

COUNTY OF RIVERSIDE  
PROBATION DEPARTMENT



PERSONAL HISTORY STATEMENT  
**VOLUNTEERS IN PROBATION**

Probation Personnel  
Professional Standards Unit  
P.O. Box 1260  
Riverside, CA 92502-1260

CONFIDENTIAL

**TO BE PRINTED OR HANDWRITTEN LEGIBLY WITH INK**

**IF YOU NEED MORE SPACE, PLEASE PROVIDE INFORMATION ON LAST PAGE,  
LIST THE QUESTION NUMBER WITH THE ANSWER.**

**PERSONAL HISTORY STATEMENT**

Position applying for: \_\_\_\_\_

Date application filed with the Probation Department: \_\_\_\_\_

**I. PERSONAL**

The following information is requested from you for verification of contact purposes:

1. Name: \_\_\_\_\_  
Last First Middle Suffix

Other Names, including nicknames, by which you have been known

Alias 1 \_\_\_\_\_

Alias 2 \_\_\_\_\_

Alias 3 \_\_\_\_\_

2. Please list the address at which you can be contacted:

Address City State Zip Code

3. Please list the telephone number(s) where you can be contacted: (Please include Area Code)

( ) ( ) ( ) ( )

Home Phone Work Phone Cell Phone Message Phone

Hours during which you may be contacted: A.M. P.M.

Email: (List **ALL**) \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. U.S. Citizenship is required. If you are not a citizen, proof is required that you are a legal resident in this country and that you are applying for citizenship. Can you provide such documentation?

Yes  No

6. Social Security Number:

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

7. For the purpose of identification, please provide the following:

Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ ft. / \_\_\_\_\_ in. Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Tattoos or other distinguishing marks? \_\_\_\_\_

Describe and give Locations: \_\_\_\_\_

8. List hobbies, special skills or any abilities, including membership in any organization which may be relevant to the position for which you are applying (including language skills)

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

9. **LIST EDUCATION:**

High Schools attended:

a) Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate: \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_

b) Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate: \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_

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List all colleges and universities attended:

a) Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

b) Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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List any trade, vocational, or business schools/institutes attended:

a) Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of School or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you complete the course? \_\_\_ Yes \_\_\_ No

b) Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of School or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you complete the course: \_\_\_ Yes \_\_\_ No

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Have you ever been suspended or expelled from any high school or post secondary school? (Post secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level)

Yes  No

If "Yes", please explain (including school, date and circumstances)

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School Name: \_\_\_\_\_

Attended Dates: \_\_\_\_\_ From: \_\_\_\_\_

Suspension, Expulsion/Explanation: \_\_\_\_\_

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School Name: \_\_\_\_\_

Attended Dates: \_\_\_\_\_ From: \_\_\_\_\_

Suspension, Expulsion/Explanation: \_\_\_\_\_

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School Name: \_\_\_\_\_

Attended Dates: \_\_\_\_\_ From: \_\_\_\_\_

Suspension, Expulsion/Explanation: \_\_\_\_\_

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**II. FAMILY HISTORY**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position.

10. Please supply the appropriate information in the spaced provided below. If a category is not applicable, please write N/A.  
If living, please provide: full name and complete address where a person can be contacted (include City, State and Zip Code) and Telephone # where this person can be contacted. If deceased, please indicate.

Father Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father-In-Law Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother-In-Law Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse/Significant Other Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Former Spouse/Significant Other Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Former Spouse/Significant Other Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Children: List all children including step-children, foster children, and adopted children.  
Give address if they DO NOT live with you.**

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Custodial Parent, if other than you: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Custodial Parent, if other than you: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Custodial Parent, if other than you: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Custodial Parent, if other than you: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Custodial Parent, if other than you: \_\_\_\_\_

**List all living siblings, including half-siblings, step-siblings and foster siblings.**

Brother's or Sister's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Brother's or Sister's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Brother's or Sister's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Brother's or Sister's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Brother's or Sister's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone number:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**III.**

**LEGAL**

11.

Have you ever been arrested or convicted for any crime (**DO NOT** include traffic citations)

Yes  No

If yes, please give the following information: (The fact that your record may have been effected by a sealing, an expungement, a release or a pardon has specific legal implications as to how you should answer this question):

Approximate Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Circumstances: \_\_\_\_\_

Approximate Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Circumstances: \_\_\_\_\_

Approximate Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Circumstances: \_\_\_\_\_

12. Have you ever been on court probation either formal or summary (unsupervised) as an adult?

Yes  No  If yes, please give details, (including when, where and why)

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

13. Were you ever required to appear before a juvenile court for an act which could have been a crime if committed by an adult?

Yes  No  If Yes, please give details (including when, where and why):

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

14. Have you ever been reported to a law enforcement agency as a missing person or a runaway?

Yes  No  If Yes, please give details (including when, where and why)

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

Approximate Date:	_____
Circumstances:	_____
	_____
	_____

15. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? (e.g. Small Claims, Restraining Orders, Divorce, Child Custody)

Yes  No  If Yes, please give details (including when, where and why)

Approximate Date:	
Circumstances:	

Approximate Date:	
Circumstances:	

Approximate Date:	
Circumstances:	

16. Have you or anyone in your immediate family (father, mother, sister, brother, child, spouse, significant other) ever been a member or associated with any street gang?

Yes  No  If Yes, please provide details (i.e., Name of gang, location, dates, street name, etc.):


17. Has any family member or significant other ever been on probation or parole or incarcerated in a jail, prison or other correctional facility?

Yes  No  If Yes, please provide details:


18. Have you or anyone in your immediate family (father, mother, sister, brother, child, spouse, significant other) ever been a victim of a crime whether reported or unreported?

Yes  No

If Yes, please provide details:




IV.	<b>BEHAVIORIAL (Undetected Acts):</b> Have you <b>EVER</b> committed any of the following:	<b>YES</b>	<b>NO</b>
a)	Battery (Use of force upon another)		
b)	Bestiality (Sex act with an animal)		
c)	Contributing to the delinquency of a minor		
d)	Driving under the influence of alcohol and/or drugs		
f)	Drunk in public (being so intoxicated public that you're not able to care for yourself)		
h)	Hit and run collision (no injuries)		
i)	Illegal gambling		
j)	Indecent exposure (including flashing or mooning)		
k)	Petty theft (value up to \$750, including switching price tags)		
l)	Possession of stolen property (including vehicles)		
m)	Prostitution or soliciting a prostitute		
n)	Resisting arrest (including running from the police)		
o)	Sex in a public place (auto, beach, etc.)		
p)	Vandalism (including "tagging," malicious mischief and/or property damage)		
q)	Any other act amounting to a misdemeanor or felony		
<p>If you answered yes to any item(s) in the above questions, fully explain the circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter ( IV-c, etc.) for each explanation.</p>			

**V. DRUG USE:** The following questions ask about your current and past drug use. This covers ANY drug, including the unauthorized use of prescription or over-the-counter drugs. Your answers should include, **but not be limited to** your use of any of the following drugs:

Amphetamines (cross tops, whites bennies, uppers, etc.)	Methamphetamines (Speed, Crank, Crystal, etc.)	Mescaline	Barbiturates (downers, reds, depressants, etc.)
Hallucinogens	Morphine	PCP (Sherms, angel dust, etc.)	Cocaine/Crack Cocaine (coke, flake, snow, rock, ice, etc.)
Hashish/Hash Oil	Heroin/Opium (horse, smack, etc.)	Quaaludes	Designer Drugs (Ecstasy, Special K, Synthetic Herion, etc.)
Any Inhalants (glue/other volatile substances, nitrous oxide, etc.)	LSD (acid, etc.)	Steroids	Non-prescribed Drugs
Mescaline/Peyote	Psilocybin (Mushrooms, shrooms, etc.)	Other (List all other not listed above):	

*Within the past two years*, have you use any drug(s) as indicated above?  Yes  No  
 If yes, give details, including drug(s) used and circumstances:

*Prior to the past two years* (check all that apply):

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 checked, give the details including drugs used, most recent date used and circumstances.

Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

Sold

Purchased

Cultivated

Manufactured

Furnished

Carried or held for another

If you have checked **any** items above, give details including drug(s) involved, over what time period(s) and circumstances.

<b>V.</b>	<b>Drugs Used: (Con't.)</b>	<b>YES</b>	<b>NO</b>
a)	Do any of your friends, immediate family, or associates use any illegal drugs?		
b)	Have you EVER remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, or manufactured?		
c)	Have you ever had to register as a narcotic offender?		
d)	Have you knowingly allowed anyone to use illegal drugs in your home? Substance _____		
e)	Have you ever worked under the influence of illegal drugs?		
f)	Have you ever been a "middle man" for a drug deal?		
g)	Have you or anyone other than a medical person injected anything into your body?		
h)	Have you ever tested positive on an employment related drug test?		

If you answered yes to any of the above questions, explain (including when, where, and circumstances; indicate corresponding number):

**VI. An investigation of your driving history will be made through a records check. To expedite this process, please supply the following information:**

19. California Driver's License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name under which license was granted: \_\_\_\_\_

20. Please list other states where you have been licensed to operator a motor vehicle  
State: \_\_\_\_\_ Name under which license granted: \_\_\_\_\_  
State: \_\_\_\_\_ Name under which license granted: \_\_\_\_\_  
State: \_\_\_\_\_ Name under which license granted: \_\_\_\_\_

21. Have you ever been refused a driver's license by any state?  
Yes  No   
If Yes, please give details (including when, where and why)

22. Has your license ever been suspended, revoked or placed on negligent operator's probation?  
Yes  No   
If Yes, please give details (including when, where and why)

23. Have you received a traffic citation (excluding parking citations) within the **last 3 years**?  
Yes  No  If Yes, please list citations. Use last page, if necessary:  
Nature of Violation: \_\_\_\_\_  
Date of Violation: \_\_\_\_\_  
Approx Location: \_\_\_\_\_  
What was fine/penalty \_\_\_\_\_

Nature of Violation: \_\_\_\_\_  
Date of Violation: \_\_\_\_\_  
Approx Location: \_\_\_\_\_  
What was fine/penalty \_\_\_\_\_

24. Have you been involved in a motor vehicle accident within the **last 3 years**?  
Yes  No  If Yes, please list citations. Use last page, if necessary:  
Date: \_\_\_\_\_ Police Investigation? Yes  No   
At Fault? Yes  No  Injury Yes  No   
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Details: \_\_\_\_\_

Date: \_\_\_\_\_ Police Investigation? Yes  No   
At Fault? Yes  No  Injury? Yes  No   
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Details: \_\_\_\_\_

Date: \_\_\_\_\_ Police Investigation? Yes  No   
At Fault? Yes  No  Injury? Yes  No   
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Details: \_\_\_\_\_

**VI.**

**MILITARY**

25. Have you ever served in the armed forces, National Guard or military reserves?  
Yes  No  If yes, please provide a copy of all pages of Discharge Papers (DD214) and provide details:  
Branch of Service: \_\_\_\_\_  
Service Number: \_\_\_\_\_ Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

26. Please list current and past draft classifications in chronological order beginning with the most recent: \_\_\_\_\_  
\_\_\_\_\_

27. Are you currently participating in any military reserve or National Guard program?  
Yes  No  List: \_\_\_\_\_

28. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?  
Yes  No  If Yes, please give details (including branch of service, when, where and circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII.**  
29.

**REFERENCES**

In the spaces below, please list, as references, two (2) individuals who have knowledge of you and your qualifications. **(EXCLUDE RELATIVES, FORMER EMPLOYERS AND SUPERVISORS. DO NOT LIST HUSBAND OR WIFE AS SEPARATE REFERENCES).**

a) Mr.  Mrs.  Ms.  Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone numbers: Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Mr.  Mrs.  Ms.  Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone numbers: Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. In the spaces below, please list two (2) individuals who are social acquaintances (i.e., persons whom you have seen frequently during the past year) and have knowledge of your qualifications **(EXCLUDE RELATIVES, FORMER EMPLOYERS AND SUPERVISORS. DO NOT LIST HUSBAND OR WIFE AS SEPARATE REFERENCES).**

a) Mr.  Mrs.  Ms.  Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone numbers: Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

b) Mr.  Mrs.  Ms.  Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact phone numbers: Email: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**VIII.**  
31.

**EMPLOYMENT (Please list last 10 years) Use Additional Space Page, if necessary.**

a)  
Name of Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Numbers: ( ) ( ) ( )  
Home Work Cell  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:   
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b)**  
Name of Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:   
Reason for Leaving \_\_\_\_\_

**c)**  
Name of Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:   
Reason for Leaving \_\_\_\_\_

**d)**  
Name of Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:   
Reason for Leaving \_\_\_\_\_

**e)**  
Name of Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:   
Reason for Leaving \_\_\_\_\_

**f)**  
Name of Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:   
Reason for Leaving \_\_\_\_\_

g)

Name of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR

Job Title: \_\_\_\_\_ Full-Time:  Part-Time:  Volunteer:

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. In the above listed employment, have you ever been disciplined? (This includes written warning, formal letter of counseling, reprimands suspension, reductions in pay, reassignments or demotions)

Yes  No  If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Have you ever been fired, released while on probation, asked to resign or resigned in lieu of termination from any place of employment?

Yes  No  If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. Please list all your residences during the **last 10 years** (list no information prior to your 15<sup>th</sup> birthday) Begin with your current residence.

a)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

b)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

c)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

d)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

e)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR

List those individuals with who you resided during the time period in each residence:

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



**IX. FINANCIAL. If you answer yes to any of the following questions, please explain. If needed, please use the additional space page.**

- 33. Have you ever had any of your bills turned over to a collections agency? Yes  No
- 34. Have you ever had a poor credit rating? Yes  No
- 35. Have you ever failed to pay a loan? Yes  No
- 36. Have you ever been refused credit? Yes  No
- 37. Have you ever been delinquent on income or other tax payments? Yes  No
- 38. Have you ever had your wages garnished? Yes  No
- 39. Have you ever filed for a declared bankruptcy (Chapter 7, 11 or 13)? Yes  No

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I hereby certify that all the statements made in this Personal History Statement are true and complete. **I understand that any misstatement or omission of material facts will subject me to disqualification or dismissal.**

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Signature in Full

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Date Completed

Rev. 02/13

