

FRUITA POLICE DEPARTMENT

Personal History Form for Police Officer Applicants

Personal										
Full Legal Name	Last			First	First		Mi	Middle		
Sex	Heigh	t	Weight	Hair		Eyes	So	cial Security	Number	
Driver's Licens	e No.	State	Expiration Date	U.S. Citiz	zen	Naturalized Citiz	zen Lea	gal Alien	Date Ap	pplied for Citizenship
Date of Birth			Place of Birth (Ci		te, and C				•	
List All Names	(Aliases an	l Nickname	es) You Have Used O	r Have Been Kr	nown By	(Include Maiden	Name)			
Last]	First		Middle	2		Year(s) Us	sed	
List and Descri	be All Tatto	os and Whe	ere They Are Located							
List the Current	t Address W	here You P	hysically Reside (Not	t a Mailing Add	lress)					
Number, Street	, and Apt. N	0.			City	у		State		Zip Code
Name of the C	ounty Wher	e You Resid					How Long	g Have You R	Resided Th	here?
			□ Rent	□ Own □	Parent	□ Other	Years: Months:			
List Your Residence and Work Phone Numbers (Include Area Codes and Extensions, If Applicable) Residence (Area				esidence (Area (Code)		Work (Are	/ork (Area Code)		
Pager			nger or Beeper (er or Beeper (Area Code) Cell		Cellular Phone (Optional)				
List of Mailing	Addresses	f Unable to	Obtain Mail at Your	Residence						
Mailing Addres	S			(City			State	Zi	p Code

Marital Status								
	Single Married Widowed				Separated Annulled			
Full Name of Spouse	Name of Spouse Maiden Name			Other Nam	nes Spouse Has Used	Date	of Birth	Age
Dete of Merrises		Diana af Marria an (C	Vitra Carrata	State and C				
Date of Marriage		Place of Marriage (C	ity, County,	State, and Co	ountry)			
~								
Spouse's Employer			Occupati	on or Position	n		How Long E	mployed
Current Address of Spouse, If N	ot Living With You	l	Home Pho	ne (Area Coo	de)	Work	Phone (Area Co	ode)
If Divorced, Widowed, or Had a Full Name of Former Spouse	n Annulment, Prov	Maiden Name	rmation	Other Nam	nes Spouse Has Used	Date	of Birth	Age
i un runne of i officer oppouse		ivial dell'i futtic		o uler r tull	les spouse mus oseu	Dute	or birth	1150
Date of Marriage		Place of Marriage (C	City, County,	State, and Co	ountry)			
			••••••		• /			
Former Spouse's Employer			Occupati	on or Positio	n		How Long E	mploved
					-			
Current Address of Former Spou	ise or Last Known	Adress	Home Pho	ne (Area Coo			Work Phone (A	rea Code)
Current Address of Former Spot	ise of Last Known	Address	11011ic 1 110	lie (Alea Cot	uc)		WORK I HOHE (AL	ica Couc)
Date Filed for Divorce	City, County, and	State of Divorce					Is Divorce Final	
	,,,,							
Full Name of Former Spouse		Maiden Name		Other Nam	nes Spouse Has Used		□ Yes □ N of Birth	o Age
i un runne of i officer spouse		ivial dell'i futtic		o uler r tull	les spouse mus oseu	Dute	or birth	1150
Date of Marriage		Place of Marriage (C	ity, County,	State, and Co	ountry)			
Former Spouse's Employer			Occupati	on or Position	n		How Long E	mployed
1 1 2								
Current Address of Former Spou	ise or Last Known	Address	Home Phone (Area Code)			Work Phone (Area Code)		
current ruuress of remote spec							(11	ieu coue)
Date Filed for Divorce	City, County, and	State of Divorce					Is Divorce Final	
							V N	
Have you ever been ordered by a	court to pay child su	ipport? □ Yes □ No	If yes, w	hat is or was	the monthly amount \$		□Yes □N	0
, , , , , , , , , , , , , , , , , , ,	1.5							
Have you ever been required to	pay alimony?	\Box Yes \Box No	If yes, wha	it is or was th	ne monthly amount \$			
Have you ever been delinquent in child support payment? Yes No								
If yes, please explain below.								
		П.	aidar	20				
			esidence		nt residence. When list	in a milita		a maaraat

city, state, and zip code. When listing addresses, include Street, Avenue, D number, where applicable.	rive, Court, North, South, East, or West. Include unit number	r or apartment				
Current Address	City, State, and Zip Code	Since (Month/Year)				
With Whom Do You Live		L				
If renting, give name of complete address, and phone number of person who	o collects the rent					
Address	City, State, and Zip Code	Since (Month/Year)				
With Whom Do You Live		L				
If rented, give name of complete address, and phone number of person who	collected the rent					
Reason for Moving						
Address	City, State, and Zip Code	Since (Month/Year)				
With Whom Do You Live		l				
If rented, give name of complete address, and phone number of person who	collected the rent					
Reason for Moving						
Address	City, State, and Zip Code	Since (Month/Year)				
With Whom Do You Live						
If rented, give name of complete address, and phone number of person who	collected the rent					
Reason for Moving						
Address	City, State, and Zip Code	Since (Month/Year)				
With Whom Do You Live						
If rented, give name of complete address, and phone number of person who	collected the rent					
Reason for Moving						
Experience	and Employment					
Beginning with your most current employment, list every job, including mil		employment part-				
time jobs, full-time jobs, temporary work, volunteer work, and internships. be complete and accurate. Zip codes are required. If you have periods of u	You must list all employment regardless of length of employment	nent. Addresses must				
be complete and accurate. Zip codes are required. If you have periods of u	nomproyment, list mose periods in sequence in the spaces spec	meany provided.				

Start with your most current employment.							
Do you object to our contacting your present employer(s) prior to your being accepted? If yes, please explain. Yes No							
Dates of Employment From To	Name of Employer			Work Phone	Work Phone (Area Code)		
Month/Year Month/Year	Complete Address						
///How long employed there?	Work Schedule (for example, M	onday through Fri	day, 9 to 5, etc.)				
Present Employment	Job Position or Title		□ Full-Time	□ Part-Time	Salary		
				□ Internship			
Describe Your Duties			Temporary				
Reason for Leaving (Be Specific)							
Supervisor's Name		Work or Home	Phone (Area Code))			
List Another Supervisor	Work or Home Phone (Area Code)						
List a Co-Worker Work or Home Phone (Area Code)							
□ Unemployed From	.:	To:					

	Experience and E	Employmen	nt (continue	d)	
Dates of Employment	Name of Employer	1 2	~	Work Phone	e (Area Code)
From To					
Month/Year Month/Year	Complete Address				
///	Work Schedule (for example, M	londay through Fr	riday 0 to 5 etc.)		
How long employed there?	work Schedule (for example, M	ionday unough Fi	ludy, 9 to 5, etc.)		
Present Employment	Job Position or Title		□ Full-Time	Part-Time	Salary
			Volunteer	Internship	
			Temporary	·····I	
Describe Your Duties					
Reason for Leaving (Be Specific)					
Reason for Leaving (Be Specific)					
Supervisor's Name		Work or Home	Phone (Area Code)		
List Another Supervisor		Work or Home	Phone (Area Code)		
List a Co-Worker		Work or Home	Phone (Area Code)		
□ Unemployed From	n:	To:			
Dates of Employment	Name of Employer			Work Phone	e (Area Code)
From To					
Month/Year Month/Year	Complete Address				
///					
How long employed there?	Work Schedule (for example, M	londay through Fr	riday, 9 to 5, etc.)		
Present Employment	Job Position or Title		□ Full-Time	□ Part-Time	Salary
r y y	500 T 05/10/10/17/10				Salary
			□ Volunteer	Internship	
Describe Your Duties			Temporary		
Deserver Four Duries					
Reason for Leaving (Be Specific)					
Supervisor's Name		Work or Homo	Phone (Area Code)		
Supervisor's Name	work of nome	Phone (Area Code)			
List Another Supervisor		Work or Home	Phone (Area Code)		
List a Co-Worker	List a Co-Worker Work or Home Phone (Area Code)				
Unamployed	n.	Tai			
Unemployed From		To:			
	Experience and E	Employmen	nt (continue		
Dates of Employment	Name of Employer			Work Phone	e (Area Code)

From To							
Month/Year Month/Year	Complete Address						
////							
How long employed there?	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)						
	Job Position or Title		□ Full-Time	□ Part-Time	Salary		
			X7.1 /	¥ , 1'			
				□ Internship			
			Temporary				
Describe Your Duties							
Reason for Leaving (Be Specific)							
a			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
Supervisor's Name		Work or Home	Phone (Area Code)				
List Another Supervisor		Work or Home	Phone (Area Code)				
List a Co-Worker		Work or Home	Phone (Area Code)				
□ Unemployed From	1:	10:					
Dates of Employment	Name of Employer			Work Phone	e (Area Code)		
From To							
Month/Year Month/Year	Complete Address						
////	Work Schedule (for example, M	fonday through Fr	iday, 9 to 5, etc.)				
How long employed there?			•••••				
	Job Position or Title		□ Full-Time	□ Part-Time	Salary		
				□ Internship			
			Temporary				
Describe Your Duties							
Reason for Leaving (Be Specific)							
Reason for Leaving (Be Specific)							
Summing 2 Name		Western Heren	Dhama (Ama Cada)				
Supervisor's Name		work of Home	Phone (Area Code)				
List Another Supervisor	Work or Home	Phone (Area Code)					
List a Co-Worker		Work or Home	Phone (Area Code)				
- Un annulated - Energy		Τ					
Unemployed From	1:	To:	• • • • • • • • • • • • • • • • • • • •				
	Experience and E	Employmer	nt (continue	d)			
Dates of Employment	Name of Employer		(e (Area Code)		
	- *						
From To Month/Year Month/Year	Complete Address			<u> </u>			
	I						

///					
How long employed there?	Work Schedule (for example, M	onday through Fr	iday, 9 to 5, etc.)		
			I		
	Job Position or Title		□ Full-Time	□ Part-Time	Salary
			□ Volunteer	□ Internship	
			Temporary		
Describe Your Duties					
Reason for Leaving (Be Specific)					
Sum and a Name		Western Henry	Dhama (Ama Cada	\ \	
Supervisor's Name		work or Home	Phone (Area Code	;)	
List Another Supervisor		Work or Home	Phone (Area Code	.)	
				,	
List a Co-Worker		Work or Home	Phone (Area Code	2)	
		т			
Unemployed From	u	10:			
Dates of Employment	Name of Employer			Work Phone	e (Area Code)
From To					
Month/Year Month/Year	Complete Address				
////					
How long employed there?	Work Schedule (for example, M	onday through Fr	iday, 9 to 5, etc.)		
	Job Position or Title		□ Full-Time	□ Part-Time	0.1
	Job Position of Title				Salary
				Internship	
			Temporary		
Describe Your Duties					
Reason for Leaving (Be Specific)					
Supervisor's Name	Work or Home	Phone (Area Code	;)		
List Another Supervisor		Work or Home	Phone (Area Code	:)	
List a Co-Worker		Work or Home	Phone (Area Code	:)	
□ Unemployed From	r	To:			
	•	10			

Experience and Employment (continued)							
Dates of	Employment	Name of Employer	Work Phone (Area Code)				
From	То						
Month/Year	Month/Year	Complete Address					
/	/						

How long employed there?	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)				
	Job Position or Title		□ Full-Time	□ Part-Time	Salary
			U Volunteer	□ Internship	
Describe Your Duties			□ Temporary		
Desende Four Duties					
Reason for Leaving (Be Specific)					
Supervisor's Name		Work or Home	Phone (Area Code	e)	
List Another Supervisor		Work or Home	Phone (Area Code	;)	
List a Co-Worker		Work or Home	Phone (Area Code	2)	
Unemployed From	Ľ	To:			
Dates of Employment	Name of Employer			Work Phone	e (Area Code)
From To Month/Year Month/Year	Complete Address				
	-				
//	Work Schedule (for example, M	onday through Fr	iday, 9 to 5, etc.)		
How long employed there?					
	Job Position or Title		□ Full-Time	□ Part-Time	Salary
			U Volunteer	□ Internship	
Describe Your Duties					
Describe Four Duties					
Reason for Leaving (Be Specific)					
Supervisor's Name		Work or Home	Phone (Area Code	e)	
List Another Supervisor		Work or Home	Phone (Area Code	e)	
List a Co-Worker		Work or Home	Phone (Area Code	e)	
		T			
□ Unemployed From		To:			

Experience and Employment (continued)							
Dates of Employment		Name of Employer	Work Phone (Area Code)				
From	То						
Month/Year	Month/Year	Complete Address					
/	/						
		Work Schedule (for example, Monday through Friday, 9 to 5, etc.)					

How long employed there?					
	Job Position or Title		□ Full-Time	□ Part-Time	Salary
			U Volunteer	□ Internship	
			Temporary	1	
Describe Your Duties					
Reason for Leaving (Be Specific)					
Reason for Leaving (Be Specific)					
Supervisor's Name		Work or Home	Phone (Area Code	e)	
List Another Supervisor		Work or Home	Phone (Area Code	e)	
List a Co-Worker		Work or Home	Phone (Area Code	e)	
□ Unemployed From	n:	To:			
Dates of Employment	Name of Employer			Work Phon	e (Area Code)
From To Month/Year Month/Year	Complete Address				
/ /					
How long employed there?	Work Schedule (for example, M	onday through Fr	iday, 9 to 5, etc.)		
	Job Position or Title		□ Full-Time	□ Part-Time	Salary
			Volunteer	\Box Internship	
			Temporary		
Describe Your Duties					
Reason for Leaving (Be Specific)					
Supervisor's Name		Work or Home	Phone (Area Code	e)	
List Another Supervisor		Work or Home	Phone (Area Code	e)	
List a Co-Worker		Work or Homo	Phone (Area Code	2)	
		WOIK OF HOILE	I none (Alea Code	~)	
□ Unemployed From		To:			

Experience and Employment (continued)							
Have you ever held employment und If yes, list the names used, the emplo	Have you ever held employment under another name? □ Yes □ No If yes, list the names used, the employer, and the dates of employment. □ No						
Name Used	Employer	From (Month/Year)	To (Month/Year)				
Hanna and hann tamping to d (Em							
	d) or asked to resign from a job or posi-						
If yes, start with most recent, and list at the end of this application.	t the following information, giving dete	ails. If more space is needed, please e	explain under the general information section				
Date	Employer						
Details							
Date	Employer						
Details	Employer						
Date	Employer						
Details							
Dete	England						
Date Details	Employer						
Have you over had any extended	rk absences for any reason other than 1	modical or correct vecetions? (I	af absonce suspensions loweffer etc.)				
If yes, list the dates, name of employ	er, and details.	medical of earned vacations? (Leave of	\Box Yes \Box No				
Date	Employer						
Details							

Experience and Employment (continued)						
Have you been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations?						
Date Employer	If yes, please provide the following information.					
Details and Results of Investigation						
Have you ever been suspended by an employer of <i>If yes, please explain.</i>	r received a formal written reprimand, verbal warni	ng, or verbal counseling?				
Date	Employer	Circumstances				
Date	Employer	Circumstances				
Date	Employer	Circumstances				
Date	Employer	Circumstances				
Date	Employer	Circumstances				
Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police).						
If yes, list dates employer/agency, rank, and dutie	s. Start with most recent.					
Date Employer/Agency		Rank				
Date Employer/Agency		Rank				
Date Employer/Agency		Rank				

Applications with Other Agencies Have you ever applied with any other law enforcement agency (city, county, state, or federal agencies)?

 \Box Yes \Box No

If yes, list EVERY agency you have applied with. Start with the most rece of the outcome or current status. Check all boxes that apply for each agen	nt. Give complete and accurate addresses. All agencies MUST be listed regardless			
Name of Agency	Date Applied			
Complete Address including Zip Code	Position			
□ Submitted Interest Card Only □ Submitted Application Only □ Too	k Written Test 🗆 Failed Written Test 🗆 Oral Interview Taken			
□ Failed Oral Interview □ Placed on Eligibility List □ Submitted Pers	onal History Statement 🛛 🗆 Background Investigation Conducted			
□ Background Pending □ Took Polygraph □ Disqualified □ Was N	ot Selected 🛛 Hired/Job Offer Made 🖓 Unknown Status			
\square No Response from Agency \square Withdrew Application or Declined \square	Other			
What was your background investigator's name and phone number?				
Name of Agency	Date Applied			
Complete Address including Zip Code	Position			
□ Submitted Interest Card Only □ Submitted Application Only □ Too	L k Written Test □ Failed Written Test □ Oral Interview Taken			
□ Failed Oral Interview □ Placed on Eligibility List □ Submitted Pers	onal History Statement 🛛 Background Investigation Conducted			
□ Background Pending □ Took Polygraph □ Disqualified □ Was N	ot Selected 🛛 Hired/Job Offer Made 🗆 Unknown Status			
□ No Response from Agency □ Withdrew Application or Declined □	Other			
What was your background investigator's name and phone number?				
Name of Agency	Date Applied			
Complete Address including Zip Code	Position			
□ Submitted Interest Card Only □ Submitted Application Only □ Too				
□ Failed Oral Interview □ Placed on Eligibility List □ Submitted Pers	onal History Statement 🛛 🗆 Background Investigation Conducted			
□ Background Pending □ Took Polygraph □ Disqualified □ Was N	ot Selected 🛛 Hired/Job Offer Made 🗆 Unknown Status			
\square No Response from Agency \square Withdrew Application or Declined \square	Other			
What was your background investigator's name and phone number?				
Name of Agency	Date Applied			
Complete Address including Zip Code	Position			
□ Submitted Interest Card Only □ Submitted Application Only □ Too	k Written Test 🗆 Failed Written Test 🗆 Oral Interview Taken			
□ Failed Oral Interview □ Placed on Eligibility List □ Submitted Pers	onal History Statement 🛛 🗆 Background Investigation Conducted			
□ Background Pending □ Took Polygraph □ Disqualified □ Was Not Selected □ Hired/Job Offer Made □ Unknown Status				
□ No Response from Agency □ Withdrew Application or Declined □ Other				
What was your background investigator's name and phone number?				
Military Service				
Did you comply with the draft registration law?	elective Service Number:			
Have you ever served in any of the Armed Forces, National Guard, or mili If yes, what is your current status with the military?	tary reserves? □ Yes □ No □ Reserves □ Inactive □ Discharged			
Branch of Service Unit/Occupation	Enlistment Date Discharge Date			

Service Number		Highest Rank Attained	Rank at Discharge		Type of Discharge
Separation Code		Re-enlistment Code	If active or current reser	ve, list your	commanding officer's name
Were you ever investiga If yes, please explain.	ated for any c	criminal activity while in the military o	or military reserves?		□ Yes □ No
reserves?	luced in pay g	grade or been the subject of any judicia	l or nonjudicial disciplinar	ry action whi	ile in the military, National Guard, or military Yes □ No
<i>If yes, please explain.</i> Approximate Date		Violation			Penalty
		violation			I charty
Did you receive an hon- If you received a dischar		rge? ın honorable, please explain.			□ Yes □ No
Starting with the most r	ecent list all	duty stations (include basic training, to	ours overseas, etc.) while it	n the military	V.
From (Month/Year		To (Month/Year)	Location		Duties/Purpose
)				

		Educa	tion					
The Commission on Peace Officer Stan your current status with this requirement			r to possess a	U.S. High S	chool Diploma or	its equiv	alent. F	Please indicate
□ I possess a high school diploma from	a U.S. institution.							
□ I possess a two-year college degree fi	rom an accredited	college.						
□ I possess a four-year college degree f	rom an accredited	college or university.						
□ I passed the GED test meeting the rec	quired scores.							
□ I passed the High School Proficiency	Examination.							
During the background investigation		ve known you in a learn	ning environr	nent will be	contacted. A re	view of y	our sch	nool records may
be made in conjunction with those co Name and Address of U.S. High Schoo	ls Attended and/or	Graduated	From (Mor	nth/Year)	To (Month/Ye	ear)	Did Yo	ou Graduate?
							□ Yes	□ No
							□ Yes	🗆 No
							□ Yes	□ No
Have you ever attended college? If yes, list all colleges and universities of	attended including	post graduate.			□ Yes	□ No		
Name of College or University	City and State			rom th/Year)	To (Month/Year)	Total U Earne		Type Degree Earned
					(
Have you ever attended a trade, vocation	nal or business so	hool?				Yes 🗆	No	
If yes, please provide the following info	ormation.							
Name of School (Include City a	ind State)	Type of School or	Training	Da	tes Attended		d You F ⊐ Yes	inish the Course? □ No
						1	⊐ Yes	🗆 No
							⊐ Yes	□ No
							⊐ Yes	
Have you ever been placed on academic If yes, explain in detail.	c probation, susper	nded, or expelled from a	ny high schoo	l, university	, or trade school?	□ Ye	es □l	No

		M	otor Veh	icle Operation	and	Insurance	
Have	you ever receiv	ed a traffic citation?					□ No
	n/Year	At all traffic citations for the last four years. Start with the most recent. Year Traffic Violation City and State What Action Resulted? (fined, traffic school attended, dismissed)					
I ist al	l vehicles that y	ou own and/or operate that	are registered t	0 2011			
Year	Make/Model	Color	Licens	e Number and State	Is ve	ehicle currently registered?	Is vehicle currently insured?
						□ Yes □ No	\Box Yes \Box No
						\Box Yes \Box No	□ Yes □ No
						\Box Yes \Box No	□ Yes □ No
						\Box Yes \Box No	□ Yes □ No
						\Box Yes \Box No	□ Yes □ No
		ers and owners of vehicles	be covered by a	automobile insurance. P		your insurance company or	companies.
Comp	any		Telephone N	Number (Area Code)	Poli	cy Number	Expiration Date
Have	vou ever been r	fused auto insurance for an	v reason?				Yes D No
	please explain.		,				
As a d	river, have you	ever been involved in an ac	cident where y	ou left the scene without	identify	ing yourself (hit and run)?	\Box Yes \Box No
If yes,	please explain.						

	Motor Vehicle Operation an	d Insurance (continued)
	a ever been involved in a motor vehicle accident? <i>the following information for the past four years.</i>	🗆 Yes 🗆 No
Date	City and State	
		Were you at fault?
		Was there a police report taken? □ Yes
Police Agency that T	ook Report	Did the accident cause injury to another person? □ Yes □ No Were you cited or arrested? □ Yes □ No
		We cycle for an except \square is a rescale
Date	City and State	
		Were you at fault? Yes Was there a police report taken? Yes
Police Agency that T	Sook Report	Was there a police report taken? □ Yes □ No Did the accident cause injury to another person? □ Yes □ No
r once rigency that r	ook Report	Were you cited or arrested? \Box Yes \Box No
		Was the accident a hit and run?
D. (
Date	City and State	Were you at fault?
		Was there a police report taken? \Box Yes \Box No
Police Agency that T	ook Report	Did the accident cause injury to another person? \Box Yes \Box No
		Were you cited or arrested?
		Was the accident a hit and run?
List other states whe	re you are, or have been, licensed to operate a motor vehicle.	
State	Name Under Which License Was Issued	License Number
	refused a driver's license by any state?	\Box Yes \Box No
If yes, please explain	Give state, dates, and reasons.	
	ed for, or obtained a driver's license or state identification card a <i>Give state, dates, and reasons.</i>	under a fictitious name?
1j yes, pieuse explain	. Give siale, dales, and reasons.	
	ense ever been suspended, revoked, or placed on negligent oper . (<i>Give state, dates, and reasons</i>).	ator's probation by any state, including California? Yes No
IJ yes, piease explain	. (Give sidie, dales, and reasons).	
1		

Motor Vehicle Operation and Insurance (continued)				
Have you ever faile	ed to appear in court on a traffic citation or parking collowing information.	citation?	\Box Yes \Box No	
Approximate Date		City/County/State	Reason You Failed to Appear	
	a warrant issued for you regarding a traffic citation	or parking citation?	□ Yes □ No	
If yes, provide the f Approximate Date	ollowing information. Traffic Violation	City/County/State	Penalty	
		Legal		
Have you ever been	n convicted of a felony?	Lugai	□ Yes □ No	
-	-			
	n convicted of a misdemeanor?		\Box Yes \Box No	
Have you ever been	n charged with a felony in which you were acquitte	d of the felony charge(s)?	\Box Yes \Box No	
	above, provide the following information. Start wi	th the most recent.		
Date	Charges	Police Agency	Penalty	
Explain circumstan	ces			
Date	Charges	Police Agency	Penalty	
Explain circumstan	ces			
Date	Charges	Police Agency	Penalty	
Explain circumstan	ces			

Legal	(continued)	۱
LUGal	commuca	,

		arged with a criminal act (not listed is, provide the following information.		
Date	Charges	Police Agency	Results	
Explain circumstances				
Date	Charges	Delice Ageney	Deputs	
Date	Charges	Police Agency	Results	
Explain circumstances				
Explain circumstances				
Either as an adult or a juveni	le, have you ever been detained for a	a criminal investigation, or named as	a suspect in a police report, or held on suspicion, or	
questioned, or fingerprinted	by any law enforcement agency or m	nilitary authority, even as a victim or	witness?	
If yes, provide the following	information.			
Date	Charges or Reason for In	nvestigation	Police Agency	
Explain Circumstances				
Date	Charges or Reason for In	nvestigation	Police Agency	
Date	Charges of Reason for h		Tonice Agency	
Explain Circumstances				
	sdemeanor citation in lieu of going to		□ Yes □ No	
		nforcement agency issuing the citatio	n.	

	Legal (continued)
Have you ever been placed on court probation?	\Box Yes \Box No

Are you currently on probation?	\Box Yes \Box No
If yes, to either question, explain below giving details, dates, and reason. If you were on probation more th	an once please indicate
Date Details	an once, pieuse maicule.
Have you ever violated probation?	□ Yes □ No
If yes, please explain below.	
Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal	matter?
If yes, please explain below.	
Have you ever been reported to a law enforcement agency as a missing person or runaway?	\Box Yes \Box No
Date Details	
Date	
Were you ever required to appear before a juvenile court for an act which would have been a crime if comm If yes, please explain below.	nitted as an adult?
Date Details	
Have you ever applied for a permit to carry a concealed weapon? If yes, please explain below.	□ Yes □ No
If yes, please explain below. Date Applied Was Permit Granted? Yes No	pon?
Name of the agency where applied (City, County, and State).	
For what purpose?	

OPTIONAL REFERENCES

Please list any individuals who are members of law enforcement agencies that you are acquainted with and who have knowledge of you and your qualifications. Address may be their residence or place of employment.

NAME/OCCUPATION/AGENCY	ADDRESS	PHONE
Name		
Agency		
NAME/OCCUPATION/AGENCY	ADDRESS	PHONE
Nama		
Name Agency		
NAME/OCCUPATION/AGENCY	ADDRESS	PHONE
Nama		
Name Agency		
	DRUG USE	
Have you ever experimented with or used any illegal drug	s or prescription drugs unlawfully? Yes	No
If yes, explain including time frame, year(s), type, extent:		
i yes, explain mendang tine name, year(s), type, extent.		

GENERAL INFORMATION		
Use this space for any additional information.		

I understand that any conditional job or appointment tendered to me will be contingent upon the results of a thorough background investigation. I further understand that during the application process and/or background investigation, I am required to report to the Fruita Police Department, any changes in my personal history covered in this Personal History Form, within five business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

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

Applicant's signature _____ Date _____

CITY OF FRUITA POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

PRE-EMPLOYMENT BACKGROUND WAIVER

I hereby authorize any representative of the Fruita Police Department bearing this release to obtain any information pertaining to my personal background and activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, and other sources of information. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal record information, medical/mental health, substance abuse, and credit history.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the City of Fruita Police Department to furnish such information as is described above, to third parties in the course of the City of Fruita Police Department fulfilling their official responsibilities with regard to my application for employment.

I hereby release you the institution or establishment you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

If a criminal records investigation reveals criminal charges without disposition, I will provide a court order or similar legal document which stipulates what disposition was made of the charge(s).

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

This form must be notarized.

Signed	Print Name	
Date	-	
Social Security Number		
State of Colorado, County		
Signed in the presence of		
Address		
Day of	20	
My commission expires	Notary Public	