

Background interview: Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

## LOS ANGELES POLICE DEPARTMENT

### Personal History Form for Police Officer Applicants

#### IMPORTANT INSTRUCTIONS

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

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

DOCUMENTS	Copy attached	N/A	Candidate will provide by (date)
Four color passport size photographs			
Valid motor vehicle operator's license			
Social Security card			
Certified copy of your birth certificate			
High school transcripts or diploma			
Proof of auto insurance for all vehicles that you operate			
Sealed college transcripts (For all institutions attended)			
Certified copy of marriage certificate(s)			
Military DD214			
Divorce decree(s)			
Certificate of Naturalization or Application for citizenship			
GED test score			
Selective Service number			
Bankruptcy records			
Civil suit records			
Name change records			
Copy of all police report(s) including traffic accident(s)			
DMV printout of driving history			
LAW ENFORCEMENT TRAINING RECORDS (if applicable)			

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

## IMPORTANT INSTRUCTIONS (continued)

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

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

I have read and understand the instructions provided.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Please allow a full day for this appointment. Business attire is recommended.



## LOS ANGELES POLICE DEPARTMENT

### Personal History Form for Police Officer Applicants

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

Personal							
Full legal Name	Last			First		Middle	
Sex	Height	Weight	Hair	Eyes	Social Security Number		
Driver's License No.	State	Expiration Date	U.S. Citizen <input type="checkbox"/>	Naturalized citizen <input type="checkbox"/>	Legal Alien <input type="checkbox"/>	Date applied for citizenship	
Date of Birth		Place of Birth (city, county, state, and country)					
List all names (aliases and nicknames) you have used or have been known by (include maiden name).							
Last		First		Middle		Year(s) Used	
List the current address where you physically reside (not a mailing address).							
Number, Street, and Apt. no.				City		State	Zip Code
Name of the County where you reside		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other			How long have you resided there?		
					Years:		Month:
List your residence and work phone numbers (include area codes and extension if applicable)		Residence (area code)			Work (area code)		
		Pager or beeper (area code)			Cellular phone (optional)		
List a mailing address if unable to obtain mail at your residence							
Mailing Address				City		State	Zip Code

## Family Members

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

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

## Marital Status

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

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

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

## Children

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

Name	Sex		Date of birth	Other Parent	Living with you	
	Male	Female			Yes	No

Have you ever been order by court to pay child support?     Yes     No    If yes, what is or was the monthly amount \_\_\_\_\_

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

Have you ever been delinquent in child support payments or alimony payments?     Yes     No

If yes, explain below.

## Residences

List all of your residences during last 7 years since age fifteen. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Include **unit number** or **apartment number**, where applicable.

Current address	City, state, and zip code	Since (month/year)
-----------------	---------------------------	--------------------

With whom do you live

If renting, give name, complete address, and phone number of person who collects the rent

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

With whom do you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

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

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

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

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

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

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

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

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

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

With whom did you live

If renting, give name, complete address, and phone number of person who collects the rent

Reason for moving

## Residences (continued)

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

## Cohabitants (roommates)

List those individuals with whom you have resided during the last ten years, excluding family members.

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



## Experience and Employment

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

Do you object to our contacting your present employer(s) prior to your being accepted?  
If yes, please explain

Yes       No


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

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

## Experience and Employment (continued)

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

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

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

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

## Experience and Employment (continued)

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

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

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

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

## Experience and Employment (continued)

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

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

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

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

## Experience and Employment (continued)

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

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

If yes, please provide the following information.

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

## Prior Los Angeles Police Department applications

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

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

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

Date applied	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

## Applications with other agencies

Have you **ever** applied for any other law enforcement agency (city, county, state, or federal agencies)?  Yes  No

If yes, list **EVERY** agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies **MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

What was your background investigator's name and phone number?

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

What was your background investigator's name and phone number?

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	

What was your background investigator's name and phone number?

## Applications with other agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
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Complete address including zip code	Position
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Name of agency	Date applied
Complete address including zip code	Position
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Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
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Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	
Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Fail written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took PAT <input type="checkbox"/> Failed PAT <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

## Military Service

Have you ever served in any of the Armed Forces, National Guard, or military reserves?  Yes  No

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

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

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

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

## Education

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

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

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

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

Have you ever attended college?  Yes  No

*If yes, list all colleges and universities attended including post graduate and provide sealed copies of transcripts from all colleges attended.*

Name of college or university	Address (include City and State)	Major	From (month/year)	To (month/year)	Total Units Earned	Type Degree Earned

## Education (continued)

Have you ever attended a trade, vocational, or business school?  Yes  No  
*If yes, please provide the following information.*

Name of school	Address (include City and State)	Type of school or training	Dates attended	Did you complete the course?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school?  Yes  No  
*If yes, please explain in detail.*


## Motor vehicle operation & insurance

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

Company	Telephone number (area code)	Policy number	Expiration date

Have you ever received a traffic citation?  Yes  No  
*If yes, list all traffic citations for the last five years. Start with the most recent.*

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



## Motor vehicle operation & insurance (continued)

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

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

As a driver, have you ever been involved in a motor vehicle accident?  Yes  No  
*If yes please provide the following information for the past five years.*

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

### Legal

Have you ever been convicted of a felony?..... Yes  No  
 Have you ever been convicted of a misdemeanor?..... Yes  No  
 Have you ever been charges with a felony in which you were acquitted of the felony charges?..... Yes  No  
*If yes to any of the above, provide the following information. Start with the most recent.*

Date	Charge	Police agency	Penalty

Explain circumstances

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## Legal (continued)

Date	Charge	Police agency	Penalty

Explain circumstances


Date	Charge	Police agency	Penalty

Explain circumstances


Have you ever applied for a permit to carry a concealed weapon?  Yes  No  
*If yes, please explain below and provide a copy of the permit.*

Date applied	Was permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon?
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Name of agency where applied (city, county, and state).

For what purpose?


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

Ever had a judgment rendered against you?  Yes  No

*If yes to either question, provide the following information and a copy of the civil action.*

Date	Location of court	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
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Details


Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate?  Yes  No

*If yes, please provide the following information and a copy of the permit/license.*

Name, type of business and address


## Finances

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

Current monthly income			Current monthly expenditures		
Monthly salary	\$		Home payment (mortgage or rent)	\$	
Spouse's salary			Car payment		
Other income (indicate source)			Auto insurance		
			Credit cards (charge accounts)		
			Utilities, child support, alimony, and other monthly payments		
Total monthly income	\$		Total monthly expenditures	\$	
Current assets			Current liabilities		
Savings	\$		Real estate indebtedness	\$	
Checking			Long-term loans		
Real estate			Credit cards (total amount of charge accounts)		
Stocks and bonds			Other liabilities		
Auto (s)			Other liabilities		
Other assets			Other liabilities		
			Other liabilities		
Total assets	\$		Total liabilities	\$	

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

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

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

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

## References

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

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

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

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

## Key Addresses

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

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

Address	City	State	From	To	

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

	City	State	From	To	

List all law enforcement agencies that have conducted a background check on you.

Agency	Address	

<i>ZONE 1</i>	<i>ZONE 2</i>	<i>ZONE 3</i>	<i>ZONE 4</i>	<i>ZONE 5</i>	<i>S/T</i>	<i>NT</i>	<i>ATLAS</i>
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## General information

Use this page as an addendum or supplement to any question you responded to. If responding to a question, please indicate the question number.

Continued on next page.

**General information (continued)**

Use this space for any additional information.

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

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

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

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewing investigator's name and serial number:

Date:

Print

