



ORANGE COUNTY
SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES



Orange County Sheriff's Department

**Background Unit
320 N. Flower St. (4th Floor)
Santa Ana, CA 92703**

**Phone: (714) 834-5311
Email: Backgrounds@ocsheriff.gov**

Visit: ocsheriff.gov



INSTRUCTIONS, AUTHORIZATION, AND PERSONAL HISTORY STATEMENT

The following instructions are provided as a guide and assist you. **This form, which you are required to fill out, must be complete and detailed in all respects.** It is the basis for your background investigation.

The Personal History Statement can be found on the Orange County Sheriff's Department website at **OCSHERIFF.GOV** click to **Join OCSD, then click on Personal History Statement for New Applicants.** It is highly recommended that you save a copy. This form cannot be electronically transmitted. **Personal History Statement must be typed on single sided paper.**

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to this position. For example, being fired from a job or having an arrest record may not in itself be grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to this position.

Do not attach documents such as resumes, credit reports, Department of Motor Vehicle printouts or driver's licenses, etc. in lieu of the information requested in the Personal History Form.

All zip codes, addresses (including city names), telephone numbers, and other pertinent information must be included or the Personal History Form cannot be processed in a timely manner. All boxes must be filled in. If a question does not apply to you, enter "DNA" in the space provided.

Bring the completed form and your personal documents with you to the background interview. This interview will last approximately 2 hours. This is the process that starts your background investigation. The appointment will be at the Sheriff's Department, 320 N. Flower St 4th floor, Santa Ana, 92703. **Parking will be at your own expense, no validation.**

Please bring the following **original forms and 1 complete set of copies** to the appointment. The information will be verified and noted. Your originals will be returned to you.

1. Birth Certificate (**Original or Certified Copy**) / Naturalization Papers / Resident Card
2. California Driver's License
3. Social Security Card
4. Proof of Current Automobile Liability Insurance (**Listing you as an Insured Driver**)
5. Authorization to Release Information (**We do not notarize**)

If you do not understand any part of the form, ask for assistance; call the Background Unit at, (714) 834-5311.

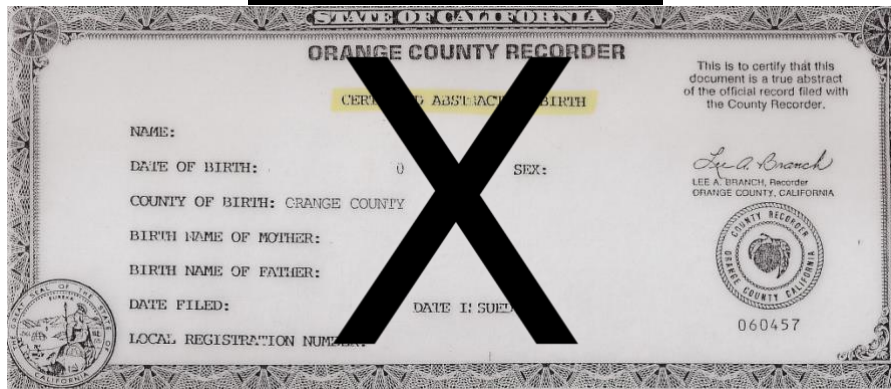


Birth Certificate (Original)
Naturalization Certificate
Samples of what is and what is not accepted:

ACCEPTED



NOT ACCEPTED



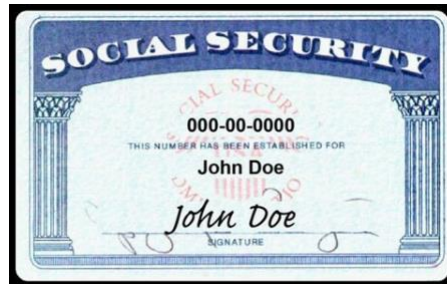


PROVIDE (2) COPIES OF THIS PAGE

Home address on driver's license needs to be current.
(We do accept PO BOX address)



Please make sure, it is signed



Please make sure all (3) documents match



If, in the process of name change, please provide paperwork, such as receipts or whatever is given.



ORANGE COUNTY SHERIFF'S DEPARTMENT

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Non-Sworn Employees

Authorization for Background Investigation and Hold Harmless For Confidentiality of Pre-Employment Background Investigation

I understand that I am authorizing a comprehensive background investigation for employment-related purposes. This investigation may include verifying all information provided in my application, background questionnaires, and any other information I or others have submitted to the Orange County Sheriff's Department ("OCSD"). It may also involve, for example, reviewing documents from third parties, contacting individuals or organizations with relevant information about me and my suitability for employment with the OCSD, and conducting searches of public and private databases, including criminal justice and law enforcement records.

I also understand that those individuals and/or organizations contacted during my background investigation may be reluctant to provide information regarding my suitability for employment with OCSD unless confidentiality of their information can be guaranteed on a permanent basis. I also acknowledge that while some information in OCSD's background investigation report may be derived from public records or otherwise accessible to me, this information may be inextricably interwoven with other confidential data to which I otherwise would not be privy. Individuals contacted during my background investigation must be able to communicate freely and openly with the investigator regarding my qualifications and suitability for employment without fear of liability or disclosure to me. Accordingly, I understand and agree that I will not be permitted to review or access information provided by individuals or organizations regarding my suitability for employment with OCSD. Furthermore, except as required by law, I acknowledge that I will only receive notification of whether I have "passed" or "did not pass" the background investigation, without additional feedback. Additionally, I recognize that truthful responses from current and former employers, even if unsolicited, are protected under the absolute privilege of California Civil Code §47.

I hereby exonerate, release, and discharge any and all persons contacted by my prospective employer OCSD or its representatives, together with OCSD, the County of Orange, and their officers, agents, and assigns, from any claims, liability, or damages of any kind, whether in law or equity, for their communications about my suitability for employment and for any refusal to make available to me any information contained in OCSD's background investigation, including but not limited to the identity of any person or organizations who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person, and from any other compliance with this authorization or attempts to comply with it. Additionally, I waive any right to access, review, inspect, or obtain OCSD's background investigation report or any information provided during the background investigation, except as required by law. This release and waiver is binding upon my legal representatives, heirs, and assigns.

I have had adequate time to review this form, and understand its meaning and purpose. If I do not understand the above terms, I will seek competent advice before signing.

SIGNATURE: _____ ADDRESS: _____
(Full Legal Signature) (Signature to be witnessed)
PRINT NAME: _____ CITY: _____
DATE: _____ TELEPHONE: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature _____ (Seal)



ORANGE COUNTY SHERIFF'S DEPARTMENT

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Non-Sworn Employees

Authorization To Release Information For Employment

To Whom It May Concern:

I am an applicant for a position with the Orange County Sheriff's Department ("OCSD"), and my prospective employer is conducting a background investigation to assess my qualifications.

I hereby authorize and direct you, your organization, its custodian of records, and/or any persons in your employ to furnish and release to any authorized representative of OCSD bearing this release or a copy thereof, any and all information that you have concerning me, including information that may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information and records, performance evaluations and data, character reference information, attendance records, academic transcripts, educational records, degrees conferred, background investigations, local criminal history information, internal affairs investigations, disciplinary actions, medical, surgical, and psychological records (if I am offered employment with this agency), polygraph results, eligibility for rehire, credit and financial information, and any other information that you possess about me.

I release, discharge, and exonerate you, your organization, its officers, agents, and assigns from any liability or damages, whether in law or equity, for furnishing the truthful information requested by the bearer of this authorization form. Truthful responses, even if unsolicited, are protected under the absolute privilege of California Civil Code §47. Furthermore, I waive any right to review, inspect, or obtain OCSD's background investigation report or any confidential information provided during the investigation.

This release is binding upon my legal representatives, heirs, and assigns.

I have had adequate time to review this form, and understand its meaning and purpose. If I do not understand the above terms, I will seek competent advice before signing.

This release is valid for one year from the date of signature.

SIGNATURE: (Full Legal Signature)	_____	ADDRESS:	_____
PRINT NAME:	_____ (Signature to be witnessed)	CITY:	_____
DATE:	_____	TELEPHONE:	_____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature _____ (Seal)



PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Please type. Each question must be answered. If the question does not apply, enter "DNA" in the space provided for the answer.

PART I PERSONAL DESCRIPTION

Form with 8 numbered questions regarding personal description: 1. Legal Name (Last, First, Middle), 2. Aliases-Nicknames, 3. Date of Birth, 4. Place of Birth, 5. Social Security Number, 6. Naturalization info, 7. Physical characteristics, 8. Scars/tattoos.

PART II RESIDENCE INFORMATION

Form with 9 numbered questions regarding residence information: 9. Residence address, telephone numbers, and E-mail addresses.

PART III MARITAL INFORMATION

Form with 10-12 numbered questions regarding marital information: 10. Marital Status, 11. Name of Present Spouse, 12. Prior marriages.



PART IV EMPLOYMENT INFORMATION

13. Begin with the most recent job and list your work history for the past 5 years in chronological order. Include in sequence, all part-time jobs, periods of employment, periods of unemployment and military service. List each duty station with complete military address including unit designation. Do not duplicate the names of persons whom you listed as references. (For the purposes of this personal history statement, volunteer work should be included as employment.)

From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	



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PART IV EMPLOYMENT INFORMATION CONTINUED

From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	
From	Employer's Name	Employer's Address (Number, Street, City, State, Zip)	Area Code/Telephone
To	Job Title	Duties	
Supervisor Name - Area Code/Telephone		Supervisor Email Address	
Co-Worker Name - Area Code/Telephone		Co-Worker Email Address	



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PART V TRAFFIC INFORMATION

14. Driver's License Number and State	Class of License	Expiration Date
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PART VI ARREST INFORMATION

15. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been detained by a law enforcement officer? If the answer is "Yes", explain below why you were detained.
16. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested and released by a misdemeanor citation? If the answer is "Yes", what was the offense listed on the citation? Please explain.
17. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested and booked into a jail facility? If the answer is "Yes", what was the offense and where were you booked? Please explain.

PART VII EDUCATION INFORMATION

18. Check highest grade completed: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> AA <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters						
19. List all colleges and universities you have attended. Include post-graduate work.						
Name of School	Complete Address (Number, Street, City, State, Zip)	Attendance Dates		Graduate		Degree or Units Earned
		From	To	Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
20. List every school (High School, Trade School, or Business College) that you have attended. Start with the one you last attended.						
Name of School	Complete Address (Number, Street, City, State, Zip)	Attendance Dates		Graduate		Major
		From	To	Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	



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PART VII MISCELLANEOUS INFORMATION

21. Is there anything else you wish to disclose that will assist us in conducting your background investigation more expeditiously? If "Yes", please explain.

**BACKGROUND INVESTIGATION
CONSENT**

I, the undersigned, authorize the Orange County Sheriff's Department, and its agents, to independently research my background, character, credit and criminal record, past employment, and education. This includes contacting references and other persons, reviewing records maintained by any of these persons, both public and private organizations. This may include investigating whether you have been involved in any insurance, unemployment, or worker's compensation related fraud.

Date

Signed