



FRUITA COLORADO

FRUITA POLICE DEPARTMENT

Personal History Form for Police Officer Applicants

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 <input type="checkbox"/>
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 and Describe All Tattoos and Where They Are Located						
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?		
List Your Residence and Work Phone Numbers (Include Area Codes and Extensions, If Applicable)		Residence (Area Code)		Years: _____ Months: _____		
		Pager or Beeper (Area Code)		Cellular Phone (Optional)		
List of Mailing Addresses if Unable to Obtain Mail at Your Residence						
Mailing Address			City	State	Zip Code	

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	
Full Name of Spouse				Maiden Name			Other Names Spouse Has Used			Date of Birth		Age		
Date of Marriage				Place of Marriage (City, County, 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 of 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 Name			Other Names Spouse Has Used			Date of Birth		Age		
Date of Marriage				Place of 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					
Have you ever been ordered by court to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is or was the monthly amount \$ _____														
Have you ever been required to pay alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is or was the monthly amount \$ _____														
Have you ever been delinquent in child support payment? <input type="checkbox"/> Yes <input type="checkbox"/> No														
If yes, please explain below.														

Residences

List all of your residences during the last ten years or 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, or 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 of complete address, and phone number of person who collects the rent		
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		
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 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 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? Yes No
 If yes, please explain.

Dates of Employment From To Month/Year Month/Year _____/_____/_____ / _____/_____/_____	Name of Employer	Work Phone (Area Code)
Complete Address _____ _____ _____		
How long employed there? _____ <input type="checkbox"/> Present Employment	Work Schedule (for example, Monday through Friday, 9 to 5, etc.) _____	
	Job Position or Title _____ _____	<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	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 Employment (continued)

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____ <input type="checkbox"/> Present Employment	Name of Employer Complete Address Work Schedule (for example, Monday through Friday, 9 to 5, etc.) Job Position or Title	Work Phone (Area Code) 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	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)	
<input type="checkbox"/> Unemployed From: _____ To: _____		
Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____ <input type="checkbox"/> Present Employment	Name of Employer Complete Address Work Schedule (for example, Monday through Friday, 9 to 5, etc.) Job Position or Title	Work Phone (Area Code) 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	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)	
<input type="checkbox"/> Unemployed From: _____ To: _____		

Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

Describe Your Duties

Reason for Leaving (Be Specific)

Supervisor's Name	Work or Home Phone (Area Code)
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List Another Supervisor	Work or Home Phone (Area Code)
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List a Co-Worker	Work or Home Phone (Area Code)
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Unemployed From: _____ To: _____

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

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)
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List a Co-Worker	Work or Home Phone (Area Code)
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Unemployed From: _____ To: _____

Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

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)
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Unemployed From: _____ To: _____

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary

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)
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Unemployed From: _____ To: _____

Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? _____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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)	
<input type="checkbox"/> Unemployed From: _____ To: _____			
Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? _____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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)	
<input type="checkbox"/> Unemployed From: _____ To: _____			

Experience and Employment (continued)

Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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)	
<input type="checkbox"/> Unemployed From: _____ To: _____			
Dates of Employment From To Month/Year Month/Year ____/____ ____/____ How long employed there? ____	Name of Employer		Work Phone (Area Code)
	Complete Address		
	Work Schedule (for example, Monday through Friday, 9 to 5, etc.)		
	Job Position or Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	Salary
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)	
<input type="checkbox"/> Unemployed From: _____ To: _____			

Experience and Employment (continued)

Have you ever held employment under another name? Yes No

If yes, list the names used, the employer, and the dates of employment.

Name Used	Employer	From (Month/Year)	To (Month/Year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? Yes No

If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Have you ever had any extended work absences for any reason other than medical or earned vacations? (Leave of absence, suspensions, layoffs, etc.)

If yes, list the dates, name of employer, and details. Yes No

Date	Employer
Details	

Applications with Other Agencies

Have you ever applied with any other law enforcement agency (city, county, state, or federal agencies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list EVERY agency you have applied with. Start with the most recent. Give complete and 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 Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <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/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <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 Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <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/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <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 Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <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/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <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 Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <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/Job Offer Made <input type="checkbox"/> Unknown Status <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> Other_____	
What was your background investigator's name and phone number?	

Military Service			
Did you comply with the draft registration law? <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Service Number:	
Have you ever served in any of the Armed Forces, National Guard, or military reserves?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> 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 reserve, list your commanding officer's name	
Were you ever investigated for any criminal activity while in the military or military reserves?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain.</i>			
Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain.</i>			
Approximate Date	Violation	Penalty	
Did you receive an honorable discharge?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you received a discharge other than honorable, please explain.</i>			
Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.			
From (Month/Year)	To (Month/Year)	Location	Duties/Purpose

Education

The Commission on Peace Officer Standards and Training requires a peace officer to possess a U.S. 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 U.S. institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year college degree from an accredited college or university.
- I passed the GED test meeting the required scores.
- I passed the 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 U.S. High Schools Attended and/or Graduated	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
			<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.

Name of College or University	City and State	Major	From (Month/Year)	To (Month/Year)	Total Units Earned	Type Degree Earned

Have you ever attended a trade, vocational, or business school? Yes No

If yes, please provide the following information.

Name of School (Include City and State)	Type of School or Training	Dates Attended	Did You Finish 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
			<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, explain in detail.

Motor Vehicle Operation and Insurance

Have you ever received a traffic citation?

Yes No

If yes, list all traffic citations for the last four years. Start with the most recent.

Month/Year	Traffic Violation	City and State	What Action Resulted? (fined, traffic school attended, dismissed)

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

Year	Make/Model	Color	License Number and State	Is vehicle currently registered?	Is 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

Law requires that drivers and owners of vehicles be covered by automobile insurance. Please list your insurance company or companies.

Company	Telephone Number (Area Code)	Policy Number	Expiration Date

Have you ever been refused auto insurance for any reason?

Yes No

If yes, please explain.

As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?

Yes No

If yes, please explain.

Motor Vehicle Operation and Insurance (continued)

As a driver, have you ever been involved in a motor vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please provide the following information for the past four years.</i>		
Date	City and State	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police Agency that Took Report		Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		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
Police Agency that Took Report		Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		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
Police Agency that Took Report		Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		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
List other states where you are, or have been, licensed to operate a motor vehicle.		
State	Name Under Which License Was Issued	License Number
Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please explain. Give state, dates, and reasons.</i>		
Have you ever applied for, or obtained a driver's license or state identification card under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please explain. Give state, dates, and reasons.</i>		
Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation by any state, including California? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please explain. (Give state, dates, and reasons).</i>		

Motor Vehicle Operation and Insurance (continued)

Have you ever failed to appear in court on a traffic citation or parking citation? Yes No

If yes, provide the following information.

Approximate Date	Traffic Violation	City/County/State	Reason You Failed to Appear

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? Yes No

If yes, provide the following information.

Approximate Date	Traffic Violation	City/County/State	Penalty

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 charged with a felony in which you were acquitted of the felony charge(s)? Yes No

If yes to any of the above, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

Legal (continued)

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act (not listed in prior section)? Yes No
Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Results

Explain circumstances

Date	Charges	Police Agency	Results

Explain circumstances

Either as an adult or a juvenile, have you ever been detained for 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 military authority, even as a **victim** or **witness**? Yes No

If yes, provide the following information.

Date	Charges or Reason for Investigation	Police Agency

Explain Circumstances

Date	Charges or Reason for Investigation	Police Agency

Explain Circumstances

Have you ever received a misdemeanor citation in lieu of going to jail? Yes No

If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation.

Legal (continued)

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