

## Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for a volunteer position with the Elyria Police Department. All information provided herein may be subject to verification through source documentation, truth verification and screening procedures.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.
- Return the completed form to the Services Division.

### Disqualification

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

***BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.***

#### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Ohio Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***WARNING: The Ohio Revised Code provides penalties for making false statements of material fact or for practicing fraud or deception. Such penalties include prosecution under Section 2921.13 of the Revised Code.***

***I have read and I understand the above instructions.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – VOLUNTEER

EPD BG.1V (Rev 02/2015)

## SECTION 1: PERSONAL

<b>1. YOUR FULL NAME</b>				
LAST	FIRST	MIDDLE		
<b>2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>				<input type="checkbox"/> N/A
<b>3. ADDRESS WHERE YOU LIVE</b>				
NUMBER / STREET			APT / UNIT	
CITY			STATE	ZIP
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>				
<b>5. CONTACT NUMBERS</b>				
HOME ( )	WORK ( )	EXT	OTHER ( )	<input type="checkbox"/> CELL <input type="checkbox"/> FAX
<b>6. CONTACT EMAIL</b>		<b>7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b>		
<b>8. CITIZENSHIP</b>				
Are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>				
<b>10. BIRTHDATE (MM/DD/YYYY)</b>		<b>11. SOCIAL SECURITY NUMBER</b>		<b>12. DRIVER'S LICENSE</b>
		- -		NUMBER: STATE: EXPIRES:
<b>13. PHYSICAL DESCRIPTION</b>				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	

## SECTION 2: RELATIVES AND REFERENCES

<b>14. IMMEDIATE FAMILY</b>	
<ul style="list-style-type: none"> <li>• Provide all applicable information in the spaces below.</li> <li>• Mark "N/A" if a category is not applicable.</li> </ul>	<ul style="list-style-type: none"> <li>• Mark "Deceased," if appropriate.</li> <li>• If more space is needed, continue on page 26 – reference corresponding numbers.</li> </ul>

### 14.A Parents / Guardians

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

<b>14.A.1 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
<b>14.A.2 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____					<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

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<b>14.A.3 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (   )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (   )	CELL PHONE (   )	EMAIL		

<b>14.A.4 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (   )	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (   )	CELL PHONE (   )	EMAIL		

<b>14.D Brothers / Sisters</b>	<input type="checkbox"/> N/A
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List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

<b>14.D.1 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____				
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP

<b>14.D.2 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____				
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP

<b>14.D.3 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____				
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP

<b>14.D.4 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____				
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE   ZIP

**15. LIST OF REFERENCES**

- List 3 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, or any individuals listed elsewhere.

<b>15.1</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	How do you know this person?			How long have you known this person?	

<b>15.2</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	How do you know this person?			How long have you known this person?	

<b>15.3</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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HOME PHONE (    )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	EMAIL		
How do you know this person?		How long have you known this person?		

**SECTION 3: EDUCATION**

- NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- If more space is needed, continue your response on the last page.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED: /

17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED				
18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school or academy? .....  Yes  No

IF YES, describe in detail below.

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**20. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- *If more space is needed, continue your response on last page.*

<b>20.1</b>	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					(    )	
	JOB TITLE / RANK					
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE		
1)		2)				
Would there be a problem if we contact your current employer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  IF YES, explain:						

<b>20.3</b>	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					(    )	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)		2)				

<b>20.5</b>	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					(    )	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)		2)				



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**SECTION 6: LEGAL**

**► Disclosure of Arrests and Convictions**

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on last page.*

27. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? .....  Yes  No  
 IF YES, explain each incident:

26.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
26.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
26.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

27. Have you ever been placed on court probation? .....  Yes  No

28. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....  Yes  No

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

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

31. Have you ever been the Subject of a criminal or civil protection order/restraining order/stay-away order? .....  Yes  No

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If you answered "YES" to any of **Questions 27-31** explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

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**► Involvement in Criminal Acts – Part 1**

32. Have you committed any of the following acts ***within the past 10 years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

• **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

32.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.2	Telecommunication harassment (Annoying, obscene, or harassing contacts by telephone or other electronic communication device) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.3	Assault (cause or attempt to cause physical harm to another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.5	Carrying a <u>concealed</u> weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.7	Theft by Deception (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.8	Domestic Violence (cause or attempt to cause physical harm to family/household member) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.9	Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.10	Disorderly Conduct (violent turbulent behavior, intoxicated in a public place) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.11	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.12	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.13	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.14	Falsification (knowingly make a false statement in any official proceeding or to mislead a public official) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.15	Impersonating a police officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.16	Public Indecency and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.17	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.18	Unauthorized Use of Motor Vehicle (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.19	Voyeurism (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) ....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.20	Petty theft (value up to \$1000, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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32.21	Possession of alcohol (Under 21 years of age) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.22	Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.23	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.24	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.25	Reckless driving.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.26	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.27	Criminal Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.28	Criminal Damaging or Mischief (property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.29	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

• If you answered "YES" to **ANY** of the item(s) in **Question 32**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 32.5) for each explanation.*

• *If more space is needed, continue your response on last page.*

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**► Involvement in Criminal Acts – Part 2**

76. **At any time in your life**, have you **EVER** committed any of the following acts?

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

33.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.2	Assault with a deadly weapon or dangerous ordinance (cause or attempt to cause serious physical harm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.3	Extortion (to obtain any valuable thing or benefit or to induce another to do an unlawful act) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.4	Burglary (trespass into an occupied structure to commit theft or other crime) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.5	Unlawful sexual conduct with a minor (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.6	Domestic Violence (Felony, 2 <sup>nd</sup> offense, serious physical harm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.7	Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.8	Rape (Forcible or statutory) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.9	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.10	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.11	Grand theft (value of over \$1000, motor vehicle, dangerous drug, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.12	Hit & run (with injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**SECTION 7: LEGAL** *continued*

▶ **Illegal Use of Drugs**

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
  - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - ▶ Barbiturates (*Downers*)
  - ▶ Cocaine / Crack Cocaine
  - ▶ Designer Drugs (*Ecstasy, Bath Salts, Synthetic Heroin or Cannabis, etc.*)
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Hashish / Hashish Oil
  - ▶ Heroin / Opium
  - ▶ Marijuana (*with or without a prescription*)
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Tetrahydrocannabinol (THC, Wax)
  - ▶ Glue, paint, or any substance containing toluene

34. **Within the past TWO YEARS**, have you used any drug(s) as indicated and described above? .....  Yes  No

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

\_\_\_\_\_

\_\_\_\_\_

35. **In your lifetime:**

- 1. I have **never** used any illegal drug as indicated and described above.
- 2. I have tried or used one or more illegal drugs as indicated and described above, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)
- 3. I have used one or more illegal drugs as indicated and described above on five or more occasions.

IF YOU CHECKED BOX 2 or 3, give details including **drug(s) used, most recent date used, and circumstances:**

\_\_\_\_\_

\_\_\_\_\_

36. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

- Sold
- Manufactured
- Purchased
- Furnished
- Cultivated
- Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

\_\_\_\_\_

\_\_\_\_\_

37. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? .....  Yes  No

IF YES, explain:

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 9: MOTOR VEHICLE INFORMATION**

38. Do you have a current Driver's License: \_\_\_\_\_

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

39. Has your driver's license ever been suspended or revoked? .....  Yes  No  
 IF YES, explain (include when, where, and circumstances):

40. List all traffic citations, excluding parking citations, you have received **within the past seven years**. If more space is needed, continue your response on page 26.

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

41. Do you currently have auto insurance, as required by law? .....  Yes  No

IF NO, GIVE REASON

**SECTION 10: OTHER TOPICS**

- 42. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....  Yes  No
- 43. Have you ever hit or physically overpowered a spouse, romantic partner, or person cohabiting in that capacity? .....  Yes  No
- 44. **Since the age of 15**, have you ever been involved in a violent act? .....  Yes  No
- 45. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes  No
- 46. Do you presently have or are you planning to add any tattoos on your hands, fingers, head, or neck? .....  Yes  No
- 47. Do you presently have or are you planning to add any tattoos that may be offensive?.....  Yes  No
- 48. Do you presently have any tattoos that would be visible on your arms if wearing a short sleeve shirt? .....  Yes  No



