiver” which authorizes Sheriff's Department investigators to access your confidential records. Your signature authorizes that access. Please sign this form in the presence of a notary. Notary service is available at the Pre-Employment Investigation Unit free of charge. Please call in advance to ensure that a notary will be available.

# PERSONAL DATA The first page of the Personal History Statement is for your personal data. This page will become the work sheet for the investigator. A single error, such as a mistyped letter or number, could result in an inaccurate pre‑employment investigation. A substantial error could cause you to not be considered for selection, as an appointment is contingent upon a completed investigation.

# CHANGES IN PERSONAL HISTORY STATEMENT If at any time after you have submitted your Personal History Statement a change develops in your personal history, (i.e., address change, employment change, marital status, driving or arrest record, etc.) you are required to notify the Pre‑Employment Investigations Unit as soon as possible both verbally and in writing.

# TURNING IN YOUR PERSONAL HISTORY STATEMENT Your Personal History Statement must be received by 4:00 p.m. on the final filing date. It can either be submitted in person at the Pre-Employment Office at the Sheriff’s Pre-Employment Facility or by mailing it to:

|  |
| --- |
| ***Submit in person or mailing address***  Sacramento County Sheriff’s Office  Pre-Employment Investigations Unit  4500 Orange Grove Avenue  Sacramento, CA 95841 |

The above requirements represent the beginning of the process. There are many other details that must be completed. It is our hope to keep this process moving in a timely manner. To do that, we need your cooperation. We intend to keep you advised by mail and will be unavailable to answer questions via the telephone.

**ADVISEMENT**

Documents to be signed for your

Pre-Employment background investigation

The following series of documents require your careful review and your knowing and voluntary signature in order for your background investigation to begin. These are *important* documents, and oral explanations of their meaning and purpose may be misunderstood, incomplete or inadequate and are no substitute for your *careful* review and *complete* understanding.

* Take as much time as you need to review each document carefully before signing.
* If you do not understand a document or have questions about its purpose, meaning or impact, ask for any clarification you desire before signing.
* If, after reviewing any or all of the documents and/or having any of your questions answered, you still feel that you do not understand the document(s) or wish to speak to an attorney of your choosing before signing any or all of them, please let Pre-Employment know, and time will be provided to you before proceeding further.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Advisement Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRE-EMPLOYMENT RELEASE AND WAIVER

I hereby authorize any Sheriff’s Officer or other authorized representative of the Sacramento County Sheriff’s Office bearing this release or a copy thereof to obtain information contained in any file, computer bank, or other compilation system relating to current employment, former employment, background investigation, credit, educational, military service, or criminal history information matters. This waiver extends to any and all information possessed by any educational institution, current or former employers, repository of military service records, and any and all businesses which retain credit history information. It also extends to any and all information possessed by any local, state, or federal law enforcement agency which retains criminal history information and/or background investigation information. It extends also to any and all information compiled in the internal affairs or disciplinary records of any law enforcement agency or repository of military service records.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Sacramento County Sheriff’s Office.

Consent is granted for the Sacramento County Sheriff’s Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, retail business establishment, current employer, former employer of any capacity, law enforcement agency, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family and associates resulting from the authorized release of information or attempted release of such information, pursuant to the terms of this release and waiver.

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_}, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_}

On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public, personally appeared

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence

to be the same person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Affiant\_\_\_\_\_\_ Produced ID \_\_\_\_\_\_

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

Type of ID Notary’s Signature

# EXPIRATION IS ONE YEAR OF THE DATE INDICATED ABOVE

**THIS FORM MUST BE NOTARIZED SEAL**

**Investigative Consumer Reporting Agencies Act (ICRAA)**

**Disclosure Form**

I hereby authorize any Sheriff’s Deputy or other authorized representative of the Sacramento County Sheriff’s Office bearing this release or copy thereof to obtain information contained in any file, computer bank, or other compilation system relating to my current employment, former employment, credit, educational, or criminal history information matters. **Information obtained may include information on a candidate’s character, general reputation, personal characteristics, and mode of living.** This waiver extends to any and all information possessed by any education institution, current employers, and any and all businesses, which retain credit history information. It also extends to any and all information possessed by any local, state, or federal law enforcement agency, which retains criminal and driving history information. It also extends to any and all information complied in internal affairs or disciplinary records of any law enforcement agency wherein I have been accused of misconduct, whether sustained or not.

According to the Investigative Consumer Reporting Agencies Act (ICRAA), I acknowledge that I am entitled to a copy of public records obtained during the course of the pre-employment investigation conducted by authorized representatives from the Sacramento County Sheriff’s Office. I also acknowledge that public records, as used in this disclosure form, do not include responses by personal references, employment verifications.

No, I do not want a copy of all public records obtained in the course of my background investigation.

Yes, I would like a copy of all public records obtained in the course of my background investigation.

Dated this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Person Giving Consent

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

Printed Name

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

I fully recognize that individuals must clearly demonstrate their personal, medical, physical and psychological fitness to serve in a position of trust within the Sacramento County Sheriff's Office. I further recognize that this employing agency has a legal as well as a moral obligation to make every reasonable effort to insure that persons employed by them conform to the very highest standards.

To that end, I recognize that this law enforcement agency will conduct an intensive investigation into my personal, medical and psychological fitness, and that such an investigation will include contacting persons and/or organizations that may have information relating to my fitness. I further understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning me if the confidentiality of their information cannot be guaranteed on a permanent basis.

Therefore, I release and hold harmless the County of Sacramento, its Sheriff's Office, officers, agents or assigns, now and in the future, from any claim for damages in law or in equity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre‑employment personal, medical and/or psychological history investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied. I hereby waive my right, now and in the future, to examine, review or otherwise discover the contents of this investigation and all related documents thereto.

Dated this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_ in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

State of California

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

Signature of Person Giving Consent

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

Printed Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1: PERSONAL DATA | | | | | | | | | | | | |
| All of the below information is required to facilitate the processing of financial credit checks, police records, etc. **This form must be typewritten.** | | | | | | | | | | | | |
| 1. I AM APPLYING FOR (JOB TITLE) | | | | | | | THIS SPACE IS FOR OFFICIAL USE | | | | | |
| 2. LAST NAME (Include suffix if any, e.g. Jr, III, Sr, etc.) FIRST NAME MIDDLE NAME | | | | | | | | | | | | |
| 3. OTHER NAMES I HAVE USED AND EXPLANATION\*  a.       b.  c.       d. | | | | | | | | | | | | |
| 4. DATE OF BIRTH | | | | 5. SOCIAL SECURITY #      -    - | | | 6. DRIVER’S LICENSE # & STATE | | | | 7. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO | |
| SEX | AGE | | | | HEIGHT | | WEIGHT | | HAIR | | | EYES |
| 8. HOME ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | |
| 8-A. MAILING ADDRESS (IF DIFFERENT FROM YOUR HOME ADDRESS) CITY STATE ZIP CODE | | | | | | | | | | | | |
| 9. HOME PHONE  (     )     - | | | CELL PHONE  (    )    - | | | BUSINESS PHONE  (    )    - | | 10. E-MAIL ADDRESS | | | | |
| 11. EMPLOYER ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | |
| DAYS OFF | | | | | | | WORK HOURS | | | | | |
| 2ND EMPLOYER ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | |
| DAYS OFF | | | | | | | WORK HOURS | | | | | |
| 12. IN THE PAST, HAVE YOU EVER SUBMITTED A PERSONAL HISTORY STATEMENT TO THE SACRAMENTO SHERIFF’S OFFICE? YES  NO  IF YES, PROVIDE THE FOLLOWING INFORMATION: | | | | | | | | | | | | |
| DATE (MO/YR) | | JOB TITLE/POSITION APPLIED FOR | | | | | | | | WAS A BACKGROUND INVESTIGATION CONDUCTED?  YES  NO | | |
| DATE (MO/YR) | | JOB TITLE/POSITION APPLIED FOR | | | | | | | | WAS A BACKGROUND INVESTIGATION CONDUCTED?  YES  NO | | |
| DATE (MO/YR) | | JOB TITLE/POSITION APPLIED FOR | | | | | | | | WAS A BACKGROUND INVESTIGATION CONDUCTED?  YES  NO | | |
| **ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY A LAW ENFORCEMENT AGENCY (INCLUDING THE SACRAMENTO COUNTY SHERIFF’S OFFICE) AS A SWORN PEACE OFFICER (INCLUDES FULL-TIME, PART-TIME, AND VOLUNTARY)?** YES  NO  If Yes, please fill-out a Law Enforcement Experience Supplemental Questionnaire. | | | | | | | | | | | | |

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| SECTION 3: EDUCATION | | | | | | | |
| **NOTE:** **You may be required to furnish transcripts or other proof to support all of your educational claims.** | | | | | | | |
| 15. Do you have a high school diploma, GED, or California High School Proficiency Certificate? ………………………………………  Yes  No | | | | | | | |
|  | | | | | | | |
| 16. List the last high schools you attended: | | | | | | | |
| NAME | | | FROM (MO/YR) | | TO (MO/YR) | | did you graduate?  Yes  No |
| ADDRESS | CITY | | | STATE | | ZIP CODE |
| 17. List all colleges or universities attended: | | | | | | | |
| A) NAME | | FROM (MO/YR) | TO (MO/YR) | | TOtal units earned | | type of degree earned |
| ADDRESS | CITY | | | STATE | | ZIP CODE |
| B) NAME | | FROM (MO/YR) | TO (MO/YR) | | TOtal units earned | | type of degree earned |
| ADDRESS | CITY | | | STATE | | ZIP CODE |
| C) NAME | | FROM (MO/YR) | TO (MO/YR) | | TOtal units earned | | type of degree earned |
| ADDRESS | CITY | | | STATE | | ZIP CODE |
|  | | | | | | | |
| HAVE YOU ATTACHED THE NAMES OF ADDITIONAL COLLEGES?  Yes  No | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SECTION 4: RESIDENCE | | | | | | |
| 18. lIST of RESIDENCES  • List all residences during the last three years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.  • If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.  • If more space is needed continue on page 23. | | | | | | |
| a) ADDRESS where you now live (number / street / apt) | | | | | FROM (MO/YR) | TO (MO/YR) |
|  | CITY | STATE | ZIP |  | | |
| b) former ADDRESS (number / street / apt) | | | | | FROM (MO/YR) | To (Mo/Yr) |
|  | CITY | STATE | ZIP |  | | |
| c) former ADDRESS (number / street / apt) | | | | | FROM (MO/YR) | To (Mo/Yr) |
|  | CITY | STATE | ZIP |  | | |
| D) former ADDRESS (number / street / apt) | | | | | FROM (MO/YR) | To (Mo/Yr) |
|  | CITY | STATE | ZIP |  | | |

**HAVE YOU ATTACHED INFORMATION OF ADDITONAL RESIDENCES?**  Yes  No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 5: EXPERIENCE AND EMPLOYMENT | | | | | | | |
| 20. JOB EXPERIENCE  • List **ALL** jobs you have had in the past five years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 23.)  • If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.  • List **ALL** periods of unemployment in excess of 30 days. | | | | | | | |
|  | | | | | | | |
| A) NAME OF EMPLOYER OR MILITARY UNIT | | | | | FROM (MO/YR) | | TO (MO/YR) |
|  | ADDRESS (NUMBER / STREET OR BASE) | | |  | | | |
| CITY | STATE | ZIP | contact number  (     ) | | | EXT |
| job title | | |  | | | |
|  | | | | | | | |
| B) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | FROM (MO/YR) | TO (MO/YR) | |
|  | | | | | | | |
| C) NAME OF EMPLOYER OR MILITARY UNIT | | | | | FROM (MO/YR) | | TO (MO/YR) |
|  | ADDRESS (NUMBER / STREET OR BASE) | | |  | | | |
| CITY | STATE | ZIP | contact number  (     ) | | | EXT |
| job title | | |  | | | |
|  | | | | | | | |
| D) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | FROM (MO/YR) | To (Mo/Yr) | |
|  | | | | | | | |
| E) NAME OF EMPLOYER OR MILITARY UNIT | | | | | FROM (MO/YR) | | To (Mo/Yr) |
|  | ADDRESS (NUMBER / STREET OR BASE) | | |  | | | |
| CITY | STATE | ZIP | contact number  (     ) | | | EXT |
| job title | | |  | | | |
| F) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | FROM (MO/YR) | To (Mo/Yr) | |
|  | | | | | | | |
| G) NAME OF EMPLOYER OR MILITARY UNIT | | | | | FROM (MO/YR) | | TO (MO/YR) |
|  | ADDRESS (NUMBER / STREET OR BASE) | | |  | | | |
| CITY | STATE | ZIP | contact number  (     ) | | | EXT |
| job title | | |  | | | |
|  | | | | | | | |
| |  |  |  | | --- | --- | --- | | F) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | FROM (MO/YR) | To (Mo/Yr) | | | | | | | | |
| SECTION 5: EXP   |  | | --- | | SECTION 5: EXPERIENCE AND EMPLOYMENT *continued* | | 20. JOB EXPERIENCE *continued* |   ERIENCE AND EMPLOYMENT *continued* | | | | | | | |
|  | | | | | | | |
| I) NAME OF EMPLOYER OR MILITARY UNIT | | | | | FROM (MO/YR) | | TO (MO/YR) |
|  | ADDRESS (NUMBER / STREET OR BASE) | | |  | | | |
| CITY | STATE | ZIP | contact number  (     ) | | | EXT |
| job title | | |  | | | |
|  | | | | | | | |
| J) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | FROM (MO/YR) | TO (MO/YR) | |
|  | | | | | | | |
| K) NAME OF EMPLOYER OR MILITARY UNIT | | | | | FROM (MO/YR) | | TO (MO/YR) |
|  | ADDRESS (NUMBER / STREET OR BASE) | | |  | | | |
| CITY | STATE | ZIP | contact number  (     ) | | | EXT |
| job title | | |  | | | |
|  | | | | | | | |
| L) period of unemployment  Check applicable:  Student  Between jobs  Leave of absence  Travel  Other | | | | | FROM (MO/YR) | TO (MO/YR) | |
| HAVE YOU ATTACHED THE NAMES OF ADDITIONAL EMPLOYERS?  Yes  No | | | | | | | |

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| --- |
| **SECTION 5.1: EXPERIENCE AND EMPLOYMENT (PREA)** |
| A. Have you ever engaged in sexual harassment?  Yes  No |
| b. Has a sexual harassment complaint ever been made against you?  Yes  No |
| c. Have you ever engaged in any sexual abuse while working in a prison, jail, lockup,  community confinement facility, or other institution?  Yes  No |
| d. Have you ever been convicted of engaging or attempting to engage in sexual activity facilitated by force,  overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No |
| e. Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual  activity facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was  unable to consent or refuse?  Yes  No |
| If you answered yes to any of **Questions A–E**, explain (include when, where and circumstances; indicate corresponding number): |

|  |  |  |
| --- | --- | --- |
| SECTION 8: LEGAL | | |
| Disclosure of Convictions Since you are applying for a 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. **It is recommended that you consult with an attorney if you have any questions regarding disclosure.** | | |
| 32. Have you ever been convicted of, detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, or criminally charged with any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?  Yes  No | | |
|  | | |
| If yes, explain each incident. | | |
| APPROXimate DATE (MO/YR) | | arresting or detaining AGENCY |
| charge | |
| disposition or penalty | |
| APPROXimate DATE (MO/YR) | | arresting or detaining AGENCY |
| charge | |
| disposition or penalty | |
| **HAVE YOU ATTACHED INFORMATION OF ADDITIONAL CONVICTIONS?**  Yes  No | | |
| 33. Have you ever been placed on court probation as an adult?  Yes  No | | |
| 34. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,  support, etc.)?  Yes  No | | |

|  |  |
| --- | --- |
|  | |
| SECTION 11: CERTIFICATION | |
| 43. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. | |
| SIGNATURE IN FULL | DATE |

|  |
| --- |
| ADDITIONAL SPACE |
| • Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced. Include all information as required by the specific question. |
|  |