

## Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Public Safety Dispatcher**, in accordance with POST Commission Regulation 1959.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 23) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to POST.

### Disqualification

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

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

### Disclosure of Medically-Related Information

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

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

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

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

# PERSONAL HISTORY STATEMENT – Public Safety Dispatcher

POST 2-255 (Rev 01/2024)

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. LEGAL AUTHORIZATION FOR EMPLOYMENT Are you legally authorized for permanent employment in the United States? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF NO, explain fully: _____					
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
		- -		NUMBER:	STATE:      EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES					
14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below.</li> <li>Mark "Deceased," if appropriate.</li> <li>Mark "N/A" if a category is not applicable.</li> <li>If more space is needed, continue on page 23 – reference corresponding numbers.</li> </ul>					
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 / SUITE)		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	
14.B Former Spouse / Former 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 / SUITE)		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	

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

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

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

<b>14.C.1 Parent / Guardian / In-law:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )		CELL PHONE (    )	EMAIL		

<b>14.C.2 Parent / Guardian / In-law:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )		CELL PHONE (    )	EMAIL		

<b>14.C.3 Parent / Guardian / In-law:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )		CELL PHONE (    )	EMAIL		

<b>14.C.4 Parent / Guardian / In-law:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )		CELL PHONE (    )	EMAIL		

<b>14.C.5 Parent / Guardian / In-law:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )		CELL PHONE (    )	EMAIL		

<b>14.C.6 Parent / Guardian / In-law:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )		CELL PHONE (    )	EMAIL		

Supplemental relatives information included on Page 23

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

**14.D Brothers / Sisters**  N/A

- List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

**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		

**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 included on Page 23**

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

**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		

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

<b>14.E.2 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP
		CONTACT NUMBER (   )	EMAIL	
<b>14.E.3 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP
		CONTACT NUMBER (   )	EMAIL	
<b>14.E.4 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____				
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP
		CONTACT NUMBER (   )	EMAIL	

**Supplemental relatives information included on Page 23**

**15. List of references**

- List **7-10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers.
- Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.
- *If more space is needed, continue on page 23 – reference corresponding numbers.*

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

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

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			
	How do you know this person?			How long have you known this person?		
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			
	How do you know this person?			How long have you known this person?		
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			
	How do you know this person?			How long have you known this person?		
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			
	How do you know this person?			How long have you known this person?		
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			
	How do you know this person?			How long have you known this person?		
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			
	How do you know this person?			How long have you known this person?		
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			
	How do you know this person?			How long have you known this person?		

Supplemental references information included on Page 23

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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 in Section 3.**
- *If more space is needed, continue your response on page 23.*

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

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

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

**18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED**

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

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
CITY			STATE	ZIP
			MAJOR / AREA OF STUDY	
			DEGREE EARNED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	

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
CITY			STATE	ZIP
			MAJOR / AREA OF STUDY	
			DEGREE EARNED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:	

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

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

Supplemental education information included on Page 23

**LIST ALL POST BASIC COURSES ATTENDED**

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

IF YES, provide the following information:

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

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 3: EDUCATION *continued***

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Modular, Specialized Investigators', Reserve, or Dispatcher?  Yes  No  
 IF YES, provide the following information:

21.1	NAME OF COURSE PRESENTER/ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<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 courses information included on Page 23

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

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

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

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

IF YES, explain circumstances.

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

**SECTION 4: RESIDENCE HISTORY**

**24. LIST OF RESIDENCES**

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 23.*

24.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>Present</b>
CITY		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:



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SECTION 4: RESIDENCE HISTORY <i>continued</i>								
<b>24.2</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
	CITY	STATE	ZIP	<b>IF RENTING:</b> 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:							
<b>24.3</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
	CITY	STATE	ZIP	<b>IF RENTING:</b> 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:							
<b>24.4</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
	CITY	STATE	ZIP	<b>IF RENTING:</b> 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:							
<b>24.5</b>	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
	CITY	STATE	ZIP	<b>IF RENTING:</b> 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 included on Page 23

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

**25. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 24** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- If more space is needed, continue your response on page 23.*

<b>25.1</b>	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
<b>25.2</b>	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
<b>25.3</b>	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
<b>25.4</b>	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
<b>25.5</b>	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
<b>25.6</b>	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 included on Page 23

<b>26.</b>	Have you ever been evicted or asked to leave a residence?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27.</b>	Have you ever left a residence owing rent, utilities, or other household expenses?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

28. JOB EXPERIENCE
- List **ALL** jobs you have had *within the past ten years*, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
  - If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
  - List **ALL** periods of unemployment in **excess of 30 days**.
  - If more space is needed, continue your response on page 23.

<b>28.1</b>	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:  _____ _____ _____ _____				

<b>28.2</b>	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: _____	/	/

<b>28.3</b>	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)	(    )			

<b>28.4</b>	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: _____	/	/

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

28.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER ( )	EXT
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <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)	( )				

28.6	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)	( )				

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: _____	/	/

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

28.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				( )	
	CITY	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 included on Page 23**

29.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

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 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 29–40**, explain (include when, where, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental employment information included on Page 23

41. 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? \_\_\_\_\_

42. Has your work performance ever been affected by your use of alcohol or drugs?.....  Yes  No  
 IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_

43. 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: \_\_\_\_\_

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

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

<b>44.1</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

<b>44.2</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____						

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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

<b>44.3</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					

<b>44.4</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer					
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrew <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Other (explain) _____					

Supplemental employment information is included on Page 23

**SECTION 6: MILITARY EXPERIENCE**

45. Are you required to register for the Selective Service? .....  Yes    No  
 IF YES, have you registered? .....  Yes    No  
 IF NO, explain: \_\_\_\_\_

46. Have you ever served in the military? .....  Yes    No

47. If you answered "YES" to Question 46, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214: _____		

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

49. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....  Yes    No

50. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....  Yes    No

51. Have you ever taken military property without permission for personal use, to sell, or to give away? .....  Yes    No

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

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Supplemental military information included on Page 23

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 7: FINANCIAL**

**52. INCOME AND EXPENSES**

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

A) What is your total monthly disposable income? ..... \$ \_\_\_\_\_ per month

B) How much do you spend each month? ..... \$ \_\_\_\_\_ per month

53. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....  Yes  No

54. Have any of your bills ever been turned over to a collection agency? .....  Yes  No

55. Have you ever had purchased goods repossessed? .....  Yes  No

56. Have your wages ever been garnished? .....  Yes  No

57. Have you ever been delinquent on income or other tax payments? .....  Yes  No

58. Have you ever failed to file income tax or cheated/lie on an income tax form? .....  Yes  No

59. Have you ever had an employment bond refused? .....  Yes  No

60. Have you ever avoided paying any lawful debt by moving away? .....  Yes  No

61. Have you ever defaulted on (failed to pay) a loan? .....  Yes  No

62. Have you ever borrowed money to pay for a gambling debt? .....  Yes  No

IF YES, do you currently have any outstanding debts as a result of gambling? .....  Yes  No

63. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....  Yes  No

64. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....  Yes  No

65. Have you written three or more bad checks in a one-year period? .....  Yes  No

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

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**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 8: LEGAL**

► **Disclosure of Arrests and Convictions**

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

66. **Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, arrested, indicted, or charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?** .....  Yes  No

IF YES, explain each incident:

<b>66.1</b>	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

<b>66.2</b>	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

Supplemental disclosure information included on Page 23

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 67. Have you ever been placed on court probation? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by juvenile court.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 69. 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 |
| 70. Have the police ever been called to your home for any reason? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 71. Have you or your spouse/partner ever been referred to Child Protective Services? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 72. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 73. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 74. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75. 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 |
| 76. 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 67–76**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). If more space is needed, continue your response on page 23.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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**SECTION 8: LEGAL *continued***

**► Involvement in Criminal Acts – Part 1**

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

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

77.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.3	Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.5	Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.8	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
77.9	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
77.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.12	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.13	Illegal hunting and/or fishing (for example, without a license, out of season).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.17	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.18	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
77.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.20	Possession of alcohol as a minor (under the age of 21).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.24	Reckless driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.25	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
77.26	Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

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SECTION 8: LEGAL <i>continued</i>	
77.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
77.28	Any other act amounting to a misdemeanor ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 77</b>, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 77.5) for each explanation.</i></li> <li>• <i>If more space is needed, continue your response on page 23.</i></li> </ul>	
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Supplemental legal information included on Page 23

▶ Involvement in Criminal Acts – Part 2

78. <b>At any time in your life</b> , have you <b>EVER</b> committed any of the following acts?	
<p><b>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.</b></p>	
78.1	Arson (intentionally destroying property by setting a fire) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.3	Blackmail or extortion ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.4	Burglary (entering a structure or vehicle to commit theft or other crime) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.6	Elder abuse and/or neglect (physical and/or financial) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.7	Embezzlement (theft of money or other valuables entrusted to you) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.8	Felony drunk driving (involving injuries) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.9	Felony illegal sex acts ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.10	Forcible rape ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.12	Fraudulent use of a credit, ATM, debit, and/or check card ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.13	Grand theft (value of over \$950, automobile, any firearm) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.14	Hit & run (with injuries) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.15	Hate crime ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.16	Insurance fraud ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.17	Murder, homicide, attempted murder, or assault with intent to commit murder ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.18	Perjury (lying under oath) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.19	Possession of an explosive/destructive device ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
78.20	Robbery (theft from another person using a weapon, force, or fear) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 01/2024)

**SECTION 8: LEGAL** *continued*

78.21	Stalking .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.24	Any other act amounting to a felony .....	<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., 78.3) for each explanation*
- *If more space is needed, continue your response on page 23.*

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Supplemental legal information included on Page 23

**▶ Illegal Use of Drugs**

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:
  - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - ▶ Barbiturates (*Downers*)
  - ▶ Cocaine / Crack Cocaine
  - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Heroin / Opium
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Glue, paint, or any substance containing toluene

79. **Within the past six months**, excluding the use of cannabis off the job and away from the workplace, have you used any drug(s) as indicated above?  Yes  No

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

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80. **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:**

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81. 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.**

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**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 01/2024)

**SECTION 8: LEGAL *continued***

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

IF YES, explain:

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

Supplemental drug information included on Page 23

**SECTION 9: MOTOR VEHICLE INFORMATION**

83. Current Driver's License:

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

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

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

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

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

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

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

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

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

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

87.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN				
Month: _____		Year: _____		<input type="checkbox"/> Not Guilty		<input type="checkbox"/> Fined	
				<input type="checkbox"/> Traffic School		<input type="checkbox"/> Dismissed	
87.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN				
Month: _____		Year: _____		<input type="checkbox"/> Not Guilty		<input type="checkbox"/> Fined	
				<input type="checkbox"/> Traffic School		<input type="checkbox"/> Dismissed	

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 01/2024)

**SECTION 9: MOTOR VEHICLE INFORMATION**

88. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

- Failed to Appear
- Failed to Complete Traffic School
- Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

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Supplemental motor vehicle information included on Page 23

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

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

IF YES, GIVE REASON	DATE (MM/YYYY)
	/
INSURANCE COMPANY	

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

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Supplemental motor vehicle information included on Page 23

**SECTION 10: OTHER TOPICS**

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

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

93. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you?.....  Yes  No

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

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

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

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Supplemental other topics information included on Page 23

**SECTION 11: CERTIFICATION**

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

Signature in Full: ►

Date:

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

**PERSONAL HISTORY STATEMENT – Public Safety Dispatcher**

POST 2-255 (Rev 02/2018)

**SUPPLEMENTAL INFORMATION**

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

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**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**