



# CITY OF PLEASANT HILL

## Police Department

### VOLUNTEER PERSONAL HISTORY



Please print in ink or type your responses to this questionnaire.

#### Personal

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

|  |   |  |        |                                  |            |  |
|--|---|--|--------|----------------------------------|------------|--|
| 1. Your Name<br>Please print or type                       | Last  |  | First  |                                  | Middle     |  |
|  | Other names (including nicknames) you have used or been known by:   |  |        |                                  |            |  |
| 2. Address<br>at which you can be contacted                | Number Street   |  |        |                                  |            |  |
|  | City  |  | State  |                                  | Zip Code   |  |
| 3. Phone<br>Local number(s) at which you can be contacted  | Hrs. you can be contacted: _____  |  |        | Hrs. you can be contacted: _____ |            |  |
|  | ( ) _____   |  |        | ( ) _____                        |            |  |
| 4. Birthdate<br>Month   Day   Year                         | 5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Physical Characteristics<br>For identification purposes | Height  |  | Weight |                                  | Hair Color |  |
|  |   |  |        |                                  |            |  |
|  | Scars, tattoos, or other distinguishing marks   |  |        |                                  |            |  |
|  |   |  |        |                                  |            |  |

#### Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."

| If living, name of your: | Address where person can be contacted<br>(include City, State and Zip Code)                      | Telephone at which person can be contacted (include area code)                                   |
|--------------------------|--|--|
| Father                   | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |
| Mother                   | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |
| Father-in-Law            | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |
| Mother-in-Law            | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |
| Spouse                   | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |
| Former Spouse(s)         | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |
|                          | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Other |

# Experience and Employment (cont'd)

|  |               |                  |                         |       |     |
|--|---------------|------------------|-------------------------|-------|-----|
| From<br>Mo./Yr.  | To<br>Mo./Yr. | Name of Employer | Telephone<br>(     )    |       |     |
|  |               | Address          | City                    | State | Zip |
| Title or duties (for identification purposes)  |               |                  | Name of Supervisor      |       |     |
|  |               |                  | Name(s) of co-worker(s) |       |     |
| Reason for leaving   |               |                  |                         |       |     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary |               |                  |                         |       |     |

From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_     Military Service     Not employed

|  |               |                  |                         |       |     |
|--|---------------|------------------|-------------------------|-------|-----|
| From<br>Mo./Yr.  | To<br>Mo./Yr. | Name of Employer | Telephone<br>(     )    |       |     |
|  |               | Address          | City                    | State | Zip |
| Title or duties (for identification purposes)  |               |                  | Name of Supervisor      |       |     |
|  |               |                  | Name(s) of co-worker(s) |       |     |
| Reason for leaving   |               |                  |                         |       |     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary |               |                  |                         |       |     |

From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_     Military Service     Not employed

|  |               |                  |                         |       |     |
|--|---------------|------------------|-------------------------|-------|-----|
| From<br>Mo./Yr.  | To<br>Mo./Yr. | Name of Employer | Telephone<br>(     )    |       |     |
|  |               | Address          | City                    | State | Zip |
| Title or duties (for identification purposes)  |               |                  | Name of Supervisor      |       |     |
|  |               |                  | Name(s) of co-worker(s) |       |     |
| Reason for leaving   |               |                  |                         |       |     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary |               |                  |                         |       |     |

From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_     Military Service     Not employed

|  |               |                  |                         |       |     |
|--|---------------|------------------|-------------------------|-------|-----|
| From<br>Mo./Yr.  | To<br>Mo./Yr. | Name of Employer | Telephone<br>(     )    |       |     |
|  |               | Address          | City                    | State | Zip |
| Title or duties (for identification purposes)  |               |                  | Name of Supervisor      |       |     |
|  |               |                  | Name(s) of co-worker(s) |       |     |
| Reason for leaving   |               |                  |                         |       |     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary |               |                  |                         |       |     |

From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_     Military Service     Not employed

## Motor Vehicle Operation (cont'd)

38. If there is anything you wish to discuss about your driving record, please use the space below.

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39. Has your license ever been suspended, revoked, or placed on negligent operator's probation?  Yes  No  
If "yes," please give details (include what, when, where, why).

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## General Information

30. Have you ever been refused insurance for any reason other than failure to pay a premium?  Yes  No  
If "yes," please explain (include company name and address, date, and reason).

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31. Have you ever applied for a permit to carry a concealed weapon?  Yes  No  
If "yes," please provide the following information:

| Permit granted?  | Date | Name of law enforcement agency |
|--|------|--------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                                |

Purpose

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I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full

Date completed

