

## Instructions to the Applicant

- Volunteers play a very important role within the Tulare County Sheriff's Department and may have access to privileged information based on the duties assigned. Due to the varying levels of access, it is the policy of this department to subject all candidates to a background investigation regardless, of pay status. Volunteer applicants must submit a completed application, personal history statement, notarized waiver and submit fingerprints through livescan at our records division.
- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for a volunteer position with the Tulare County Sheriff's Department.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 12) and identify the additional information by the question number.

### Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: Be as complete, honest and specific as possible in your responses.***

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing 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.



**PERSONAL HISTORY STATEMENT – VOLUNTEER**

**SECTION 4: EXPERIENCE AND EMPLOYMENT**

**NOTE: Please read each question carefully. You must answer each question.**

13. 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

14. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....  Yes  No

15. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....  Yes  No

16. Have you ever quit without giving proper notice? .....  Yes  No

17. Have you ever resigned in lieu of termination? .....  Yes  No

18. 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

19. Were you ever the subject of a written complaint at work? .....  Yes  No

20. Have you ever been counseled at work due to lateness or absences? .....  Yes  No

21. Did you ever receive an unsatisfactory performance review? .....  Yes  No

22. Have you ever sold, released, or given away legally confidential information? .....  Yes  No

23. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes  No  
If yes, how many sick days have you used in the past five years which were not due to illness?

24. 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?

25. Has your work performance ever been affected by your use of alcohol or drugs? .....  Yes  No

WHEN?

NAME OF EMPLOYER

26. 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

If you answered yes to any of **Questions 13–26**, explain (include when, where and circumstances; indicate corresponding number):

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Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – VOLUNTEER**

**SECTION 5: MILITARY EXPERIENCE**

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

28. BRANCH OF SERVICE \_\_\_\_\_ 43. DATES OF SERVICE  
From \_\_\_\_\_ To \_\_\_\_\_

29. 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:

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

31. 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

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

If you answered yes to **Questions 27, 31 and/or 32**, explain (include dates and circumstances):  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6: FINANCIAL RESPONSIBILITIES**

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

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

35. Have you ever had purchased goods repossessed? .....  Yes  No

36. Have your wages ever been garnished? .....  Yes  No

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

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

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

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

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

42. 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

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

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

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

If you answered yes to any of **Questions 33–45**, explain (include when, where, and why; indicate corresponding number):  
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\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HISTORY STATEMENT – VOLUNTEER**

**SECTION 7: LEGAL**

**Disclosure of Convictions**

You are required to disclose any criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. As an applicant for government employment, you are also required to disclose a criminal conviction expunged under Penal Code Section 1203.4. Consult with an attorney before failing to disclose a criminal conviction, as deliberate or significant omissions will result in disqualification. If more space is needed, continue on page 12.

46. **Have you ever been convicted of any misdemeanor or felony in this or any other state or country?** .....  Yes  No

If yes, list all offenses, including those punishable under the Uniform Code of Military Justice:

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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CHARGE

DISPOSITION OR PENALTY

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
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CHARGE

DISPOSITION OR PENALTY

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

48. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by the juvenile court.) .....  Yes  No

49. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No

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

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

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – VOLUNTEER**

<b>SECTION 7: LEGAL</b> <i>continued</i>		
52. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 46–55**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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<b>56. UNDETECTED ACTS – PART 1</b> Within the past <b>seven</b> years <b>OR</b> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?		
A) Annoying / obscene phone calls .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_





**PERSONAL HISTORY STATEMENT – VOLUNTEER**

**SECTION 7: LEGAL** *continued*

**Questions 58 and 59** 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)*
- Glue
- Mescaline
- Barbiturates *(Downers)*
- Hallucinogens  
*(Peyote, LSD, Mushrooms)*
- Morphine
- Cocaine / Crack Cocaine
- Hashish / Hashish Oil
- PCP / Angel Dust
- Designer Drugs  
*(Ecstasy, Synthetic Heroin, etc.)*
- Heroin / Opium
- Quaaludes
- GHB *(Date Rape Drug)*
- Marijuana
- Steroids
- Tetrahydrocannabinol (THC)

58. **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:

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

- I have **never** used 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.

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60. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

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

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**PERSONAL HISTORY STATEMENT – VOLUNTEER**

**SECTION 8: MOTOR VEHICLE OPERATION**

61. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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62. 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

63. Have you ever been refused a driver's license by any state? .....  Yes     No

If yes, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

64. Has your driver's license ever been suspended or revoked? .....  Yes     No

If yes, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

65. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN	
	Month                  Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN	
	Month                  Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN	
	Month                  Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> 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:

\_\_\_\_\_

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

If yes, give reason:

DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month                  Year				

**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**

**PERSONAL HISTORY STATEMENT – VOLUNTEER**

**SECTION 8: MOTOR VEHICLE OPERATION** *continued*

67. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes  No

If yes, give reason: \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_

DATE \_\_\_\_\_ ADDRESS (NUMBER / STREET / APT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Month Year

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

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\_\_\_\_\_  
\_\_\_\_\_

**SECTION 9: OTHER TOPICS**

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

69. 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

70. 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

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

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

If you answered yes to any of **Questions 68–72**, give details including dates and circumstances; indicate corresponding number.

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**SECTION 10: CERTIFICATION**

73. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued volunteer activity.

SIGNATURE IN FULL \_\_\_\_\_ DATE \_\_\_\_\_

