

## SECTION 1: Personal

### 1. Personal Information

<b>Last Name:</b> Chase	<b>First Name:</b> John	<b>Middle Name:</b> N/A
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**2. Other names you have used or been known by (include maiden name, previous legal names, nicknames, etc.) Please enter one alias at a time into the field provided, clicking "Add Name" after each entry.**

No items added

### 3. Home Address where you live (Must be a physical address. Do not use PO Box, UPS office, etc.)

<b>STREET:</b> .	<b>APT/UNIT:</b> N/A		
<b>CITY:</b> Manteca	<b>STATE:</b> CA	<b>ZIP:</b> 95337	<b>COUNTRY:</b> United States

### 4. Mailing Address

**Is your mailing address the same as your home address?** Yes

5. Contact Numbers. List all phone contact numbers (include home, school, work and mobile)

6. Contact Email. List all emails you use (include personal, school, and work)

**Home :** (111) 111 - 1111

**Personal :** 1111@lol.com

### 7. Citizenship

**Are you a U.S. citizen?** Yes

**How did you become a U.S. Citizen?** Born in the U.S.

**Do you have a passport?** Yes      **Enter passport number** 1111111

### 8. Birth Place

<b>CITY:</b> 95203	<b>STATE:</b> CA	<b>COUNTRY:</b> United States
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### 9. Birthdate

05/21/1986

### 10. Social Security Number

555-55-5555

### 11. State ID / License Information

**Do you have a driver's license?** Yes

**Add your primary driver's license and any other states you are licensed to drive using the "Add License" button below**

11.1

<b>License #</b> D4444444	<b>STATE:</b> CA	<b>COUNTRY:</b> United States	<b>Expiration</b> 02/25/2025
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11.2

<b>License #</b> S1111111	<b>STATE:</b> AZ	<b>COUNTRY:</b> United States	<b>Expiration</b> 02/15/2020
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### 12. Physical Description

<b>Height Feet:</b> 5	<b>Height Inches:</b> 9	<b>Weight (lbs.):</b> 179	<b>Eye Color:</b> Amber	<b>Hair Color:</b> Red
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13. Social Media Profiles. List all social media sites you have accounts with. Provide the names/aliases you are known for each site entered, along with the direct link to your profile.

13.1

**Platform**  
Facebook

**Profile Name**  
JCMONEY

**Link to profile**  
JC@facebook.com

## SECTION 2: Relatives and References

### Immediate family

Provide all applicable information below regarding your immediate family.

This includes your parents, spouse, children, brothers or sisters, and your spouse's parents.

Indicate deceased member if appropriate.

### 1. Current Spouse / Registered Domestic Partner

Include any person with whom you currently married or have a similar LEGAL relationship with. I.e. Common Law Marriage

I do not currently have a spouse or registered partner

1.1

**First Name:**

Guardian

**Last Name:**

.

This person is deceased

I am legally separated from this person (not divorced)

**Home Address**

**STREET:**

11 S. San Joaquin Street

**APT/UNIT:**

Suite #804

**CITY:**

Stockton

**STATE:**

AL

**ZIP:**

95202

**COUNTRY:**

United States

**Work Address**

**STREET:**

.

**APT/UNIT:**

N/A

**CITY:**

Thane

**STATE:**

AL

**ZIP:**

99801

**COUNTRY:**

United States

**Home Phone:**

(111) 111 - 1111

**Work Phone:**

(111) 111 - 1111

**Cell Phone:**

(111) 111 - 1111

I am unable to obtain a phone number

**Email:**

1111@lol.com

I am unable to obtain an email address

**Date of Marriage/Registration:**

02/15/2017

**Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?** Yes

### 2. Former Spouse / Registered Domestic Partner

Include any person with whom you were formerly married or had a similar LEGAL relationship with

I do not have any former marriages or registered partners

### 3. Significant Other

List any individuals (aside from your spouse/registered partners) you currently have, or had, an established relationship with. (i.e. "Boyfriend", "Girlfriend", "Partner", etc.)

I do not have a current or past significant other

3.1

**First Name:**

.

**Last Name:**

.

**This person is deceased.**

**Home Address**

**STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**

Phoenix

**STATE:**

AZ

**ZIP:**

85001

**COUNTRY:**

United States

**Work Address**

**STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**

Phoenix

**STATE:**

AZ

**ZIP:**

85003

**COUNTRY:**

United States

**Home Phone:**

(111) 111 - 1111

**Work Phone:**

(111) 111 - 1111

**Cell Phone:**

(111) 111 - 1111

**I am unable to obtain a phone number**

**Email:**

1111@lol.com

**I am unable to obtain an email address**

**Is this relationship currently active?** Yes

**Date Relationship started:**

01/2009

**To:**

PRESENT

**Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?** No

#### 4. Parents / Guardians

List all your parents and guardians (living or deceased). This includes biological, adoptive, foster parents, and step parents. If married or in a registered partnership, list your partner's / spouse's parents.

4.1

**Parent/Guardian:**

Mother

**First Name:**

.

**Last Name:**

.

**This person is deceased.**

4.2

**Parent/Guardian:**

Father

**First Name:**

.

**Last Name:**

.

**This person is deceased.**

**Home Address**

**STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**

Aberdeen

**STATE:**

ID

**ZIP:**

83210

**COUNTRY:**

United States

**Mailing Address (if different)**

**STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**

Ahsahka

**STATE:**

ID

**ZIP:**

83520

**COUNTRY:**

United States

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**I am unable to obtain a phone number**

(111) 111 - 1111

(111) 111 - 1111

(111) 111 - 1111

**Email:**  
1111@lol.com

I am unable to obtain an email address

5. Siblings

List all living siblings. (This should include any half brothers or sisters, foster siblings, etc.)

I do not have any living siblings

5.1

**Relationship:**  
Brother

**First Name:**

**Last Name:**

**Date of Birth:**  
02/15/1999

**Home Address**

**STREET:**

**APT/UNIT:**

N/A

**CITY:**  
Seattle

**STATE:**  
WA

**ZIP:**  
98101

**COUNTRY:**  
United States

**Mailing Address (if different)**

**STREET:**

**APT/UNIT:**

N/A

N/A

**CITY:**  
N/A

**STATE:**  
N/A

**ZIP:**  
N/A

**COUNTRY:**  
United States

**Is this sibling a minor?** No

**Home Phone:**  
(111) 111 - 1111

**Work Phone:**  
(111) 111 - 1111

**Cell Phone:**  
(111) 111 - 1111

I am unable to obtain a phone number

**Email:**  
N/A

I am unable to obtain an email address

6. Children

List all living children. (This includes biological, adopted, foster care, and step children.) If the custodial parent/guardian is someone other than you, please indicate where appropriate.

I do not have any living children

6.1

**Relationship:**  
Son

**First Name:**

**Last Name:**

**Date of Birth:**  
02/11/2015

**Custodial Guardian (if different):**

**Is this child a minor?** Yes

**Does the child reside with you?** No

**Name of person child resides with**

**Home Address**

**STREET:**

**APT/UNIT:**

N/A

**CITY:**  
Indianapolis

**STATE:**  
IN

**ZIP:**  
46077

**COUNTRY:**  
United States

## 7. References

List people who know you well. This includes your friends, friends of the family, schoolmates, etc. DO NOT include relatives, supervisors, co-workers, landlords, or former roommates. (You provide information on these reference types elsewhere in this questionnaire.)

**IMPORTANT:** You are required to enter at least 3 personal references. (Some agencies require seven or more references). Be sure to check with the agency to which you are applying to ensure their requirements are met.

**CONTACT INFO:** The references you list in this section will be contacted by your investigator. Include an email and phone number for every reference listed.

7.1

**First Name:**

.

**Last Name:**

.

**Relation:**

Social Friend

**Home Address**

**STREET:**

.

.

**APT/UNIT:**

.

**CITY:**  
stockton

**STATE:**  
CA

**ZIP:**  
95203

**COUNTRY:**  
United States

**Work Address**

**STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**  
Lathrop

**STATE:**  
CA

**ZIP:**  
95330

**COUNTRY:**  
United States

**Home Phone:**  
(111) 111 - 1111

**Work Phone:**  
(111) 111 - 1111

**Cell Phone:**  
(111) 111 - 1111

**Email:**  
1111@lol.com

**How do you know this person?**

work

**How long have you known this person?**

**Years**  
0

**Months**  
0

7.2

**First Name:**

.

**Last Name:**

.

**Relation:**

Family Friend

**Home Address**

**STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**  
Gilbertown

**STATE:**  
AL

**ZIP:**  
36908

**COUNTRY:**  
United States

**Work Address**

**STREET:**

.

**APT/UNIT:**

.		N/A	
<b>CITY:</b> Pennington	<b>STATE:</b> AL	<b>ZIP:</b> 36916	<b>COUNTRY:</b> United States
<b>Home Phone:</b> (111) 111 - 1111	<b>Work Phone:</b> (111) 111 - 1111	<b>Cell Phone:</b> (111) 111 - 1111	
<b>Email:</b> 1111@lol.com			
<b>How do you know this person?</b> Work			
<b>How long have you known this person?</b>		<b>Years</b> 5	<b>Months</b> 2
7.3			
<b>First Name:</b> .		<b>Last Name:</b> .	
<b>Relation:</b> Schoolmate			
<b>Home Address</b>			
<b>STREET:</b> . .		<b>APT/UNIT:</b> N/A	
<b>CITY:</b> york	<b>STATE:</b> AL	<b>ZIP:</b> 36925	<b>COUNTRY:</b> United States
<b>Work Address</b>			
<b>STREET:</b> . .		<b>APT/UNIT:</b> N/A	
<b>CITY:</b> York	<b>STATE:</b> AL	<b>ZIP:</b> 36925	<b>COUNTRY:</b> United States
<b>Home Phone:</b> (111) 111 - 1111	<b>Work Phone:</b> (111) 111 - 1111	<b>Cell Phone:</b> (111) 111 - 1111	
<b>Email:</b> 1111@lol.com			
<b>How do you know this person?</b> Childhood			
<b>How long have you known this person?</b>		<b>Years</b> 27	<b>Months</b> 2

### SECTION 3: Education

#### Requirements

Enter all educational schools attended. You may be required to provide transcripts (or other proof) to support your claim of attendance.

#### 1. High School Education Certification Type

- High School Diploma**
- GED**
- High School Proficiency Exam**

#### 2. High School

List all High Schools (or equivalent) attended

**Did you attend any high schools? Yes**

2.1

**Currently Enrolled**

**Name of High School:**

**Start Date:**

**End Date:**

.

02/2003

08/2011

**CITY:**

Waskom

**STATE:**

TX

**COUNTRY:**

United States

**Did you graduate from this school? No**

2.2

**Currently Enrolled**

**Name of High School:**

**Start Date:**

**End Date:**

.

08/2011

05/2013

**CITY:**

White Oak

**STATE:**

TX

**COUNTRY:**

United States

**Did you graduate from this school? Yes**

### 3. Colleges, Universities, Vocational, etc.

List all schools attended including: colleges, universities, online schools, vocational schools, trade schools, etc.

**Did you attend any schools after high school? Yes**

3.1

**Are you currently enrolled? Yes**

**Name of School**

**Start Date:**

**End Date:**

**I only  
attended online**

.

08/2013

N/A

**Type of School**

Junior College

**STREET:**

**APT/UNIT:**

.

N/A

.

**CITY:**

Marshall

**STATE:**

TX

**ZIP:**

75671

**COUNTRY:**

United States

**Degree Earned**

Associate Degree

**Major/Area of Study:**

Gen

**Units / Hours**

**Completed:**

123

### 4. Basic Course / Police Academy

Regular, Specialized Investigators, Reserve, Dispatcher, Arrest/Firearms

**Have you ever attended a Basic Course or Police Academy? Yes**

4.1

**Currently Enrolled**

**Name of Course / Academy:**

**Start date:**

**End date:**

.

02/2018

08/2019

**CITY:**

Gilmer

**STATE:**

TX

**COUNTRY:**

United States

**Name of Training Officer or Coordinator:**

.

**Email:**

**Contact Number:**

1111@lol.com

(111) 111 - 1111

I am unable to obtain an email address

I am unable to obtain a phone number

Did you pass/graduate? Yes

### 5. School Disciplinary Action

Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or basic course/academy? Yes

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

.

## SECTION 4: Residence History

### Residence History

List all places you have resided during your lifetime, starting with the most recent.

Provide a complete address for each entry (include "Street", "Drive", etc, and any unit or apartment numbers).

DO NOT USE PO BOXES OR UPS OFFICES. Include any military bases you were stationed at.

### Primary Residence

<b>From:</b> 02/2017	<b>To:</b> PRESENT	<b>Own or rent at this address?</b> Rent
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**Type of dwelling**  
Apartment

**Current address**

**STREET:**

.

**APT/UNIT:**

N/A

**CITY:**

Fort Worth

**STATE:**

TX

**ZIP:**

76107

**COUNTRY:**

United States

Owner, Landlord, or Rent-Collector. You have indicated you do not own this property. Please provide the contact information of the person that owns the property, or to whom you pay your rent. (This can be the owner, property manager, etc. )

Company Name or Contact Name:

.

**Phone Number:**

(111) 111 - 1111

**Email Address:**

111@lol.com

I am unable to obtain a phone number

I am unable to obtain an email address

**Owner Address:**

**STREET:**

.

**APT/UNIT:**

N/A

**CITY:**

Tracy

**STATE:**

CA

**ZIP:**

95377

**COUNTRY:**

United States

Do you live with any non-family members at this address? Yes

### Housemates

List the names and contact information of any adult, non-family members who lived with you at this address. (Do not include children, parents, or siblings).

**Housemate First Name:**

**Housemate Last Name:**

**Phone Number:**

(111) 111 - 1111

 I am unable to obtain a phone number**Email Address:**

1111@lol.com

 I am unable to obtain an email address**Nature of Relationship (e.g. Relative, Landlord, Friend, etc.):****2. Former Addresses**

List all former residences

**Have you lived at other addresses before your current address?** Yes

2.1

**Former Residence****From:**

02/2003

**To:**

02/2004

**Did you own or rent at this address?**

Rent

**Type of dwelling**

Townhouse

**Former address****STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**

Hartford

**STATE:**

CT

**ZIP:**

06150

**COUNTRY:**

United States

**Owner, Landlord, or Rent-Collector. You have indicated you do not own this property. Please provide the contact information of the person that owns the property, or to whom you pay your rent. (This can be the owner, property manager, etc. )****Company Name or Contact Name:**

.

**Phone Number:**

(111) 111 - 1111

 I am unable to obtain a phone number**Email Address:**

N/A

 I am unable to obtain an email address**Owner Address:****STREET:**

.

.

**APT/UNIT:**

N/A

**CITY:**

Norwalk

**STATE:**

CT

**ZIP:**

06860

**COUNTRY:**

United States

**Did you live with any non-family members at this address?** Yes**Housemates**

List the names and contact information of any adult, non-family members who lived with you at this address. (Do not include children, parents, or siblings).

**Housemate First Name:**

.

**Housemate Last Name:**

.

**Phone Number:**

(111) 111 - 1111

 I am unable to obtain a phone number**Email Address:**

1111@lol.com

 I am unable to obtain an email address**Nature of Relationship (e.g. Relative, Landlord, Friend, etc.):**

.

Reason for moving

.

Were you evicted or asked to leave this residence? Yes

Please explain when, where, and the details of why

.

Did you leave this residence owing rent, utility, or other household related expenses? Yes

Please explain when, where, and the details of why

.

## SECTION 5: Experience and Employment

### 1. Employment

List all work Experience, including any full-time, part-time, temporary, or volunteer work.

Any applicable military experience/assignments should be entered in Section 6.

Have you ever worked in a public safety position? Yes

Was it a sworn position? Yes

Are you a lateral applicant? Yes

Have you ever had a job? (This includes ANY job experience with ANY employer.) Yes

List all employers or work experience, beginning with the most recent.

1.1

Are you currently employed here? Yes

Employer Name:

.

From:

04/2013

To:

PRESENT

Employer Address

STREET:

.

.

APT/UNIT:

N/A

CITY:

Irvine

STATE:

CA

ZIP:

92614

COUNTRY:

United States

Please provide some details about your experience for this employer.

What was your job title?

.

Work Classification

Full-time

Work Relationship

Employee

Please describe your duties and/or responsibilities:

.

Supervisor. Please enter the contact information of the business owner or supervisor to whom you reported.

First Name:

.

Last Name:

.

Job Title/Rank:

.

Contact Number:

(111) 111 - 1111

Ext:

111

Email:

1111@lol.com

I am unable to obtain a phone number

I am unable to obtain an email address

Reason for leaving:

1

Can we contact this employer? No

Please explain why we should not contact this employer:

1

Co-workers. Add the names of any coworkers at this job, not including the owner or supervisor you have may have listed above.

Do you have co-workers to list for this job? Yes

First Name:

Last Name:

Phone:

N/A

I am unable to obtain a phone number

Email:

N/A

I am unable to obtain an email address

First Name:

Last Name:

Phone:

N/A

I am unable to obtain a phone number

Email:

1111@lol.com

I am unable to obtain an email address

First Name:

1

Last Name:

1

Phone:

(111) 111 - 1111

I am unable to obtain a phone number

Email:

1111@lol.com

I am unable to obtain an email address

1.2

Are you currently employed here? No

Employer Name:

.

From:

01/2011

To:

05/2013

Employer Address

STREET:

.

.

APT/UNIT:

.

CITY:

Arlington

STATE:

WA

ZIP:

98223

COUNTRY:

United States

Please provide some details about your experience for this employer.

What was your job title?

.

Work Classification

Full-time

Work Relationship

Employee

Please describe your duties and/or responsibilities:

.

Supervisor. Please enter the contact information of the business owner or supervisor to whom you reported.

First Name:

.

Last Name:

.

Job Title/Rank:

.

Contact Number:

(111) 111 - 1111

Ext:

N/A

Email:

1111@lol.com

I am unable to obtain a phone number

I am unable to obtain an email address

Reason for leaving:

.

Can we contact this employer? Yes

Co-workers. Add the names of any coworkers at this job, not including the owner or supervisor you have may have listed above.

Do you have co-workers to list for this job? Yes

First Name:

Last Name:

Phone:

I am unable to obtain

(111) 111 - 1111

a phone number

Email:  
1111@lol.com

I am unable to obtain  
an email address

**3. Disciplinary Actions**

**Have you ever been disciplined at work (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions)?** Yes

**Please Explain**

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

**Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?** Yes

**Please Explain**

**Have you ever quit without giving notice?** No

**Have you ever resigned in lieu of termination?** No

**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?** No

**Were you ever the subject of a written complaint at work?** No

**Did you ever receive an unsatisfactory performance review?** No

**Have you ever sold, released, or given away legally confidential information?** No

**Have you ever been counseled at work due to lateness or absences?** Yes

**Please Explain**

**Have you ever called in sick when you were neither sick nor caring for a sick family member?** No

**4. Enter any other circumstances where you were disciplined at work not mentioned above.**

4.1

**When:**  
10/2011

**Where:**

**Circumstances:**

4.2

**When:**  
03/2012

**Where:**

**Circumstances:**

**Performance**

**5. Have you ever missed days or been late to work due to drug or alcohol consumption?** Yes

**How often?**

5

**6. Has your work performance ever been affected by your use of alcohol or drugs?** Yes

**When?**  
05/2011

**Name of Employer**

**7. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?** Yes

**When?**

**Name of Employer**

## Law Enforcement Agencies

Add any law enforcement agencies you have applied to, regardless of the outcome.

**8. Have you ever applied to any other law enforcement agencies? Yes**

8.1

**Name of agency:**

Tulare County Sheriffs Department

**Address:**833 S Akers St  
Visalia, CA, 93277, US**Position:**

.

**Date applied:**

2019-02-01

**Investigator's name:**

.

**Contact number:**

(111) 111 - 1111

**Email:**

1111@lol.com

**Completed steps in the application process**

<b>Filed Application</b>	Yes	<b>Pending</b>	No
<b>Written Exam</b>	Yes	<b>Eligibility List</b>	No
<b>Physical Ability</b>	Yes	<b>Under Investigation</b>	No
<b>Oral Interview</b>	No	<b>Hired</b>	No
<b>Polygraph/csva</b>	No	<b>Rejected</b>	Yes
<b>Background Investigation</b>	No	<b>Withdrawn</b>	No
<b>Chief/sheriff Interview</b>	No	<b>Expired</b>	No
<b>Conditional Job Offer</b>	No	<b>Other</b>	No

8.2

**Name of agency:**

Broadmoor Police Department

**Address:**388 88th St  
Broadmoor, CA, 94015, US**Position:**

.

**Date applied:**

2014-04-01

**Investigator's name:**

.

**Contact number:**

(111) 111 - 1111

**Email:**

1111@lol.com

**Completed steps in the application process**

<b>Filed Application</b>	Yes	<b>Pending</b>	No
<b>Written Exam</b>	Yes	<b>Eligibility List</b>	No
<b>Physical Ability</b>	Yes	<b>Under Investigation</b>	No
<b>Oral Interview</b>	Yes	<b>Hired</b>	No
<b>Polygraph/csva</b>	Yes	<b>Rejected</b>	No
<b>Background Investigation</b>	No	<b>Withdrawn</b>	Yes
<b>Chief/sheriff Interview</b>	No	<b>Expired</b>	No
<b>Conditional Job Offer</b>	No	<b>Other</b>	No

8.3

**Name of agency:**

Albany Police Department

**Address:**102 S Main St  
Albany, IL, 61230, US**Position:**

.

**Date applied:**

2019-04-01

**Investigator's name:**

.

**Contact number:**

(111) 111 - 1111

**Email:**

1111@lol.com

**Completed steps in the application process**

<b>Filed Application</b>	Yes	<b>Pending</b>	Yes
<b>Written Exam</b>	Yes	<b>Eligibility List</b>	No
<b>Physical Ability</b>	Yes	<b>Under Investigation</b>	No
<b>Oral Interview</b>	Yes	<b>Hired</b>	No
<b>Polygraph/csva</b>	No	<b>Rejected</b>	No
<b>Background Investigation</b>	No	<b>Withdrawn</b>	No
<b>Chief/sheriff Interview</b>	No	<b>Expired</b>	No
<b>Conditional Job Offer</b>	No	<b>Other</b>	No

## SECTION 6: Military Experience

1. Are you required to register for the Selective Service? Yes

Are you registered? Yes

Enter Selective Service ID# (Don't have it? [Find it here](#))

I am unable to obtain my selective service ID number

2. Are you now, or have you ever been, in ANY branch of the military? Yes

Branch of service

2.1

Select branch of service

Army National Guard

Are you actively serving? No

From:

02/2003

To:

08/2019

Type of Discharge

Honorable

Re-Entry Code

Duty and Assignments

List any locations of deployments, reserve duty, or assignments.

Are you currently serving here? No

Name of Unit:

.

From:

02/2003

To:

08/2019

Unit Address

STREET:

.

.

APT/UNIT:

N/A

CITY:

Lathrop

STATE:

CA

ZIP:

95330

COUNTRY:

United States

Please provide some details about your experience at this location.

What was your job title and/or rank?

.

Work Classification

Full-time

Work Relationship

Other

Your option:

Please describe your duties and/or responsibilities:

.

Supervisor. Please enter the contact information of the supervisor to whom you reported

First Name:

.

Last Name:

.

Rank:

.

Contact Number:

(111) 111 - 1111

Ext:

N/A

Email:

N/A

I am unable to obtain a phone number

I am unable to obtain an email address

Reason for leaving:

.

Can we contact this supervisor? Yes

Co-workers. Add the names of any coworkers at this job, not including the owner or supervisor you have may have listed above.

Do you have co-workers to list for this job? Yes

First Name:

Last Name:

Phone:

I am unable to obtain

(111) 111 - 1111

a phone number

**Email:**

1111@lol.com

I am unable to obtain an email address

**3. Have you ever been the subject of any judicial, non-judicial, or Article 15 disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?** Yes

**Please explain:**

.

**4. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?**

No

**5. Have you ever taken military property without permission for personal use, to sell, or to give away?**

Yes

**Please explain:**

.

## SECTION 7: Financial

### 1. Expenses

Enter all monthly expenses by adding them individually. This should include expenses such as rent, mortgage, utilities, car payments, gas, entertainment, or any other financial obligations you may have. (Estimate and round to nearest dollar where applicable).

No items added

### 2. LIABILITIES / DEBT

Enter all sources of debt and the total amount owed for each. Round each amount to the nearest dollar. (Include home loans, car loans, credit cards, school loans, etc.)

No items added

### 3. History

**3.1. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?** Yes

**Please explain:**

.

**3.2. Have any of your bills ever been turned over to a collection agency?** Yes

**Please explain:**

.

**3.3. Have you ever had purchased goods repossessed?** No

**3.4. Have your wages ever been garnished?** Yes

**Please explain:**

.

**3.5. Have you ever been delinquent on income or other tax payments?** No

**3.6. Have you ever failed to file income tax or cheated/lie on an income tax form?** No

**3.7. Have you ever had an employment bond refused?** No

**3.8. Have you ever avoided paying any lawful debt by moving away?** Yes

**Please explain:**

.

**3.9. Have you ever defaulted on (failed to pay) a loan?** Yes

**Please explain:**

.

**3.10. Have you ever borrowed money to pay for a gambling debt?** Yes

Please explain:

Do you currently have any outstanding debts as a result of gambling? No

3.11. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes

Please explain:

3.12. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes

Please explain:

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

## SECTION 8: Legal

### Disclosure of Arrests, Convictions, or Unlawful Acts

Report any convictions, arrests, detentions, and unlawful acts. This includes any acts, cases, or offenses that may have been pardoned or did not result in an arrest.

**Omitting or providing false information may result in the termination of your application process.**

#### 1. ARRESTS / CONVICTIONS

1.1. Have you ever been convicted of (and, for criminal justice agency applicants, detained by law enforcement for investigation, promise to appear, notice to appear, arrested, indicted, or charged with) any misdemeanor or felony offense in or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes

Use the "Add Arrest / Conviction" button to add all arrests or convictions to this section. Include the charge and use the text area to provide details for this incident.

1.1

**Charge:**

Drug Possession

**Classification:**

Felony

**Arresting or Detaining Agency:**

.

**Date:**

02/2015

**Deposition or Penalty**

.

1.2

**Charge:**

Assault / Battery

**Classification:**

Misdemeanor

**Arresting or Detaining Agency:**

San Joaquin County

**Date:**

02/2015

**Deposition or Penalty**

.

1.2. Have you ever been placed on court probation? No

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

1.3.1

**Court Case or Document Number:**

.

**Date:**

02/1999

**Circumstances:**

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

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

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

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

1.8. 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? No

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

1.10. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? No

1.11. Have you ever filed a false insurance or workers' compensation claim? No

1.12. Add any additional incidents/infractions you committed that are not specified above using the "Add Incident" button below:

No items added

## 2. INCIDENTS / INFRACTIONS

Answer all questions below and provide an explanation when prompted.

2.1. Animal abuse and/or neglect: Yes

2.1

Please explain:

Crime:

Individuals Involved:

Date of Incident:

02/2015

Resolution:

2.2. Annoying, obscene, or harassing contacts by telephone or other electronic communication device: No

2.3. Battery (use of force or violence upon another): No

2.4. Brandishing a weapon (any type of weapon): No

2.5. Carrying a concealed weapon without a permit: No

2.6. Contributing to the delinquency of a minor: Yes

2.1

Please explain:

Crime:

Individuals Involved:

Date of Incident:

02/2001

Resolution:

2.7. Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.): No

2.8. Driving under the influence of alcohol and/or drugs: No

2.9. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself): No

2.10. Filing a false police report: No

2.11. Hit & run collision (no injuries): Yes

2.1

**Please explain:**

**Crime:**

**Individuals Involved:**

**Date of Incident:**

06/2017

**Resolution:**

**2.12. Illegal gambling:** No

**2.13. Illegal hunting and/or fishing (for example, without a license, out of season):** No

**2.14. Impersonating a peace officer (pretending to be a police officer):** No

**2.15. Indecent exposure and/or lewd or obscene conduct:** No

**2.16. Intentionally writing a bad check:** Yes

2.1

**Please explain:**

**Crime:**

**Individuals Involved:**

**Date of Incident:**

05/2019

**Resolution:**

**2.17. Joyriding (using a car or other vehicle without owner's permission):** Yes

2.1

**Please explain:**

**Crime:**

**Individuals Involved:**

**Date of Incident:**

02/2015

**Resolution:**

**2.18. Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy):** No

**2.19. Petty theft (including shoplifting/switching price tags):** No

**2.20. Possession of alcohol as a minor:** Yes

2.1

**Please explain:**

**Crime:**

**Individuals Involved:**

**Date of Incident:**

09/2010

**Resolution:**

**2.21. Possession of falsified or altered identification, including use of another person's ID (for any reason):** No

**2.22. Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.):** No

**2.23. Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors):** No

**2.24. Reckless driving:** No

**2.25. Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police):** No

**2.26. Trespassing:** No

**2.27. Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage):** No

2.28. While working (i.e. on duty), have you ever engaged in sexual intercourse or the unwarranted touching of the intimate body parts of another person? (NOTE: Do not include lawful contact such as pat searches in law enforcement duties and/or training.) No

2.29. While working (i.e. on duty), have you ever sent photographs of yourself or others, showing nudity or depicting sexual acts, to co-workers or other persons without prior authorization and/or consent? (NOTE: Do not include lawful exchange of investigative content and/or evidence pursuant to official law enforcement investigations.) No

2.30. Any other act amounting to a misdemeanor: No

2.31. Add any additional incidents/infractions you committed that are not specified above using the "Add Incident" button below.

2.31.1

Please explain:

Crime:

Individuals Involved:

Date of Incident:

02/2001

Resolution:

### 3. UNLAWFUL ACTS

Answer all questions below indicating any unlawful acts you have committed, regardless if an arrest or conviction was made.

3.1. Arson (intentionally destroying property by setting a fire): Yes

3.1

Please explain:

Crime:

Individuals Involved:

Date of Incident:

02/2015

Resolution:

3.2. Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death): No

3.3. Blackmail or extortion: No

3.4. Burglary (entering a structure or vehicle to commit theft or other crime): No

3.5. Child molestation (performing unlawful acts with a child, inappropriate touching of a child): No

3.6. Elder abuse and/or neglect (physical and/or financial): No

3.7. Embezzlement (theft of money or other valuables entrusted to you): No

3.8. Felony drunk driving (involving injuries): No

3.9. Forcible rape: No

3.10. Forgery (falsifying any type of document, check certificate, license, currency, etc.): No

3.11. Fraudulent use of a credit, ATM, debit, and/or check card: No

3.12. Grand theft (value of over \$950, or any firearm): No

3.13. Hit & run (with injuries): No

3.14. Hate crime: No

3.15. Illegal sex acts: No

3.16. Insurance fraud: No

3.17. Murder, homicide, or attempted murder: No

3.18. Perjury (lying under oath): No

**3.19. Possession of an explosive/destructive device:** No

**3.20. Robbery (theft from another person using a weapon, force, or fear):** No

**3.21. Stalking:** Yes

3.1

**Please explain:**

**Crime:**

**Individuals Involved:**

**Date of Incident:**

05/2019

**Resolution:**

**3.22. Theft of a vehicle and/or vehicle parts:** No

**3.23. Viewing and/or possessing child pornography:** No

**3.24. Is there anything posted on the internet (websites, blogs, social media sites, etc.) that depicts you in an unlawful act, or might discredit the city or agency to which you are applying if hired? (This includes articles, images, videos, etc.)** Yes

3.1

**Please explain:**

**Date of Incident:**

02/2007

**Resolution:**

**3.25. Have you ever been refused a permit to carry a concealed weapon?** No

**3.26. 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?** No

**3.27. Have you ever hit or physically overpowered a spouse or romantic partner?** Yes

3.1

**Please explain:**

**Date of Incident:**

02/2015

**Resolution:**

**3.28. Since the age of 15, Have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?** No

**3.29. 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?** No

**3.30. Add any additional unlawful acts you committed that are not specified above using the "Add Incident" button below.**

3.30.1

**Crime:**

**Individuals Involved:**

**Date:**

07/2012

**Explain:**

#### 4. ILLEGAL DRUG USE

Refer to the list below of substances as the reference for all questions regarding unauthorized or illegal use of drugs.

Your responses should include - but not be limited to - your use of any of the following:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana (with or without a prescription)
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)
- Glue, paint, or any substance containing toluene

**4.1. Have you ever used any of the above substances? Yes**

**Click the "Add Drug" button to add all substances taken along with details such as frequency and the last time you used it.**

4.1.1

**Drug / Substance:**

.

**Frequency:**

Occasionally

**Date first taken:**

02/2003

**Date last taken:**

02/2004

**Explain Circumstances (place of use, approximate number of times used, etc.)**

.

4.1.2

**Drug / Substance:**

.

**Frequency:**

Regularly

**Date first taken:**

02/2003

**Date last taken:**

02/2013

**Explain Circumstances (place of use, approximate number of times used, etc.)**

.

**4.2. Have you EVER engaged in selling, manufacturing, purchasing, furnishing, cultivating, carrying or holding for another ANY illegal substances, including marijuana, or any other drugs you were not professionally prescribed? Yes**

**Check the boxes next to any circumstances that apply to you. Use the "Add Activity" button to add the details and date for each circumstance.**

**Sold**

**Manufactured**

**Purchased**

**Furnished**

**Cultivated**

**Carried or Held for Another**

4.2.1

**Activity:**

.

**Date from:**

02/2003

**Date to:**

08/2019

**Explain Circumstances**

.

**4.3. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes**

**Please, explain:**

.

## SECTION 9: Motor Vehicle Information

1. Have you ever been refused a license by any state? Yes

1.1

IF YES, explain (include when, where, and circumstances)

.

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

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

3.1

<b>Type of coverage</b> Insured	<b>Vehicle Make</b> .	<b>Year</b> 2014	<b>Vehicle License #</b> 1111111
<b>Insurance Company</b> .	<b>Policy #</b> 123456	<b>Phone</b> (111) 111 - 1111	<b>Expiration</b> 03/2023
<b>STREET:</b> .			
<b>CITY:</b> Madera	<b>STATE:</b> CA	<b>ZIP:</b> 93638	<b>COUNTRY:</b> United States

4. List all traffic citations or warnings, excluding parking citations, you have received within the past 10 years

4.1

**Nature of Violation**

Speeding

**Location**

**STREET:**

.

**CITY:**

.

**STATE:**

WY

**Date of Violation**

09/2016

**Action Taken**

Not Guilty  Warning  Fined  Traffic School  Dismissed

4.2

**Nature of Violation**

Wet and Wreckless

**Location**

**STREET:**

.

**CITY:**

.

**STATE:**

WI

**Date of Violation**

09/2018

**Action Taken**

Not Guilty  Warning  Fined  Traffic School  Dismissed

5. Has a traffic citation ever resulted in a warrant, or caused your driver's license to be withheld, due to your failure to appear, complete traffic school, or pay the required fine? No

6. Have you been involved as the driver in a motor vehicle accident within the past seven years? No

7. Have you ever driven a vehicle without auto insurance, as required by law? Yes

7.1

**From**  
02/2013

**To**  
03/2013

**Explain**

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

**SECTION 10: Miscellaneous**

Information

Answer any additional questions provided below.

1. INTERNATIONAL TRAVEL

**Have you traveled to any countries within the past 10 years?** Yes

**List any trips to other countries you have visited within the past 10 years by using the "Add Trip" button below.**

1.1

<b>Country</b>	<b>Departure date</b>	<b>Return date</b>
<b>COUNTRY:</b> Turks and Caicos Islands	02/10/2019	02/19/2019
<b>Reason for travel</b>		

2. ADDITIONAL INFORMATION

Use the text area below to provide any additional information you would like included with your Personal History Questionnaire

**Additional Comments (Optional).**

**SECTION 11: CERTIFICATION**

<b>Full Name:</b> John Chase	<b>Date:</b> 12/26/2019
---------------------------------	----------------------------

**Signature:**