



Gilroy Police Department

City of Gilroy
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SCOT SMITHEE
 Chief of Police

PERSONAL HISTORY STATEMENT FORM Cardroom Application

The following information is required of you for verification and contact purposes:

Your name: (please print)			
Last	First	Middle	Date of Birth:
Other names (including nicknames you have used or are known by)			
Drivers License Number:		State	
Are you a US Citizen		If naturalized date you became a citizen	
Tatoos or other marks. Do NOT list scars scars of medical origin.			
Telephone Number: Home:		Cell:	

1. Current Address: _____
2. Previous Address: _____

3. Relatives, References, and Acquaintances:
List all members of your immediate family.

Full Name	Address where the person can be contacted	Telephone Contact Number (Include area code)
		Day:
Relationship to you:	Occupation	Nighttime:
		Other:

Full Name	Address where the person can be contacted	Telephone Contact Number (Include area code)
		Day:
Relationship to you:	Occupation	Nighttime: Other:

Full Name	Address where the person can be contacted	Telephone Contact Number (Include area code)
		Day:
Relationship to you:	Occupation	Nighttime: Other:

4. List one non-relative (friend)

Full Name	Address where the person can be contacted	Telephone Contact Number (Include area code)
		Day:
		Nighttime: Other:

5. Employment:

Your employment history is a critical part of your background. Begin with your present and most recent job and work backward.

From: _____ To _____ Salary:	Present Employer's name/address	Supervisor's Name
		Co-Workers Names
Employer's Tel. No.:		
Your job title there (also indicate if full or part time)		

From: _____ To _____ Salary:	Previous Employer's name/address	Supervisor's Name
		Co-Workers Names
Employer's Tel. No.:		
Your job title there (also indicate if full or part time)		

From: _____ To _____ Salary:	Previous Employer's name/address	Supervisor's Name
		Co-Workers Names
Employer's Tel. No.:		
Your job title there (also indicate if full or part time)		

From: _____ To _____ Salary:	Previous Employer's name/address	Supervisor's Name
		Co-Workers Names
Employer's Tel. No.:		
Your job title there (also indicate if full or part time)		

6. Have you ever consumed any alcohol or illegally ingested any controlled substances on-duty or at work in violation of the policies, rules or regulations of your employer?

7. Have you ever engaged in any sexual activity on-duty or at work? _____

8. Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker or member of the public?

No _____ Yes _____ If yes, give the complete details of each such incident below:

A) Date: _____ Nature of Complaint _____

Were you found in the wrong? _____ If yes, what discipline was imposed?

B) Date: _____ Nature of Complaint _____

Were you found in the wrong? _____ If yes, what discipline was imposed?

9. Have you ever been the subject of any disciplinary action by an employer, including formal reprimands, warnings or suspensions? If yes give details:

10. Have you ever been convicted of any criminal offense, including military court martials? If yes, give the nature of the offense, the arresting agency, approximate date of conviction and your sentence.

11. Have you ever been on probation by a court of law? _____

12. Have you ever been required to appear in juvenile court for an act which would have been a crime if committed by an adult? _____

13. Have you ever been the subject of any federal or state civil rights investigation? _____

14. Have you ever been the subject of a civil restraining order? _____

15. To the best of your knowledge, are you currently under investigation by any law enforcement agency (local, state or federal) concerning any alleged violation of criminal law? _____

California law distinguishes between three types of law violations: infractions, misdemeanors and felonies. Infractions are offenses for which no jail sentence is permitted, misdemeanor offenses involve acts for which a person may if convicted, be fined and/or sentenced to up to one year in county jail and felony crimes, which are all other offenses. Your responses to these questions are considered in relationship to your total background.

Place a check mark next to any misdemeanors which you may have committed within the past seven years or at any time during or after you were first employed in a law enforcement agency and, on the reverse side of this form, explain the circumstances for any which were not routine traffic violations (which are addressed elsewhere on the form).

- | | | |
|--|---|--|
| <input type="checkbox"/> Petty Theft | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Annoying Phone Calls |
| <input type="checkbox"/> Indecent Exposure | <input type="checkbox"/> Drunk in Public | <input type="checkbox"/> Defrauding an Innkeeper |
| <input type="checkbox"/> Possession of altered or false identification | <input type="checkbox"/> Impersonation of a peace officer | <input type="checkbox"/> Prostitution or soliciting a prostitute |
| <input type="checkbox"/> Assault/Battery (includes fighting) | <input type="checkbox"/> Carrying a concealed weapon | <input type="checkbox"/> Possession of alcohol as a Minor |
| <input type="checkbox"/> Illegal gambling | <input type="checkbox"/> Brandishing a weapon | <input type="checkbox"/> NSF "bounced" checks |
| <input type="checkbox"/> Possession of Stolen Property | <input type="checkbox"/> Hit & Run (no injuries) | <input type="checkbox"/> Resisting arrest |
| <input type="checkbox"/> Unlawful assembly | <input type="checkbox"/> Joyriding | |
| <input type="checkbox"/> Other: _____ | | |

Place a check mark next to any felonies which you have committed, and on the reverse side explain the circumstances for each.

- | | | |
|--|--|--|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Forcible rape | <input type="checkbox"/> Unlawful intercourse |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Robbery | <input type="checkbox"/> Burglary |
| <input type="checkbox"/> Aggravated assault | <input type="checkbox"/> Grand theft | <input type="checkbox"/> Forgery |
| <input type="checkbox"/> Possession/use of controlled substances | <input type="checkbox"/> Hit & Run with injuries | <input type="checkbox"/> Possession for sale/sale of controlled substance. |

16. Have you ever struck someone else in anger? _____

I certify that the above information is true and correct to the best of my knowledge:

Signed

Date