

# SANTA ANA POLICE DEPARTMENT VOLUNTEER / INTERN / CONTRACT STAFF PERSONAL HISTORY STATEMENT & BACKGROUND QUESTIONNAIRE

Date you received this form:			Date ye	ou submitted this form:	
FULL NAME	:				SEX: MALE/FEMALE
CURRENT A	DDRESS:				
HEIGHT:	WEIGH	T:	BIRTH PLACE:	U.S CITIZEN: Y/N	RESIDENT ALIEN: Y/N
DOB:	AGE:	SS#	CDL:	EXPIRE	S:
CELL:		HOME	EMAIL:		
VEHICLE IN	FORMATIO	N: YEAR	MAKE	MODEL	COLOR
REGISTERE	D OWNER: _				
		NAME	RELATIONSHIP	P COM	PLETE ADDRESS

Part of the screening process for a position with the Santa Ana Police Department is a thorough background investigation. This questionnaire is the first step in the background process for all positions in the Police Department. The information you provide in your background will be verified through a variety of sources. If it is discovered that you have made false, misleading or inaccurate statements, you WILL be disqualified from the process. If you have been hired before the inaccuracy has been discovered, you WILL be dismissed. Negative information revealed in this questionnaire may or may not be grounds for disqualification, but DISHONESTY IS ALWAYS GROUNDS FOR DISQUALIFICATION!

I understand that any false statements and/or misrepresentations, whether by omission or commission, will result in automatic INITIAL rejection from further consideration

I understand that if I choose to apply for paid employment with the SAPD, an additional comprehensive background INITIAL investigation may be required, including a reexamination of the information and findings resulting from this process.

Should I be disqualified from the process, I forfeit the right to inquire as to the reason for my disqualification. INITIAL

\_\_\_\_ I certify I have read and understand this advisement.

INITIAL

I freely choose to volunteer any requested information, thus freely, choosing to move forward with the vetting process INITIAL

Failure to follow instructions in completing this form and/or failure to follow procedural instructions may result in rejection INITIAL from further consideration for this position.

APPLICANT SIGNATURE:	DATE:
BACKGROUND INVESTIGATOR:	DATE:

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### FAMILY INFORMATION

	FAMILY INFC		
FATHER:	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
DOB:			
MOTHER:	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
DOB:			
SPOUSE/GIRLFRIEND/BOYFRIEND:	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
DOB:			
EX- SPOUSE/GIRLFRIEND/BOYFRIEND	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
DOB:			
SIBLING:	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
DOB:			
SIBLING: DOB:	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
SIBLING:	HOME ADDRESS:	WORK ADDRESS:	CELL:
SIDELING.	HOWE REDERED.	WORK ADDRESS.	HOME: WORK:
DOB:			
SIBLING:	HOME ADDRESS:	WORK ADDRESS:	CELL: HOME: WORK:
DOB:			
CHILD: LIVES WITH YOU: Y/N DOB:			
	REFERE	NCES	
NAME:	HOME ADDRESS:	YEARS KNOWN:	CELL:
AGE:		FROM WHERE:	HOME:
NAME:	HOME ADDRESS:	YEARS KNOWN:	CELL:
ACE		EDOM WHEDE.	HOME
AGE: NAME:	HOME ADDRESS:	FROM WHERE: YEARS KNOWN:	HOME: CELL:
AGE:		FROM WHERE:	HOME:
NAME:	HOME ADDRESS:	YEARS KNOWN:	CELL:
AGE:		FROM WHERE:	HOME:

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### **RESIDENCE HISTORY**

(Last 5 years)

FROM:	PRESENT	ADDRESS:	OWNER/MANAGEMENT COMPANY/RENT COLLECTOR:
			CONTACT NUMBER:
FROM:	PRESENT	ADDRESS:	OWNER/MANAGEMENT COMPANY/RENT COLLECTOR:
			CONTACT NUMBER:
FROM:	PRESENT	ADDRESS:	OWNER/MANAGEMENT COMPANY/RENT COLLECTOR:
			CONTACT NUMBER:

### NEIGHBOR INFORMATION

ADDRESS:	TIME KNOWN:	CELL:
		HOME:
ADDRESS:	TIME KNOWN:	CELL:
		HOME:
ADDRESS:	TIME KNOWN:	CELL:
		HOME:

### EDUCATION

EDUCATION	NAME OF SCHOOL	ADDRESS	FROM	то	MAJOR	GRADUATED
COLLEGE:						YES / NO
COLLEGE:						YES / NO
HIGH SCHOOL						YES / NO

### COLLEGE INTERNSHIP LIAISON INFORMATION

(INTERN ONLY)

I AM NOT APPLYING FOR A COLLEGE INTERNSHIP/ Signature:				
NAME & TITLE:	ADDRESS:	OFFICE:		
SCHOOL:	E-MAIL:	CELL:		

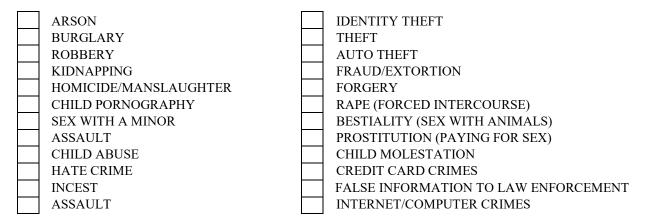
### EMPLOYMENT (LAST 5 YEARS) (LIST MOST RECENT FIRST)

FROM	то	NAME, ADDRESS & PHONE NUMBER	TITLE & DUTIES	SUPERVISOR/COWORKERS	REASON FOR LEAVING	

Clearly and thoroughly answer the following questions explaining <u>who, what, where, when, and why.</u> Include your age and year occurrence for each incident. Provide explanations on a separate sheet and attach it to this form upon submission.

1. Have you EVER committed or been present during the commission of any of the following acts? See No

1(a). Have you **EVER** been the focus of an investigation for any of the following acts?



- 2. Have you ever had knowledge of anyone committing/participating in one of these acts and you did not report it? □Yes □No
- List all citations (NO parking violations) you have received in the last 5 years. Include the nature of the violation(s), date, issuing agency, and disposition.
   None Citation(s)
- List all traffic collisions you have been involved in as the driver in the last 5 years.
   None \_\_\_\_\_Citation(s)

- Have your driving privileges ever been restricted, suspended, or revoked?
   ☐ Yes ☐ No
- Have you ever driven without auto insurance? If so, indicate period of time you drove without insurance.
   ☐ Yes ☐ No
- Have you ever failed to appear in any civil, traffic, or criminal court proceeding?
   □ Yes □ No
- 8. Have you ever been (include current) a focus or a part to a civil, traffic, or criminal court proceeding?
- Have you ever been arrested, detained, or the subject of a criminal investigation as a juvenile or an adult?
   Yes □No
- 10. Have you ever been in the presence of anyone that was arrested, detained, or contacted by law enforcement? □Yes □No
- 11. In the last 5 years, have you operated a vehicle while under the influence of alcohol, drugs, or medication?
   □ Yes □ No
- 12. Have you ever applied for ANY position with a law enforcement or public safety agency?□ Yes □ No
- 13. Have you ever been denied employment or disqualified from any law enforcement or public safety agency?Yes No
- 14. Are you currently, or have you ever been, in backgrounds with any law enforcement or public safety agency? Yes No
- 15. Have you ever been terminated (fired/let go) OR asked to resign from employment in lieu of termination? ☐Yes ☐No
- 16. Have you ever been verbally counseled for work performance by any employer?□Yes □No
- 17. Have you ever received a negative write up for poor work performance by any employer? Yes No
- 18. How many times have you been late to work in the last <u>5</u> years?
  None \_\_\_\_\_\_Times; Indicate reasons for being late.
- 19. Have you ever been involved in any domestic violence incident as a victim or an aggressor?
   □ Yes □ No
- 20. Has any law enforcement agency or fire service EVER responded to your home to investigate a crime, disturbance, emergency, or any incident?
   □ Yes □ No
- 21. Have you ever been a member of, associated or affiliated with a street gang, party crew or tagging crew? □Yes □No

- 22. Are you related to (dated/associated) a gang member or anyone associated with a street gang, party crew or tagging crew?
- 23. Have you **ever** supported or participated in any foreign or domestic terrorist activity?
- 24. Have you **ever** lived with or currently live with anyone that uses, manufactures, grow, or sells drugs? □Yes □No
- 25. Have you ever spectated, aided, participated or engaged in any type of civil disobedience which can be defined as a refusal to obey an order from a civil authority or public non-violent violation of law? Mere dissent or protest does not qualify.
  Yes No
- 26. Have you **ever** viewed, sold, receive, exchanged, or been investigated for child pornography? □Yes □No
- 27. Have you ever abused or neglected any domestic or wildlife animal, bird, or rodent?□Yes □No
- 28. Have you ever spectated, aided, participated or engaged in any exhibition of speed, street racing incident, or speed contest on public or private property?
  Yes No
- 29. Have you **ever** used any drug(s) listed below? □ Yes (mark all that apply) □ No
- 30. Have you ever (include current) dated or associated with anyone that has used any drug(s) listed below?

Alpha PVP, Flakka, Krokodile	LSD (acid)
Amphetamines	Magic Mushrooms
Barbiturates	MDA
Bath Salts	MDMA (ecstasy, XTC, X)
Bodybuilding Supplements	Medication not prescribed to you
Club Drugs	Methamphetamine (speed)
Cocaine	Opium/Morphine
Crystal Meth	Other Hallucinogens
Fentanyl	Other Illegal Drugs
GHB (liquid-X)	PCP (angel dust, sherms)
Heroine (small, junk, black tar)	Peyote (mescaline, buttons)
Inhalants (Nos)	Rock Cocaine (crack)
Ketamine (K, special K)	Steroids (non-medicinal)

31. Is there anything we have not asked you, but feel must disclose?☐ Yes ☐ No

Please provide a brief summary of why you want to volunteer and any expertise you have to offer.

MILITARY EXPERIENCE
I DO NOT HAVE PRIOR MILITARY SERVICE Are you required to register for the Selective Service?
Are you required to register for the Selective Service?
BRANCH OF SERVICE: DATES OF SERVICE :
TYPE OF DISCHARGE:         Entry Level       Honorable         General       OTH (Other than Honorable)         Bad Conduct       Dishonorable
Are you currently participating in one of the following? School Information: If checked, date obligation ends:
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
Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?

### LIST ALL FOREIGN COUNTRIES, STATES, AND TERRITOTIES YOU HAVE VISITED

Mo/Yr	Location	Reason for Visit	Length of Visit	Travel Companion

#### CERTIFICATION

I have reviewed my answers to be accurate and I understand that my position is on a volunteer basis and the Santa Ana Police Department has the right to terminate my participation at any time without explanation.

APPLICANT SIGNATURE:	DATE:
INVESTIGATOR SIGNATURE:	DATE:
INVESTIGATOR NAME & BADGE #	

#### SIGN CERTIFICATION IN THE PRESENCE OF YOUR BACKGROUND INVESTIGATOR DURING DOCUMENT SUBMISSION