



**PLEASANT HILL POLICE DEPARTMENT  
VOLUNTEER PERSONAL HISTORY STATEMENT**



**PERSONAL**

1. Name	Last		First	Middle
	Other names (including nicknames) you have used or been known by:			
2. Address	Street			
	City		State	Zip Code
3. Phone and Email	Phone 1:		Phone 2:	
	Email:		Contact Preference: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
4. Birthdate  ____/____/____	5. You must be a citizen of the United States or a permanent resident who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	6. Social Security Number  ____ - ____ - ____		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	
7. Physical Characteristics	Scars, Tattoos, or other distinguishing marks			

**RELATIVES AND REFERENCES**

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."

If living, name of your:	Address where person may be contacted:	Phone number at which person may be contacted:
Father		
Mother		
Father-In-Law		
Mother-In-Law		
Spouse/ Partner		
Former Spouse(s)		

## EXPERIENCE AND EMPLOYMENT

From Mo./ Yr.	To Mo./ Yr.	Name of Employer	Telephone		
		Address	City	State	Zip
Title or Duties:			Name of supervisor:		
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer					

From Mo./ Yr.	To Mo./ Yr.	Name of Employer	Telephone		
		Address	City	State	Zip
Title or Duties:			Name of supervisor:		
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer					

From Mo./ Yr.	To Mo./ Yr.	Name of Employer	Telephone		
		Address	City	State	Zip
Title or Duties:			Name of supervisor:		
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer					

From Mo./ Yr.	To Mo./ Yr.	Name of Employer	Telephone		
		Address	City	State	Zip
Title or Duties:			Name of supervisor:		
Reason for Leaving:					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer					

**MOTOR VEHICLE OPERATION**

9. If there is anything you wish to discuss about your driving record, please use the space below.

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10. Has your license ever been suspended, revoked, or placed on negligent operator's probation?  Yes  No If

"Yes," please give details (include what, when, where, why).

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**GENERAL INFORMATION**

11. Have you ever been refused insurance for any reason other than failure to pay a premium?  Yes  No If

"Yes," please explain (include company name and address, date, and reason).

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12. Have you ever applied for a permit to carry a concealed weapon?  Yes  No

If "Yes," please provide the following information:

Date: \_\_\_\_\_ Name of law enforcement agency: \_\_\_\_\_

Was the permit granted?  Yes  No

Purpose: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

