

Background interview: Date: _____ Time: _____

Report to :
 LAPD Administrative Investigation Section
 Personnel Department Building
 700 E. Temple Street, Room B-22

LOS ANGELES POLICE DEPARTMENT Personal History Form for Police Officer Applicants

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be typed or neatly printed **by the applicant**, using **black ink only**. **Illegible** or **incomplete** applications **will not be accepted**. Do not write in shaded areas.

Upon reporting to your appointment with the Administrative Investigation Section (Backgrounds), you must present your completed application (Personal History Form) as well as the **original** and a **photo copy** of the following documents:

DOCUMENTS	Copy attached	N/A	Candidate will provide by (date)
Valid motor vehicle operator's license			
Social Security card			
Certified copy of your birth certificate			
High school transcripts or diploma			
Proof of auto insurance for all vehicles that you operate			
Sealed college transcripts (for all institutions attended)			
Certified copy of marriage certificate(s)			
Military DD 214			
Divorce decree(s)			
Certificate of Naturalization or Application for citizenship			
GED test score			
Selective Service number			
Bankruptcy records			
Civil suit records			
Name change records			
LAW ENFORCEMENT TRAINING RECORDS (if applicable)			
Academy certificate(s) and state law enforcement certificate(s)			
Specialized law enforcement training course certificate(s)			
Recent police report writing samples (minimum of five)			

Prior to writing upon this application, a photocopy must be made in the event additional space is needed to include all the information required. **Do not** mail this application or the above requested documents. Applicants must complete all sections of the application. Failure to do so will delay your background investigation and/or delay your background interview.

IMPORTANT INSTRUCTIONS (continued)

It is **mandatory** that all information requested be supplied in the manner specified. Each question on this application must be answered; leave no blanks. If a question does not apply, enter DNA. **An incomplete application will not be accepted.**

1. Read the form carefully.
2. List **zip codes** and **area codes** for all requested addresses and telephone numbers.
3. Print full names of all references: first name, middle name, and last name. If the reference has no middle name or initial, indicate by printing NMI.
4. Complete all the information on educational background. List all high schools attended and/or graduated from and all colleges attended.
5. When listing residence information, begin with your present residence and go back for the last **ten years or since age fifteen**.
6. When listing employment information, begin with your present employer and list all other employers. List actual work addresses not corporate office addresses. Each month and year must be accounted for. **Be sure each address is accurate and complete.** List periods of military service, including the name of your station or assignment, and your residence if you lived off the base. If you resided at an address other than your permanent home address while attending school, list it.
7. List relatives in the order requested. For deceased relatives, indicate "deceased" next to their name.
8. If there is not sufficient space to include all information required, place a photocopy of that page (8-1/2" X 11"), in proper sequence and complete the information.
9. **Any false statements** or **omissions** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
10. You are required to report within five days to the Los Angeles Police Department, Administrative Investigation Section (backgrounds) any changes to information on this Personal History Form. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.

I have read and understand the instructions provided.

Applicant's signature: _____ Date: _____

Note: Please allow the full day for this appointment as you will be photographed, fingerprinted and given an in-depth background investigation interview. Business attire is strongly recommended.



LOS ANGELES POLICE DEPARTMENT Personal History Form for Police Officer Applicants

This document is for the exclusive use of the Administrative Investigation Section.

Personal							
Full legal name	Last			First			Middle
Sex	Height	Weight	Hair	Eyes	Social Security Number		
Driver's License No.	State	Expiration Date		U.S. Citizen 9	Naturalized citizen 9	Legal Alien 9	Date applied for citizenship
Date of Birth			Place of Birth (city, county, state, and country)				
List all names (aliases and nicknames) you have used or have been known by (include maiden name).							
Last		First			Middle		Year(s) Used
List and describe all tattoos and where they are located.							

List the current address where you physically reside (not a mailing address).			
Number, Street, and Apt. no.		City	State Zip Code
Name of the County where you reside.	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other		How long have you resided there? Years: Months:
List your residence and work phone numbers (include area codes and extension if applicable).	Residence (area code)		Work (area code)
	Pager or beeper (area code)		Cellular phone (optional)
List a mailing address if unable to obtain mail at your residence			
Mailing Address		City	State Zip Code

Family Members and Relatives

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position of peace officer. Supply the appropriate information in the spaces provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Name	Residence Address (include zip codes). If same as yours write "same".	Telephone (Include area code)	
Father		Home	
Occupation		Work	
Mother		Home	
Mother's maiden name		Work	
Occupation			
Stepfather		Home	
Occupation		Work	
Stepmother		Home	
Occupation		Work	
Father-in-law		Home	
Occupation		Work	
Mother-in-law		Home	
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Family Members and Relatives (continued)			
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Stepbrother		Home	Age
Occupation		Work	

Stepbrother		Home	Age
Occupation		Work	

Stepsister		Home	Age
Occupation		Work	

Stepsister		Home	Age
Occupation		Work	

List five other family members and relatives (uncles, aunts, cousins, etc.)			
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Name			
Relationship		Home	Age
Occupation		Work	

Name			
Relationship		Home	Age
Occupation		Work	

Name			
Relationship		Home	Age
Occupation		Work	

Name			
Relationship		Home	Age
Occupation		Work	

Name			
Relationship		Home	Age
Occupation		Work	

Children

List all of your children (include step-children, adopted children, etc.)

Name	Sex		Date of birth	Relationship to you				Living with you	
	Male	Female		Natural	Step	Adopted	Foster	Yes	No

Marital Status

9 Single	9 Married	9 Widowed	9 Separated	9 Annulled	9 Divorced
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Full name of spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Spouse's employer		Occupation or position	How long employed	
Current address of spouse, if not living with you		Home phone (area code)	Work phone (area code)	

If divorced, widowed, or had an annulment, provide the following information.

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
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Date of marriage		Place of marriage (city, county, state, and country)	
Former spouse's employer		Occupation or position	How long employed
Current address of former spouse or last known address		Home phone (area code)	Work phone (area code)
Date filed for divorce	City, county, and state of divorce		Is divorce final 9 Yes 9 No

Full name of former spouse		Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage		Place of marriage (city, county, state, and country)			
Former spouse's employer		Occupation or position		How long employed	
Current address of former spouse or last known address		Home phone (area code)		Work phone (area code)	
Date filed for divorce	City, county, and state of divorce			Is divorce final 9 Yes 9 No	

Have you ever been ordered by court to pay child support? 9 Yes 9 No
If yes, what is or was the monthly amount _____

Have you ever been required to pay alimony? 9 Yes 9 No
If yes, what is or was the monthly amount _____

Have you ever been delinquent in child support payments or alimony payments? 9 Yes 9 No
If yes, explain below.

Residences		
List all of your residences during the last ten years or since age fifteen. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Include unit number or apartment number , where applicable.		
Current address	City, state, and zip code	Since (month/year)
With whom do you live		

Address	City, state, and zip code	From (month/year)	To (month/year)
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With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Residence (continued)			
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Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Cohabitants (roommates)			
List those individuals with whom you have resided during the last ten years, excluding family members.			
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Experience and Employment

Beginning with your most current employment, list **every** job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Do you object to our contacting your present employer(s) prior to your being accepted? Yes No

If yes, please explain

Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____ <input type="radio"/> Present employment	Name of employer Complete address Work schedule (for example: Monday through Friday, 9 to 5, etc.) Job title or position	Work phone (area code)	<input type="radio"/> Full time <input type="radio"/> Part-time <input type="radio"/> Volunteer <input type="radio"/> Internship <input type="radio"/> Temporary	Salary
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name			Work or home phone (area code)	
List another supervisor			Work or home phone (area code)	
List a co-worker			Work or home phone (area code)	
<input type="radio"/> Unemployed From: _____ To: _____				

Experience and Employment (continued)

Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____ <input type="checkbox"/> Present employment	Name of employer Complete address Job title or position	Work phone (area code) Salary
<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary		
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Reason for leaving (be specific)		
Supervisor's name	Work or home phone (area code)	
List another supervisor	Work or home phone (area code)	
List a co-worker	Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: ____ To: ____		
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Supervisor's name	Work or home phone (area code)	
List another supervisor	Work or home phone (area code)	
List a co-worker	Work or home phone (area code)	
<input type="checkbox"/> Unemployed From: ____ To: ____		

Experience and Employment (continued)

Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____	Name of employer Complete address Job title or position	Work phone (area code) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Full time</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Part-time</td> <td style="width: 34%; border: none;">Salary</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Volunteer</td> <td style="border: none;"><input type="checkbox"/> Internship</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Temporary</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	Salary	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Internship		<input type="checkbox"/> Temporary		
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List another supervisor	Work or home phone (area code)										
List a co-worker	Work or home phone (area code)										
Unemployed From: _____ To: _____											

Experience and Employment (continued)

Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
	Complete address			
	Job title or position		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

Describe your duties

Reason for leaving (be specific)

Supervisor's name

Work or home phone (area code)

List another supervisor

Work or home phone (area code)

List a co-worker

Work or home phone (area code)

Unemployed From: _____ To: _____

Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____	Name of employer		Work phone (area code)	
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Work or home phone (area code)

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Work or home phone (area code)

Unemployed From: _____ To: _____

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<input type="checkbox"/> Unemployed From: _____ To: _____											

Experience and Employment (continued)

Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____	Name of employer Complete address Job title or position	Work phone (area code) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Full time</td> <td style="width: 33%;"><input type="checkbox"/> Part-time</td> <td rowspan="3" style="width: 34%; vertical-align: middle;">Salary</td> </tr> <tr> <td><input type="checkbox"/> Volunteer</td> <td><input type="checkbox"/> Internship</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td></td> </tr> </table>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	Salary	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Internship	<input type="checkbox"/> Temporary	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	Salary							
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Internship								
<input type="checkbox"/> Temporary									
Describe your duties									
Reason for leaving (be specific)									
Supervisor's name		Work or home phone (area code)							
List another supervisor		Work or home phone (area code)							
List a co-worker		Work or home phone (area code)							
<input type="checkbox"/> Unemployed From: _____ To: _____									
Dates of employment From To Month / year Month / year ____ / ____ ____ / ____ How long employed there? ____	Name of employer Complete address Job title or position	Work phone (area code) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Full time</td> <td style="width: 33%;"><input type="checkbox"/> Part-time</td> <td rowspan="3" style="width: 34%; vertical-align: middle;">Salary</td> </tr> <tr> <td><input type="checkbox"/> Volunteer</td> <td><input type="checkbox"/> Internship</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td></td> </tr> </table>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	Salary	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Internship	<input type="checkbox"/> Temporary	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	Salary							
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Internship								
<input type="checkbox"/> Temporary									
Describe your duties									
Reason for leaving (be specific)									
Supervisor's name		Work or home phone (area code)							
List another supervisor		Work or home phone (area code)							
List a co-worker		Work or home phone (area code)							
<input type="checkbox"/> Unemployed From: _____ To: _____									

Experience and Employment (continued)

Have you ever held employment under another name? Yes No
If yes, list the names used, the employer, and the dates of employment.

Name used	Employer	From (month/year)	to (month/year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? Yes No
If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Have you ever had any extended work absences for any reason other than medical or earned vacations? (Leave of absence, suspensions, layoffs, etc.). Yes
 No
If yes, list the dates, name of employer, and details.

Date	Employer

Details

Experience and Employment (continued)

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations?
 Yes No
If yes, please provide the following information.

Date	Employer
Details and results of investigation	

Have you ever been suspended by an employer, or received a formal written reprimand, or verbal warning, or verbal counseling?
 Yes No *If yes, please explain.*

Date	Employer	Circumstances

Date	Employer	Circumstances

Date	Employer	Circumstances

Date	Employer	Circumstances

Date	Employer	Circumstances

Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police)

Yes No

If yes, list dates, employer/agency, rank, and duties. Start with the most recent.

Date	Employer / agency	Rank
Duties / assignments		

Date	Employer / agency	Rank
Duties / assignments		

Experience and Employment (continued)

Have you ever attended a police academy or a law enforcement training center? Yes No

If yes, please provide the following information.

Name and address of training site	Date started	Date ended
Was the training <input type="radio"/> Full-time <input type="radio"/> Part-time? List the total number of hours of the training course. _____		
Did you complete the training? <input type="radio"/> Yes <input type="radio"/> No		
<i>If no, explain the reason.</i>		

Name and address of training site	Date started	Date ended
Was the training <input type="radio"/> Full-time <input type="radio"/> Part-time? List the total number of hours of the training course. _____		
Did you complete the training? <input type="radio"/> Yes <input type="radio"/> No		
<i>If no, explain the reason.</i>		

Have you ever been a police cadet or explorer? Yes No

If yes, please provide the following information.

Agency	Date started	Date ended
Agency	Date started	Date ended
Agency	Date started	Date ended

Prior Los Angeles Police Department applications

Have you ever applied to the **Los Angeles Police Department** before (for any position)? Yes No

If yes, please provide the date, the position, and results. Check all boxes that apply. Do not include this application.

Date applied

Position

Submitted application only
 Took written test
 Failed written test
 Oral interview taken
 Failed oral interview
 Took PAT
 Failed PAT
 Submitted Personal History Form
 Background investigation conducted
 Background pending
 Took polygraph
 Disqualified
 Was not selected
 Hired or job offer made
 Withdrew application or declined
 Expired from the list
 Other

Date applied

Position

Submitted application only
 Took written test
 Failed written test
 Oral interview taken
 Failed oral interview
 Took PAT
 Failed PAT
 Submitted Personal History Form
 Background investigation conducted
 Background pending
 Took polygraph
 Disqualified
 Was not selected
 Hired or job offer made
 Withdrew application or declined
 Expired from the list
 Other

Applications with other agencies

Have you **ever** applied for any other law enforcement agency (city, county, state, or federal agencies)? Yes No
 If yes, list **EVERY** agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies **MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
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Applications with other agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
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Applications with other agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
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What was your background investigator's name and phone number?	

Military Service

Did you comply with the draft registration law? Yes No

Selective Service number

Have you ever served in any of the Armed Forces, National Guard, or military reserves?

Yes No

If yes, what is your current status with the military? Active Reserves Inactive Discharged

Branch of service	Unit / Occupation	Enlistment date	Discharge date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Reenlistment code	If active or current reserve, list your commanding officer's name	

Were you ever investigated for any criminal activity while in the military or military reserves? Yes No

If yes, please explain

Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves? Yes No

If yes, please explain

Approximate date	Violation	Penalty

Did you receive an honorable discharge? Yes No

If you received a discharge other than honorable, please explain

Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military

From (Month/Year)	To (Month/Year)	Location	Duties / purpose

Education

The Commission on Peace Officer Standards and Training requires a peace officer to possess a US high school diploma or its equivalent. Please indicate your current status with this requirement. Check **all** boxes that apply.

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test meeting the required scores.
- I passed the California High School Proficiency Examination.

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and address of US high schools attended and/or graduated from	From (month/year)	To (month/year)	Did you graduate
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever attended college? Yes No

If yes, list all colleges and universities attended including post graduate

Name of college or university	City and state	Major	From (month/year)	To (month/year)	Total units earned	Type degree earned

Have you ever attended a trade, vocational, or business school? Yes No

If yes, please provide the following information

Name of school (include city and state)	Type of school or training	Dates attended	Did you finish the course?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school?

Yes No *If yes, please explain in detail*

Motor vehicle operation & insurance

Have you ever received a traffic citation? Yes No

If yes, list all traffic citations for the last four years. Start with most recent

Month/year	Traffic violation	City and state	What action resulted? (Fined, traffic school attended, dismissed)

List all vehicles that you own and/or operate that are registered to you

Year	Make/Model	Color	License number and state	Is the vehicle currently registered? <input type="radio"/> Yes <input checked="" type="radio"/> No	Is the vehicle currently insured? <input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

California law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies

Company	Telephone number (area code)	Policy number	Expiration date

Have you ever been refused auto insurance for any reason? Yes No

If yes, please explain.

--

As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?

Yes No

If yes, please explain

--

Motor vehicle operation & insurance (continued)

As a driver, have you ever been involved in a motor vehicle accident? Yes No

If yes, please provide the following information for the past four years

Date	City and state	Were you at fault?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Police agency that took the report		Was there a police report taken?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Did the accident cause injury to another person?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Were you cited or arrested?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Was the accident a hit and run?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No

Date	City and state	Were you at fault?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Police agency that took the report		Was there a police report taken?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Did the accident cause injury to another person?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Were you cited or arrested?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Was the accident a hit and run?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No

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		Did the accident cause injury to another person?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Were you cited or arrested?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
		Was the accident a hit and run?..... <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No

List other states where you are, or have been, licensed to operate a motor vehicle

State	Name under which license was issued	License number

Have you ever been refused a driver's license by any state, including California? Yes No

If yes, please explain. Give state, dates, and reasons

--

Have you ever applied for, or obtained, a driver's license or state identification card under a fictitious name? Yes No

If yes, please explain. Give state, dates, and reasons

--

Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation by any state, including California?

Yes No *If yes, please explain. (Give state, dates, and reasons).*

Motor vehicle operation & insurance (continued)

Have you ever failed to appear in court on a traffic citation or parking citation? Yes No

If yes, provide the following information

Approximate date	Traffic violation	City / county / state	Reason you failed to appear

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? Yes No

If yes, provide the following information

Approximate date	Traffic violation	City / county / state	Penalty

Legal

Date	Charges	Police agency	Penalty
Explain circumstances			

Date	Charges	Police agency	Penalty
Explain circumstances			

Date	Charges	Police agency	Penalty
Explain circumstances			

Legal (continued)

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act (not listed prior sections)

Yes No *Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent*

Date	Charges	Police agency	Results
Explain circumstances			

Date	Charges	Police agency	Results
Explain circumstances			

Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a **victim** or **witness**?

Yes No *If yes, provide the following information*

Date	Charges or reason for investigation	Police agency
Explain circumstances		

Date	Charges or reason for investigation	Police agency
Explain circumstances		

Have you ever received a misdemeanor citation in lieu of going to jail? Yes No

If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation

Legal (continued)

Have you ever been placed on court probation? Yes No

Are you currently on probation? Yes No

If yes to either question, explain below giving details, dates, and reason. If you were on probation more than once, please indicate

Date	Details

Have you ever violated probation? Yes No

If yes, please explain below

Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?

Yes No *If yes, please explain below*

Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No

If yes, please explain below

Date	Details

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

Yes No

If yes, please explain below

Date	Details

Have you ever applied for a permit to carry a concealed weapon?

Yes No *If yes, please explain below*

Date applied	Was permit granted? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Weapon?

Name of the agency where applied (city, county, and state).

For what purpose?

Legal (continued)

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No

Ever had a judgment rendered against you? Yes No

If yes to either questions, provide the following information

Date	Location of court	<input checked="" type="radio"/> Plaintiff	<input type="radio"/> Defendant
------	-------------------	--	---------------------------------

Details

--

Date	Location of court	<input checked="" type="radio"/> Plaintiff	<input type="radio"/> Defendant
------	-------------------	--	---------------------------------

Details

--

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our form of government?
 Yes No

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means?
 Yes No

Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any of the type of organizations identified above?
 Yes No

If yes to any of the above three questions, please explain below.

Have you ever participated in an unlawful demonstration? Yes No

If yes, please explain below

--

Have you ever engaged in civil disobedience?

9 Yes 9 No *If yes, please explain below.*

Finances

The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your overall financial obligations

Current monthly income			Current monthly expenditures		
Monthly salary	\$		Home payment (mortgage or rent)	\$	
Spouse's salary			Car payment		
Other income			Auto insurance		
			Credit cards (charge accounts)		
			Utilities and other monthly payments		
Total monthly income	\$		Total monthly expenditures	\$	

Current assets			Current liabilities		
Savings	\$		Real estate indebtedness	\$	
Checking			Long-term loans		
Real estate			Credit cards (total amount of charge accounts)		
Stocks and bonds			Other liabilities		
Auto (s)			Other liabilities		
Other assets			Other liabilities		
			Other liabilities		
Total assets	\$		Total liabilities	\$	

Please list all banks or savings institutions where you have current accounts

Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____
Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____
Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? _____

Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities

Name of creditor, bank, firm or lender	Reason for debt	Monthly payment	Current balance	List the number of times you have been late thirty days or more.
		\$	\$	

Finances

Have you ever filed for or been granted bankruptcy? Yes No

If yes, please explain reasons below

Date	Reasons
------	---------

Have you ever been delinquent on income tax payments? Yes No

If yes, was it more than once? Yes No

Date	Reasons (give the year (s) involved and the current status)
------	---

Have you ever had your wages attached or garnished? Yes No

If yes, please explain reasons below

Date	Reasons
------	---------

Have you ever had any of your bills, accounts, or loans turned over to a collection agency? Yes No

If yes, list all accounts

Date	Account / current status
------	--------------------------

Date	Account / current status
------	--------------------------

Date	Account / current status
------	--------------------------

Date	Account / current status
------	--------------------------

Date	Account / current status
------	--------------------------

Date	Account / current status
------	--------------------------

Have you ever had any purchased goods, vehicle, property, or any items repossessed? (This includes voluntary repossessions.)

Yes No

If yes, please explain

Date	Reasons
------	---------

Have you been refused credit in the last year? Yes No

If yes, please explain

Date	Reasons
------	---------

Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate?

Yes

No

If yes, please provide the following information

Name and type of business & address

If employed by LAPD, do you anticipate any other income other than your city salary or spouse's salary? **9** Yes **9** No
If yes, from where?

--

References

Please list as references seven individuals you have know for at least two years who have knowledge of you and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. **DO NOT include relatives, family members, or individuals who belong to the law enforcement profession**

Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Optional: Please list any individuals who are members of law enforcement agencies that you are acquainted with and who have knowledge of you and your qualifications. Address may be their residence or place of employment. Addresses must be complete with zip codes. Telephone numbers must include area codes.

Name / occupation / agency	Address (including zip code)	Telephone (including area code)
Name		Home
Agency		Work
Name		Home
Agency		Work
Name		Home
Agency		Work
Name		Home
Agency		Work

Key Addresses

The following information has been asked of you earlier in this application. Please provide it again, as requested.

List all addresses of your residences during the last ten years or since age fifteen. Begin with your most current residence.

Address	City	State	From	To	

List addresses for all your employers. Begin with your most current employment. List **every** job, including military service.

Address	City	State	From	To	

General information (continued)
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Use this space for any additional information

I understand that any conditional job or appointment tendered to me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and/or background investigation, I am required to report to the Los Angeles Police Department, Personnel Division, Administrative Investigation Section (backgrounds) any changes in my personal history covered in this Personal History Form within five business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification, for my name to be removed from the eligibility list, or for immediate termination if an appointment has been made.

Applicant’s signature: _____ Date: _____

Reviewing investigator’s name and serial number:	Date:
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