

YOLO COUNTY SHERIFF'S OFFICE

140 Tony Diaz Drive, Woodland, CA 95776 Main Phone: 530-668-5280 Fax: 530-668-5238 www.yolocountysheriff.com

Civilian/Volunteer Employee Personal History Statement

		Position Apply	ing For			
Aero Squadr	on		Search and	d Rescue (SAR)		
Cadets			Sheriff's To	eam of Active Retired	Seniors (STARS)	
Posse		\Box				
This Personal History Statement will be used as a basis for a background investigation. The information will be used as an aid is assessing your suitability as a civilian volunteer with our Office. Therefore, it is important that the questionnaire be filled out completely, accurately and legibly. All statements are subject to verification. The information you provide will not be the only factor for determining whether you will be allowed or denied the opportunity to volunteer in the Sheriff's Office.						
Print statements legibly. Fill in all spaces. If a question does not apply to you, write the letters DNA (does not apply) in the space provided for the answer. If the space provided is inadequate, add another page of the same size paper and identify information by questionnaire title.						
·		Personal				
	Last		First		Middle	
Full Name						
List all other na	mes you have been kno	own by, including nickr	names, ad	lopted names, others		
Address of resid	dence		City	State	Zip	
Mailing Addres	s, if different	(City	State	Zip	
Home Phone ()			Cell Phone ()			
Date of Birth			Place of Birth			
Social Security	Number					
	1A7 * 1 ·	Physical Descri				
Height	Weight	Hair Colo	r	Eye Color		
Driver's License						
Number	State	Expiration Date	/ /	Status: Valid		
Email Address						
		Education, Traini	ng, Skills	S		
List below the	schools you attended:					
<u>-</u>	Name		Loc	cation		
High School	Dates Attended					
-	Did you graduate? □ Yes □ No If no, highest level					

	Name				Location	
College or University	Datas Attacadad					
Other	Did you g Name	raduate?	□ Yes		highest level ocation	
	Dates Atte	ended			Did you gr	aduate? □ Yes □ No
If you passed th	ne G.E.D. Hi	gh School E	quivalenc	y test list agency	 or school giving te	est:
· ·	`			<u>, </u>	Date awarde	
				s (including such t ur work with the S	-	r work or foreign language ability)
				B 4*1*1		
Have you ever	canuad in th	all S Arm	nd Earca	Military Hist	ory es and/or Nationa	al Guarda
If so, provide de			eu i orce.	s including Neserv	es and/or Nation	ar Guaru:
	ch of Service			Dates of Serv	rice	Type of Discharge
			From:	To:		77-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
			From:	To:		
			110111.	10.		
				Employme	nt	
position. If you need more space, you may attach additional sheets. List the jobs chronologically in reverse order and include part-time position in their proper sequence. Indicate periods of unemployment by listing the appropriate dates, and state "unemployed" in the space provided for the name of the employer. If you are retired, enter your retirement date. Employer Info						
Name				Address		
Start date /	End d	late /		Salary		
Name of Super		· · · · · ·		,		
Position and Du						
Reason for Leav	/ing					
Name				Address		
Start date /	End d	late /		Salary		
Name of Super	visor					
Position and Du	ties					
Reason for Leav	/ing					
Name				Address		
Start date /	End d	late /		Salary		
Name of Super	visor					
Position and Duties						
Reason for Leav	/ing					
Name				Add	Iress	
Start date /	End d	late /		Sala	ıry	

Name of Supervisor						
Position and Duties						
Reason for Leaving						
	Relativ	es and References				
	nciació	es una nererences				
	Name	Home Address	Telepho	Telephone		
Spouse						
Mother						
			<u> </u>			
List five people, other the mother, father, or guard		edge of your character and repu	,	_		
First and Last Name	Street Address	City, State and Zip Code	Phone Numbers (Home and Cell)	Years Known		
			Н			
			С			
			Н			
			C			
			H			
			<u> </u>			
			Н			
			С			
			Н			
			С			
		Background				
		No If "yes," describe each arre		date of		
arrest, crime charged, s	pecific location and disposition	on. Use separate attachment if r	needed.			
		school in the last 10 years for th	e use, possession, sale	or		
distribution of drugs?						
For assault and battery? Use of alcohol? Yes						
Any other form of misconduct? Yes No						
If you answered "yes" to any question, provide full details below or on separate attachments if needed.						
Have you been or are yo	ou currently a defendant invol	lved in any civil court action? $\ \ \Box$	Yes □ No			

If "yes" provide details below: Date: Jurisdiction Nature of Action Place: Persons Involved Disposition Jurisdiction Nature of Action Date: Persons Involved Disposition Place: Have you ever been fired or asked to resign from any place of employment or position you have held? ☐ Yes ☐ No If "yes," give details below: Employer/Organization Date **Position** Reason for Dismissal/Resignation **Place** Date Employer/Organization Position Place Reason for Dismissal/Resignation While in the military service (including National Guard and Reserves) were you ever the subject of any disciplinary action such as a Courts Martial or Captain's Mast? If "yes" give details below. Use the reverse of this page or attachment if needed. Date Branch of Service Rank/Rating Nature of Action Disposition Date Branch of Service Rank/Rating Nature of Action Disposition **General Information** In addition to the information you provided in this form, you are required to furnish the following certificates, documents and/or personal information: A. Copy of your California driver's license and current driving record B. Military Service - Copy of your separation and/or discharge papers (DD214) I hereby certify that all statements made in this personal history statement are true and complete and I understand that any misstatement of material facts will subject me to disqualification or dismissal. Additionally, I authorize the Yolo County Sheriff's Office to investigate any or all information which may concern my record and character as describe in this personal history statement or provided at my interview(s). I further authorize the Yolo County Sheriff's Office to contact my present and past employer(s), references and all persons having information regarding my previous history and character. Signature:_ Date:

Printed Name:

				Volu	nteer Positions	
List all volunteer work done in the last five (5) years. List the positions chronologically.						
Volunteer Position Information						
Agency Name Address						
Start date	/	End date	/			
Name of Sup	ervisor					
Position and	Duties					
Reason for Le	eaving					
Agency Name	Agency Name Address					
Start date	/	End date	/			
Name of Sup	ervisor					
Position and	Duties					
Reason for Le	eaving					
Agency Nam	e			Addre	SS	
Start date	/	End date	/			
Name of Sup	ervisor					
Position and	Duties					
Reason for Le	eaving					
Agency Nam	<u>е</u>			Addre		
Start date	/	End date				
Name of Sup	ervisor		<u> </u>			
Position and						
Reason for Le	eaving					