FULL LEGAL NAME	FIRST:	MIDDLE:	LAST:	LAST 4 OF SSN:	DATE:

PERSONAL HISTORY STATEMENT

PHS INSTRUCTIONS

1. Familiarize yourself with this form and carefully read all instructions. You may find it helpful to review this form multiple times.
2. **Your final draft may not be handwritten!**
3. Save this form on your computer. Be sure to save the final, completed version as well.
4. Carefully enter the information asked – you must answer every single inquiry to the best of your ability. If an item does not apply to you, enter "NA" (Not Applicable). **If you cannot remember or obtain with reasonable diligence, please indicate so in your response by referencing the question number and explanation in the "additional space"** on the last page.
5. Be sure that you have completed the Certification section.
6. Once completed fully to your satisfaction, save the file in a secure manner. You may save this file **only** as a .doc (Word 97-2003), .pdf or .jpg. **Do not save as a .docx!** If you are using a Mac computer, you may need to download a Microsoft word compatible program to fill out this form or use a different computer. Once saved, sign in to your account on the PST website and upload this saved file to the PST website per instructions provided there.
7. Public Safety Testing WILL NOT be able to make any modifications to your form once you submit it. Please ensure that the form is completed to your full satisfaction before you upload!

The information you provide in this Personal History Statement (PHS) will be used in the investigation into your background to assist in determining your suitability for a public safety position that you have applied for.

Please fill out the ENTIRE questionnaire completely, accurately and truthfully.

Keep in mind that:

1. The entire completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or omissions may bar or remove you from further testing and employment.
4. All time periods in your background must be accounted for.
5. Deliberate untruthfulness, omissions or misrepresentation of information constitutes grounds for disqualification from further testing or employment. You are encouraged to be completely truthful, detailed and accurate completing this form and throughout all phases of the background investigation process.

It is to your advantage to respond fully and factually. Any perceived negative factor in your background will be evaluated in light of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself necessarily grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheet and identify the additional information with the question number. Follow carefully and completely subsection instructions.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST | FIRST | MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREET | APT / UNIT

CITY | STATE | ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME | WORK | OTHER

6. PRIMARY EMAIL ADDRESSES

PERSONAL | BUSINESS

7. LIST ALL EMAIL ADDRESSES USED IN THE LAST 5 YEARS.

8. If you were born outside of the United States, are you a U.S. citizen? ☐ Yes ☐ No ☐ N/A

If no, are you a resident alien who is eligible and has applied for U.S. citizenship? ☐ Yes ☐ No ☐ N/A

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	10. BIRTHDATE	11. SOCIAL SECURITY NUMBER

12. DRIVER'S LICENSE			13. PHYSICAL DESCRIPTION			
NO.	STATE	EXP	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 28.

☐ N/A **A. Father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **B. Step-father**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **C. Mother**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **D. Step-mother**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **E. Spouse / Registered Domestic Partner**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

YEARS OF MARRIAGE	
	Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A **F. Father-in-law**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **G. Mother-in-law**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **H. Former Spouse(s) / Former Registered Domestic Partner(s)**

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

YEAR OF DISSOLUTION	
	Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A **I. Brothers and Sisters –** list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

2) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

3) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

☐ N/A **J. Children**

List all of your 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 or guardian, if other than you.

1) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER	EMAIL	

2) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
		CONTACT NUMBER	EMAIL	

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
☐ M ☐ F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		

15. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include** relatives, employers/supervisors or housemates/roommates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

D) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

15. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not include** relatives, employers/supervisors or housemates/roommates, or other individuals listed elsewhere.

G) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	OCCUPATION
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

16. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED

17. List high schools attended:

A) NAME	DATE FROM	DATE TO	DID YOU GRADUATE? ☐ Yes ☐ No
CITY		STATE	

B) NAME	FROM	TO	DID YOU GRADUATE? ☐ Yes ☐ No
CITY		STATE	

18. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	MAJOR/TYPE OF DEGREE EARNED
CITY			STATE	

B) NAME	FROM	TO	TOTAL UNITS EARNED	MAJOR/TYPE OF DEGREE EARNED
CITY			STATE	

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

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

20. Have you ever attended a Basic Law Enforcement, Corrections, Telecommunication, or Fire Service Academy? ☐ Yes ☐ No

If yes, provide the following information:

ACADEMY NAME	FROM	TO	DID YOU GRADUATE? ☐ Y ☐ N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	

SECTION 3: EDUCATION *continued*

21. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, academy, business or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

22. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 28.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)	DATE FROM	TO **Present**
CITY	STATE / ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER
CITY	STATE / ZIP	EMAIL
Names of those with whom you live:		

B) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO
CITY	STATE / ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
Names of those with whom you lived:		
Reason for moving:		

C) FORMER ADDRESS (NUMBER / STREET / APT)	FROM	TO
CITY	STATE / ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
Names of those with whom you lived:		
Reason for moving:		

SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
Names of those with whom you lived:				
Reason for moving:				

SECTION 4: RESIDENCE *continued*

23. Provide contact information for all housemates listed in Question 22 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 28.

A) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

B) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

C) NAME	CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

24. Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

25. Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered yes to **Questions 24 and/or 25**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (**Begin with your most current**. If more space is needed continue your response on page 28.)
- 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.
- List your current (or most recent) supervisor for each job.
- List two (2) coworkers that would best know you and your work habits, productivity, behavior, etc.

A) NAME OF EMPLOYER OR MILITARY UNIT			DATE FROM	DATE TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	SUPERVISOR CONTACT NUMBER	EXT
JOB TITLE			SUPERVISOR EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER		EMAIL	
NAME 2)	CONTACT NUMBER		EMAIL	
Would there be a problem if we contact your current employer? ☐ Yes ☐ No	IF YES, EXPLAIN:		REASON FOR WANTING TO LEAVE	

B) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER		EMAIL	
NAME 2)	CONTACT NUMBER		EMAIL	
REASON FOR LEAVING				

D) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

E) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT

JOB TITLE	EMAIL
DUTIES / ASSIGNMENTS	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)		
NAME 2)	CONTACT NUMBER	EMAIL
REASON FOR LEAVING		

F) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other		

G) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)		
NAME 2)	CONTACT NUMBER	EMAIL
REASON FOR LEAVING		

H) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other		

I) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	

NAMES OF CO-WORKERS	CONTACT NUMBER	EMAIL
1)		
NAME 2)	CONTACT NUMBER	EMAIL
REASON FOR LEAVING		

J) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

K) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
NAMES OF CO-WORKERS 1)	CONTACT NUMBER		EMAIL	
NAME 2)	CONTACT NUMBER		EMAIL	
REASON FOR LEAVING				

P) PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	FROM	TO

27. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	☐ Yes	☐ No
28. Have you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes	☐ No
29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes	☐ No
30. Have you ever quit without giving proper notice?	☐ Yes	☐ No
31. Have you ever resigned in lieu of termination?	☐ Yes	☐ No
32. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	☐ Yes	☐ No
33. Were you ever the subject of a written complaint at work?	☐ Yes	☐ No
34. Have you ever been counseled at work due to lateness or absences?	☐ Yes	☐ No
35. Did you ever receive an unsatisfactory performance review?	☐ Yes	☐ No
36. Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?	☐ Yes	☐ No
37. Is there a work-related civil lawsuit pending in which you have been named as a defendant?	☐ Yes	☐ No
38. Do you have reason to believe a work-related lawsuit may be filed in the future in which you may be named as a defendant?	☐ Yes	☐ No
39. Have you ever sold, released, or given away legally confidential information?	☐ Yes	☐ No
40. Have you ever called in sick when you were neither sick nor caring for a sick family member? If YES, how many sick days have you used in the past five years which were not due to illness?	☐ Yes	☐ No
40a. Have you ever viewed pornographic material at your workplace?	☐ Yes	☐ No
40b. Have you ever engaged in sexual activity at work in violation of your employer's policy?	☐ Yes	☐ No

If you answered YES to any of **Questions 27-40b**, explain (include when, where & circumstances; indicate corresponding number):

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

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

WHEN?	NAME OF EMPLOYER

44. Have you **ever** applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)? ..... ☐ Yes ☐ No

- If yes, list EVERY agency you have applied to **and have advanced BEYOND an oral board (e.g., initial background investigation, etc.)**, 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 28.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	
POSITION APPLIED FOR			EMAIL	

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain:

B) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	
POSITION APPLIED FOR			EMAIL	

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain:

C) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	
POSITION APPLIED FOR			EMAIL	

Check each step in the process that you completed, and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offer

STATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Other/Explain:

45. List **ALL** public safety agencies that you have applied to in which you have NOT progressed past the written exam, physical ability test and/or oral board. All that is needed for these agencies is the agency name and approximate date of testing.

AGENCY NAME	APPROXIMATE DATE (Month/Year) OF TEST	CHECK All THE BOXES BELOW THAT APPLY TO ANY ORAL BOARD INVITATION YOU HAVE RECEIVED FROM THIS AGENCY
		☐ Did Not Attend ☐ Pass ☐ Fail ☐ Results Unknown
		☐ Did Not Attend ☐ Pass ☐ Fail ☐ Results Unknown
		☐ Did Not Attend ☐ Pass ☐ Fail ☐ Results Unknown
		☐ Did Not Attend ☐ Pass ☐ Fail ☐ Results Unknown
		☐ Did Not Attend ☐ Pass ☐ Fail ☐ Results Unknown
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		☐ Did Not Attend ☐ Pass ☐ Fail ☐ Results Unknown

SECTION 6: MILITARY EXPERIENCE

46. Are you required to register for the Selective Service? .... ☐ Yes ☐ No
If yes, have you registered? .... ☐ Yes ☐ No
If no, explain:

47. BRANCH OF SERVICE

48. DATES OF SERVICE
From To

49. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
Re-entry Code (1–4) if applicable – *refer to your DD-214:*

50. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard
If checked, date obligation ends:

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

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

If you answered yes to **Questions 51 and/or 52**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

53. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From any source, what is your current take-home monthly income? ..... $ _____ per month

B) Do you have income other than from your salary or wages (including spouse's income)? ..... ☐ Yes ☐ No

If yes, fill in amount: ..... $ _____ per month

Explain:

C) How much do you spend each month? ..... $ _____ per month

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 obligation(s) you may have.

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

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

56. Have you ever had purchased goods repossessed? ..... ☐ Yes ☐ No

57. Have your wages ever been garnished? ..... ☐ Yes ☐ No

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

59. Have you ever failed to file income tax or cheated/lied on an income tax form? ..... ☐ Yes ☐ No

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

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

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

63. 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

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

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

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

If you answered **YES** to any of **Questions 54–66**, explain (include when, where, and why; indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

Please disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 28.

67. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** ☐ Yes ☐ No

If yes, explain each incident. If more space is needed, continue on Page 28.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

68. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No

70. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant? ☐ Yes ☐ No

71. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

72. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ Yes ☐ No

74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No

75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ Yes ☐ No

76. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

77. Other than those listed in Question #67 above, will your name appear in any police record system or police report as a VICTIM, WITNESS or SUSPECT? (Do not include when acting in the capacity of paid employment, such as an EMT or store loss prevention officer). ☐ Yes ☐ No

78. Are you currently, or have you ever within the past seven years, received unemployment benefits while also receiving other sources of income? ☐ Yes ☐ No

If you answered yes to any of **Questions 68–78**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

79. UNDETECTED ACTS

At any time after you were first employed in your life, have you ***ever*** committed any of the following even if you were not caught? **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.

A)	Annoying / obscene phone calls or text messages; cyber bullying	☐ Yes	☐ No
B)	Battery (use of force or violence upon another)	☐ Yes	☐ No
C)	Brandishing a weapon (any type of weapon)	☐ Yes	☐ No
D)	Carrying a concealed weapon without a permit	☐ Yes	☐ No
E)	Contributing to the delinquency of a minor; providing alcohol to minors	☐ Yes	☐ No
F)	Defrauding an innkeeper (not paying for food or room at a hotel/motel)	☐ Yes	☐ No
G)	Driving under the influence of alcohol and/or drugs	☐ Yes	☐ No
H)	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes	☐ No
I)	Hit & run collision (no injuries)	☐ Yes	☐ No
J)	Any hunting and/or fishing violations	☐ Yes	☐ No
K)	Illegal gambling; including online gambling	☐ Yes	☐ No
L)	Impersonating a peace officer (pretending to be a police officer)	☐ Yes	☐ No
M)	Indecent exposure (including flashing or mooning); sex within public view	☐ Yes	☐ No
N)	Joyriding (using a car or other vehicle without owner's permission)	☐ Yes	☐ No
O)	Petty theft (value up to $400, including shoplifting/switching price tags)	☐ Yes	☐ No
P)	Possession of alcohol as a minor	☐ Yes	☐ No

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ Yes	☐ No
R) Possession of stolen property (including vehicles)	☐ Yes	☐ No
S) Prostitution or soliciting a prostitute	☐ Yes	☐ No
T) Resisting arrest (including running from the police)	☐ Yes	☐ No
U) Trespassing	☐ Yes	☐ No
V) Vandalism (including "tagging," malicious mischief and/or property damage)	☐ Yes	☐ No
W) Intentionally writing a bad check	☐ Yes	☐ No
X) Filing a false police report	☐ Yes	☐ No
Y) Any other act amounting to a misdemeanor within the past seven years	☐ Yes	☐ No
Z) Cruelty to animals	☐ Yes	☐ No
AA) Street racing	☐ Yes	☐ No
AB) Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
AC) Assault with a deadly weapon	☐ Yes	☐ No
AD) Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
AE) Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
AF) Child molestation (performing unlawful acts with a child)	☐ Yes	☐ No
AG) Accessing and/or possessing child pornography	☐ Yes	☐ No
AH) Elder abuse/neglect	☐ Yes	☐ No
AI) Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
AJ) Felony drunk driving (involving injuries)	☐ Yes	☐ No

AK) Forcible rape or other act of unlawful intercourse	☐ Yes	☐ No
AL) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
AM) Hit & run (with injuries)	☐ Yes	☐ No
AN) Hate crime	☐ Yes	☐ No
AO) Insurance fraud	☐ Yes	☐ No
AP) Grand theft (value of over $400, or any firearm)	☐ Yes	☐ No
AQ) Murder, homicide, or attempted murder	☐ Yes	☐ No
AR) Perjury (lying under oath)	☐ Yes	☐ No
AS) Possession of an explosive/destructive device	☐ Yes	☐ No
AT) Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No
AU) Stalking	☐ Yes	☐ No
AV) Blackmail or extortion	☐ Yes	☐ No
AW) Any other act amounting to a felony	☐ Yes	☐ No
AX. Copyright infringement (including illegally downloading or copying software, audio files, movies, digital files, etc)	☐ Yes	☐ No

If you answered **YES** to ***any*** item(s) in **Question 79**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter *(80-A, etc.)* for each explanation.

Questions 80 and 81 ask about your current and past recreational drug use. This covers the use of ***any*** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs:

- Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc.)*
- Barbiturates (*Downers)*
- Cocaine / Crack Cocaine
- Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*
- GHB *(Date Rape Drug)*
- Prescription drug(s) not prescribed to you
- Glue
- Hallucinogens *(Peyote, LSD, Mushrooms)*
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Prescription drugs used for recreation purposes
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

80. ***Within the past six months,*** have you used any drug(s) as indicated above?..... ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

81. ***Prior to the past six months*** (check all that apply):

☐ I have ***never*** used, or experimented with, 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 details including drug(s) used, most recent date used, and circumstances.

82. Have you ***ever*** engaged in any of the activities listed below for drugs, prescription drugs, narcotics or illegal substances, including marijuana (check all that apply)?

☐ Sold ☐ Purchased ☐ Cultivated

☐ Manufactured ☐ Furnished / Shared ☐ Carried or held for another

☐ Present when illegal drugs were being used ☐ Loaned money to someone else to purchase illegal drugs ☐ Traded/Bartered

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

SECTION 9: MOTOR VEHICLE OPERATION

83. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

84. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

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. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE

INSURANCE COMPANY	POLICY NUMBER	EXPIRES

ADDRESS (NUMBER / STREET	CITY	STATE	ZIP	CONTACT NUMBER

B) TYPE OF COVERAGE ☐ Insured ☐ Bonded ☐ Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE

INSURANCE COMPANY	POLICY NUMBER	EXPIRES

ADDRESS (NUMBER / STREET	CITY	STATE	ZIP	CONTACT NUMBER

88. List all traffic citations, excluding parking citations, you have received within the past ten years. List the citation or infraction AS ORIGINALLY ISSUED. If the citation/infraction was reduced to a lesser violation for whatever reason, please explain in #93 below.

A) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED Month Year	ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

B) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED Month Year	ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

C) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE

DATE VIOLATION OCCURRED Month Year	ACTION TAKEN ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

D) 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:

89. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years? ☐ Yes ☐ No

If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP		
POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP		
POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP		
POLICE REPORT ☐ YES ☐ NO	LAW ENFORCEMENT AGENCY	☐ INJURY ☐ NON-INJURY	

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

IF YES, GIVE REASON:	
DATE Month Year	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

91. Have you ever been refused automobile liability insurance or a bond, or had either of them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON:	INSURANCE COMPANY
DATE Month Year	LOCATION (NUMBER / STREET / APT) CITY STATE ZIP

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

SECTION 10: OTHER TOPICS

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

94. 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

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

96. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No

97. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

98. Have you ever been involved in a domestic violence act with a relative, spouse, significant other, romantic partner or domestic partner, including but not limited to, an act of violence, threats, infliction of emotional distress and/or property damage? ☐ Yes ☐ No

99. Do you know of any reason that would disqualify you from being appointed to this job or prevent you from performing the essential duties of the job: ☐ Yes ☐ No

100. Have you ever engaged in sexual abuse inside a prison, jail, juvenile facility, lockup or any other institution where there are inmates being held? ☐ Yes ☐ No

101. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion or if the victim did not or was unable to consent? ☐ Yes ☐ No

102. Have you ever been civilly or administratively adjudicated to have engaged in the activities listed in questions 101 or 102? ☐ Yes ☐ No

If you answered **YES** to any of **Questions 93–102**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

CERTIFICATION

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the statements and answers in this Personal History Statement. I herby certify that I have personally completed each page of this form and any supplemental pages(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of the application, testing and/or hiring process, my application will be rejected and I will be disqualified from applying for any future position with the agency or agencies to which I have applied to. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the hiring agency of any information that may reflect any changes or additions in this Personal History Statement.

BY ENTERING YOUR FULL LEGAL NAME HERE, YOU ACKNOWLEDGE AND AGREE TO THE ABOVE CERTIFICATION: Name: _____ Date: _____

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights.
Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (applicant – leave this space blank) _____ to furnish to the City of Spokane or its agencies any and all information that you have concerning me, my work record, my disciplinary records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Spokane or its agencies. Your reply will be used to assist the City of Spokane or its agencies in determining my qualifications and fitness for a position I am seeking with the City of Spokane and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.56 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the City of Spokane and/or its agencies or departments in conjunction with employment procedures. **I will make no attempt** to gain access to the information provided by you to the City of Spokane and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Spokane and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing the information requested.

Print: _____
First Name Middle Initial Last Name

Applicant signature: _____ Date _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20__.

_____Notary Public in and for the State of

_____residing at _____. My commission expires _____.

(Notary seal or stamp here)

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

ACRANET
EMPLOYMENT SCREENING

Notice for Applicant/Employee
A-4 Authorization

'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes

The undersigned applicant/employee is hereby notified that _____ **(Employer)** may obtain an investigative consumer report for employment purposes through ACRAnet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that they are herein informed of their right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

Print Full Name:

_____

Former Name/Maiden Name (list all):

_____

Street Address:

_____

City: _____State:_____

Zip: _____

Social Security Number: _____

Date of Birth: _____
(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)
Driver's License # (if applicable)_____ State of Issue_____

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

    In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies**:**

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357