Required Documents

Instructions: Please read these instructions carefully. Your ability to follow instructions accurately and in a timely manner is part of the background investigations process. Please note that all the items covered on this list are your responsibility to obtain and should be sent to the address indicated above. It may take several weeks to arrange for the some of these documents, so begin working on them at once! Do not delay completing your Personal History Statement form or other application materials while waiting for these documents!

The following documents ***must*** be mailed from the issuing institution or agency directly to the ***Long Beach Police Department.*** These must be certified or official copies, which have a raised or original seal.

1. Your birth certificate (available from the City/County Registrar of Births or the State Vital Statistics Office. Note: if you were born outside the United States, you will need to show either your ***original*** Certificate of Naturalization or your U. S. Passport to your background investigator.
2. Official high school transcripts, whether or not you graduated (available from the high school, district or records office)
3. Official college transcripts from ***each*** college and university you have attended, whether or not you graduated.

The following should be mailed to or brought to our office (only one item per page, please).

1. A copy of your high school diploma, G.E.D. Certificate or Certificate of High School Proficiency.
2. A copy of any college diplomas you process.
3. A copy of your Social security Card
4. A copy of your current drivers licenses
5. Proof of automobile liability insurance
6. Proof of Selective Service registration (if male and born after January 15, 1960).
7. A copy of your ***DD214 Long Form*** if you were in the military, along with any awards or decorations you received.
8. If you have been married, a copy of you County-issued Marriage Certificate for ***each*** marriage, (available from the county registrar).
9. For any marriages dissolved, a copy of the final Dissolution/Annulment order for ***each*** marriage dissolved
10. A copy of any traffic collisions reports in which you have been named as a driver within the past 3 years.
11. A copy of any police reports in which you were arrested. Note: if you are not applying for a ***police officer*** position you need furnish only copies of arrests, which ***resulted in convictions***.
12. Copies of other certificates, awards, recognitions, etc. you would like considered.

# ACKNOWLEDGMENT

I have received a copy of this form and understand that is my responsibility to arrange for all of the documents above, which apply to me. Failure to promptly arrange for these documents will result in my application being dropped from consideration for this position.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Instructions for Completing Personal History Statement Form

The Long Beach Police Department requires that ***you personally*** complete this form. Please note that your ability to complete this form in a neat, timely, and accurate fashion is a part of the background investigation process. It is *your responsibility* to make sure that you have read and understood each question, and that you have answered truthfully and completely.

This Department uses this form, among other things, to determine your legal qualifications for the position for which you are applying. In addition, the Long Beach Police Department has an obligation to itself and to the citizens of its service area to ensure that persons who are not qualified for this position will be excluded lawfully from further consideration.

You may choose to either hand write or type the information in the spaces provided. If there is not enough room to answer a question, please attach additional 8½ x 11 sheets of white paper as needed. Be sure to provide the number of the question you are answering. Because it differs from some of the Personal History Statements forms with which you already may be familiar, you should use care in answering the questions on this form. You may **not** attach portions of other Personal History Statement forms, résumés, or applications in *substitution* for information required on this form.

Please be as specific as possible in your answers. Also remember that there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position.

*You* are responsible for the accuracy of information on this form. It is *your responsibility* to make certain that the information is complete and correct. Please not that deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Read questions *thoroughly* before answering. If you do not understand a question, ask your background investigator to clarify the question for you.

**Illegal drugs**

When responding to questions about any prior use of *illegal drugs*, you should identify the drug or controlled substance used and when you *last* used the drug--that is the only information required. Do not furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested for driving under the influence of that drug. In such cases, do *not* identify the drug in question.

For questions regarding the use of illegal drugs, remember that the legal term “possession” includes *any* use whatsoever. Possession includes using, experimenting with, trying, ingesting, smoking, injecting or being under the influence of illegal drugs. It also includes drugs that were in your possession, in your clothing or in your car, even if you did not “use” them on that occasion. Possession specifically would include substances you *thought* were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

**Legal questions**

All applicants applying for employment with the Long Beach Police Department are required to disclose their prior involvement in illegal acts. You are required to disclose acts that you have *committed* even if you were never caught, arrested or prosecuted. In many cases, your responses will be subject to verification by polygraph examination. Inconsistent statements you make in this document and during your polygraph undoubtedly will result in your disqualification.

You are required to answer questions about misdemeanors and felonies you may have committed at any time in your life.

With respect to questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a legal right to answer “No” to certain of these questions. You should consult with your attorney if you feel that you may be legally entitled to deny these processes under the law.

**Make a copy**

You are encouraged to make a copy of your completed form for your own records. Your completed form is treated as a highly confidential document and will not be shared with anyone outside of the Long Beach Police Department. The original signed form becomes a permanent part of your background file and will not be released to any other party without your signed authorization or by order of a competent court.

**Personal History Statement Form**

**I. PERSONAL:**

The following information is required of you for verification and contact purposes.

1. Your Name (Please Print)

 Last First Middle

Other names (Including nicknames) you have used or been known by:

2. List the address where you now reside:

 Number Street City State Zip Code

Mailing if different from above

3. List the telephone number(s) where you can be contacted:

 Home Work

Hours you may be contacted Hours you may be contacted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Birthdate The City/County/State in which you were born

5. Are you a U.S. Citizen? **☐** Yes **☐** No

6. Social Security Number In accordance with the Federal Privacy Act of 1974, dis-closure is voluntary. Your SSN will be used to ensure that proper records are obtained. If naturalized, date you applied for citizenship:

7. For the purpose of identification, provide the following:

Height Weight Hair Color Eye Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tattoos or other marks – Do NOT list scars of medical origin

**II. RELATIVES, REFERENCES, AND ACQUAINTANCES:**

Persons who know you will be contacted and asked to comment on your suitability for this position. Inquiries will be on job-relevant matters.

8. Please list the persons identified below. If they are no longer living or the category is not applicable, write “NA”

 *Full Name Address where the person can be contacted, State and zip code Telephone numbers*

 Father Day:

 Night:

Mother Day:

 Night:

Fiancé/Fiancée Day:

 Night:

Spouse Day:

Year Married Night:

Former Spouse Day:

Year Divorced Night:

**II. RELATIVES, REFERENCES, AND ACQUAINTANCES (cont’d.):**

9. List other living members of you immediate family in the following order: Your children, in-laws, brothers, sisters, stepparents, etc.

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

**II. RELATIVES, REFERENCCES AND ACQUAINTANCES (cont’d):**

10. Long-time acquaintances. List four individuals who have known you for five years or more. Do not include relatives of your immediate family or former supervisors. (Examples include long time family friends, etc.)

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

11. Social peers. List four individuals who are your social friends and who have seen you frequently during the past year. Do not include relatives.

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

**II. RELATIVES, REFERENCES AND ACQUAINTANCES (cont’d)**

 **Full Name** and address where the person can be contacted, (include State and zip code) Telephone numbers

 Day:

 Night:

 Relationship to you Occupation: Other:

**III. EDUCATION:**

12. The position you have applied for may have certain educational requirements. List the following information concerning your educational background. Your educational background also may qualify you for higher salary placement in sworn positions.

 Name of high school last attended: City/State:

 Dates: Diploma **☐** GED **☐**

College or university attended:

 Units Completed Degree? **☐** Yes **☐** No Date Attended

College or university attended:

 Units Completed Degree? **☐** Yes **☐** No Date Attended

College or university attended:

 Units Completed Degree? **☐** Yes **☐** No Date Attended

13. Were you ever suspended, expelled or dismissed for academic disqualification from any high school, college or university?

 **☐** Yes **☐** No If yes, please explain

**III. EDUCATION (cont’d):**

14. Check any of the following professional certificates you possess which relate to your qualifications for this position:

 **☐** Reserve Academy **☐** Basic Police Academy **☐** Detention **☐** Firefighter **☐** E.M.T./Paramedic

 If you possess a basic or intermediate POST law enforcement certificate, please provide location and date obtained.

List any other professional certifications you may hold:

15. Other than English, do you speak/understand any languages fluently? **☐** Yes **☐** No

 If yes, please list

**IV. RESIDENCES:**

16. In section **a,** furnish information concerning places you have lived during the past ten years. Begin with where you live now and

 work backward.

*16a.* *Street Address, City, State, Zip No. of Years Name of landlord or owner Telephone No. From/to*

**IV. RESIDENCES (cont’d)**

In section **b,** list the name, current address and telephone number for person(s) with whom you have lived (excluding spouse and children) at the respective residence during the period. Do not include barracks mates in the military unless you shared a

 single room or off-base housing.

*16b. Name of roommate* *Current Address Telephone No. From/to*

16c. In section **c,** list neighbors with respect to your residences in question 16a.

 *Neighbors Address Telephone No.*

17. Have you ever been denied the refund of more than 50% of any security or damage deposit by any landlord? **☐** Yes **☐** No

If yes, explain

**V. EMPLOYMENT**

18. Your employment history is a critical part of your background. You must account for each and every job you have held in the past, whether full-time, part-time or voluntary. Begin with your present or most recent job and work backward. You must be as

 specific as possible about your reasons for leaving. Do not use “personal reasons.”

**PRESENT** employer’s name/address

 Telephone number: Supervisor’s name

 Start Date End Date Starting salary Ending Salary

 Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why do you want to leave?

 May we contact your present employer? **☐** Yes **☐** No If no, please explain

 **Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d)**

**Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d):**

**Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

 **Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d)**

**Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

 **Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d)**

**Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

 3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

 **Employer’s name/address**

 Telephone number: Supervisor’s name

 Start Date End Date Starting salary Ending Salary

 Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

 3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d)**

 **Employer’s name/address**

 Telephone number: Supervisor’s name

 Start Date End Date Starting salary Ending Salary

 Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

 3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

 **Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d)**

**Employer’s name/address**

Telephone number: Supervisor’s name

Start Date End Date Starting salary Ending Salary

Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

 **Employer’s name/address**

 Telephone number: Supervisor’s name

 Start Date End Date Starting salary Ending Salary

 Your job title Full time **☐** Part time **☐** Voluntary **☐**

Co-workers’ names – list three:

1.

 2.

3.

Why did you leave?

 May we contact this employer? **☐** Yes **☐** No If no, please explain

**V. EMPLOYMENT (cont’d):**

19. While on duty or at work have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules, or policies or regulations set by your employer? **☐** Yes **☐** No

If yes, explain:

20. Have you ever engaged in sexual activity on-duty or at work? **☐** Yes **☐** No

If yes, explain:

21. Have you ever been involuntarily terminated from a job (including layoffs, firings, forced or requested resignations or probationary release?) **☐** Yes **☐** No If yes, give details. (DO NOT list any separation which resulted from a medical inability).

22. Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate or member of the public? **☐** Yes **☐** No If yes, what discipline was imposed?

Have you *ever* been the subject of *any* disciplinary action by an employer, including formal reprimands, warnings or suspensions? **☐** Yes **☐** No If yes, give details:

23. Have you ever applied for another position in law enforcement? **☐** Yes **☐** No

If yes, give the agency name, the approximate date you applied and what happened to your application.

24. List other persons employed in law enforcement who may be familiar enough with you to offer an opinion as to your suitability. Also, list Long Beach Police Department officers you know.

*Name Agency Telephone Number*

**VI. MILITARY:**

25a. If you are adult and were a U.S. citizen or resident alien on your 18th birthday, you must have registered with the Selective Service within 90 days of your 18th birthday. Have you registered, and can your registration be verified? **☐** Yes **☐** No

Selective Service registration number If you don’t know your Selective Service Registration number, and/or want to verify it, call 847-688-6888.

25b. Have you ever served in the military? Service branch

25c. Date entered military service: Type of discharge:

25d. Date discharged: Year in which your DD214 was issued:

25e. Your rank when discharged: Were you ever reduced in rank?

25f. Highest rank held:

25g. Were you ever the subject of any judicial or non-judicial punishment(s) while in the Armed Forces? **☐** Yes **☐** No

If yes, please explain

25h. Include any Article 15's you may have received and the outcome. Explain the details of *each* episode below (include the nature of the offense and the punishment prescribed):

25i. To what unit were you last assigned?

25j. List any military personnel who would be familiar with your performance and provide a telephone number where they may be contacted:

25k. Are you still participating in any Military Reserve or National Guard Unit? **☐** Yes **☐** No Unit

 If yes, indicate your supervisor and phone number

25l. List any awards or decorations you received while in the military:

**VII. FINANCIAL**

Your responsibility in incurring and meeting your financial obligations reflects upon your dependability and good judgment.

26. Have your wages ever been garnisheed? **☐** Yes **☐** No If yes, please explain

27. Have any of your bills been turned over for collection? **☐** Yes **☐** No

If yes, why, and has that debt been satisfied?

28. Have any goods you purchased been repossessed? **☐** Yes **☐** No

If yes, please explain

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

If yes, please explain

30. Have you ever filed for bankruptcy? **☐** Yes **☐** No

If yes, please explain

Location of Bankruptcy Court in which your petition was filed:

Has the bankruptcy been fully discharged? **☐** Yes **☐** No Date: Amount:

31. Have you ever been or are you now delinquent on any court ordered payment(s)? (i.e., child support, alimony, etc.)

**☐** Yes **☐** No If yes, please explain

32. Please list any other financial situations or circumstances that you feel might need to be explained.

**VII. FINANCIAL (cont’d)**

33. Please provide the following information concerning your monthly finances:

 Your salary (gross) Real estate mortgage payment

 Your salary (net) Rent payment

Spouse’s salary (gross) Car loan payment(s)

Spouse’s salary (net) Other long term loan(s)

Other income Credit cards/revolving credit

Other income Child Support

TOTAL MONTHLY NET INCOME: Other expenditures

34. Please provide the following information concerning your overall finances.

 Assets Liabilities

Checking Real estate Mortgage

Savings Auto loans

 Personal property Amounts owed

 Real estate Other liabilities/loans

Automobiles

Other Assets

 TOTAL ASSETS: TOTAL LIABILITIES:

**VIII. LEGAL:**

Your involvement in civil and criminal proceedings may have a direct bearing on your legal eligibility to hold this position. However, some arrests or even conviction(s) may not automatically disqualify you from further consideration. Furnish the following information. All applicants should note that criminal records, including misdemeanor and certain other convictions that have been sealed or expunged by court order need not be reported. However, felony convictions whether expunged or pardoned must be reported, as well as withheld convictions.

35. Have you ever been arrested, detained for investigation, or cited by any law enforcement agency, either as a juvenile or s an adult? **☐** Yes **☐** No If yes, give approximate date, agency involved and nature of arrest or detention. Do not include minor traffic infractions in this category:

**VIII. LEGAL (cont’d)**

36. Have you ever been convicted of, or pled guilty to, any criminal offense, including military court martial? **☐** Yes **☐** No

If yes, give the nature of the offense, the arresting agency, approximate date of conviction and your sentence:

37. Have you ever been placed on probation by a court of law? **☐** Yes **☐** No If yes, please explain.

38. Have you ever been required to appear in juvenile court for an act that would have been a crime if committed by an adult?

 **☐** Yes **☐** No If yes, please explain

39. Have you ever been sued in court or have you ever sued anyone else in court? This includes incidents arising from your employment, divorce actions, small claims, or other suits. Do NOT list the nature of this suit if it involves worker’s compensation or disability claims. **☐** Yes **☐** No If yes, please explain

40. Have you settled any civil suits out of court in which you, your insurance company or anyone else on your behalf were required to make a cash payment to the other party? **☐** Yes **☐** No If yes, please explain

**VII. LEGAL (cont’d)**

41. Have you ever been the subject of any federal or state civil rights investigation? **☐** Yes **☐** No If yes, please explain

42. Have you ever been the subject of a civil restraining order, protection order, or no contact order? **☐** Yes **☐** No If yes,

 please explain

43. To the best of your knowledge, are you currently under investigation by any law-enforcement agency concerning any alleged violation of criminal law? **☐** Yes **☐** No If yes, please explain

44. Check any misdemeanors that you have committed whether detected or not. Please use back side of this page to explain the circumstances of each offense.

 **☐** Hunting/Fishing without a license **☐** Harassing phone calls **☐** Possession of controlled substance

 **☐** Poaching **☐** Petty theft/Shoplifting **☐** Impersonating a police officer

 **☐** Concealing a weapon w/o a permit **☐** Indecent exposure **☐** Disorderly

 **☐** Prostitution **☐** Illegal gambling **☐** Assault/battery

 **☐** Soliciting a prostitute **☐** Resisting arrest **☐** Hit and run (no injuries)

 **☐** DUI **☐** Trespassing **☐** Joyriding

 **☐** Vandalism **☐** Domestic battery **☐** Possession of stolen property

 **☐** Possession of a false identification **☐** Brandishing a weapon

 Other (explain):

Please check any felonies you have committed whether detected or not. Please use back side of this page to explain the circumstances of each offense.

 **☐** Murder **☐** Rape  **☐** Embezzlement **☐** Arson **☐** Robbery **☐** DUI

 **☐** Burglary  **☐** Aggravated Assault **☐** Grand theft **☐** Forgery **☐** Auto theft **☐**Child Abuse

 **☐** Domestic violence **☐** Other sexual assault **☐** Hit and run with injuries **☐** Possession of stolen property

 **☐** Cultivation/manufacture/possession of controlled substances

 Other:

**VII. LEGAL (cont’d)**

45. Have you ever been required to register as a Sex Offender? **☐** Yes **☐** No If yes, provide dates and location:

46. Have you ever struck someone else in anger? **☐** Yes **☐** No If yes, explain

**IX. MOTOR VEHICLE**

47. Give your current driver’s license information as indicated below:

 Drivers license number State of issue: Expiration date Name that appears on this license

48. Have you held a driver’s license in another State or County? **☐** Yes **☐** No

 Driver’s license number State of issue:

 Expiration date Name that appears on this license

 Driver’s license number State of issue:

 Expiration date Name that appears on this license

 Driver’s license number State of issue: Expiration date Name that appears on this license

49. Have you ever been refused a driver’s license in any state or country? **☐** Yes **☐** No If yes, give details on back.

50. Has your driving privilege ever been suspended, revoked or restricted? **☐** Yes **☐** No If yes, give details on back.

51. Has your driver’s license ever been revoked for late or non-payment of child support? **☐** Yes **☐** No

52. Have you operated a motor vehicle while YOU believe you were under the influence of alcohol and/or drugs?

**☐** Yes **☐** No If yes, give details:

53. Have you ever been charged with Failure to Appear or Failure to Pay a fine as a result of a citation you have received?

**☐** Yes **☐** No If yes, give details:

**IX. MOTOR VEHICLE (cont’d)**

54. List all traffic citations (excluding parking tickets) you have received within the past 10 years. You must list citations you received even if they were subsequently dismissed or you were found not guilty.

Date issued Violation

Issuing Agency Disposition of Citation

Date issued Violation

Issuing Agency Disposition of Citation

Date issued Violation

Issuing Agency Disposition of Citation

Date issued Violation

Issuing Agency Disposition of Citation

Date issued Violation

Issuing Agency Disposition of Citation

55. List all traffic collisions within the past 10 years in which you were the driver

 Date of collision Location of accident

Law enforcement agency investigating

Were you at fault for the accident? **☐** Yes **☐** No Were you issued a citation? **☐** Yes **☐** No

 If yes, explain

Date of collision Location of accident

Law enforcement agency investigating

Were you at fault for the accident? **☐** Yes **☐** No Were you issued a citation? **☐** Yes **☐** No

 If yes, explain

Date of collision Location of accident

Law enforcement agency investigating

Were you at fault for the accident? **☐** Yes **☐** No Were you issued a citation? **☐** Yes **☐** No

 If yes, explain

Date of collision Location of accident

Law enforcement agency investigating

Were you at fault for the accident? **☐** Yes **☐** No Were you issued a citation? **☐** Yes **☐** No

 If yes, explain

**IX. MOTOR VEHICLE (cont’d)**

 Date of collision Location of accident

Law enforcement agency investigating

Were you at fault for the accident? **☐** Yes **☐** No Were you issued a citation? **☐** Yes **☐** No

 If yes, explain

56. Do you currently have a vehicle licensed in Washington? **☐** Yes **☐** No

57. Washington State Law requires every vehicle operated in Washington to have liability insurance.

List your insurance carrier, policy number and expiration date

58. Has your automobile insurance ever been cancelled? **☐** Yes **☐** No

 If yes, indicate reason:

59. Has your driver’s license ever been suspended for failure to appear for a scheduled court date? **☐** Yes **☐** No

If yes, please explain

**X. GENERAL TOPICS**

General topics related to other issues that have not been addressed specifically elsewhere on this form.

60. Have you ever called in sick when you were in fact not sick or caring for a family member who was sick? **☐** Yes **☐** No

If yes, explain

61. Have you ever been implicated in the sexual harassment of a superior, co-worker or subordinate employee? **☐** Yes **☐** No

If yes, explain

62. Has an employer of yours ever been sued as a result of your conduct or duties (this would include vehicle collisions in your employer’s vehicles, persons injured or killed as a result of your duties, claims of false arrest, unlawful imprisonment, excessive use of force, etc.)? **☐** Yes **☐** No If yes, explain

**X. GENERAL TOPICS (cont’d)**

63. Have you ever used or possessed any illegal drug, controlled substance, or other prescription not lawfully prescribed to you?

**☐** Yes **☐** No If yes, give dates, location and circumstance

64. I understand that the City of Long Beach is a “drug free” workplace and I will be subject the drug test as outlined in Long Beach City “drug free” workplace policy and as outlined in policies and procedures of the Long Beach Police Department.

 Date: Applicant’s Signature

65. Is there anything we have not discussed which YOU believe would have an effect on your background investigation?

66. All applicants: We will be conducting an extensive investigation into your suitability for employment in this position. Please describe in detail anything else you feel is important for your background investigator to know

I certify that all statements and information made by me in completing this form are true to the best of my knowledge. I personally have completed this form and understand that deliberate errors or misstatements may cause my application to be rejected. I also understand that erroneous information will negate any conditional offers and may result in my termination at a later date if I am hired.

Date: Applicant’s Signature