

**SAN FRANCISCO POLICE DEPARTMENT**

**VITAL INFORMATION FORM**

Write N/A when any requested information is not applicable

Driver's License # \_\_\_\_\_ Classification: \_\_\_\_\_  
State \_\_\_\_\_ List: \_\_\_\_\_ Rank \_\_\_\_\_  
Race \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Other names used: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth: \_\_\_\_\_  
*Month day year*

Present address: \_\_\_\_\_  
*Number/street City Zip Code*

Home phone (\_\_\_\_) \_\_\_\_\_ Message phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Social Security No. \_\_\_\_\_

If married, or previously married, spouse's name: \_\_\_\_\_  
*(circle one)*

If previously employed by the City: \_\_\_\_\_

Date employed: \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_

Language(s) other than English spoken: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



BACKGROUND  
INVESTIGATION  
SECTION

POLICE DEPARTMENT  
CITY AND COUNTY OF SAN FRANCISCO  
1245 3<sup>RD</sup> STREET, ROOM 4170  
SAN FRANCISCO, CALIFORNIA 94158  
415-837-7107

TO WHOM IT MAY CONCERN:

I hereby authorize any agent of the San Francisco Police Department bearing this release or a copy thereof, within two years of its date, to obtain any and all information that you may have concerning me, including information of a confidential or privileged nature; and to reproduce copies of documents containing such information pertaining to my employment, credit or education records; including, but not limited to, academic achievement, attendance, athletic, person history, disciplinary, and credit records. I hereby direct you to release such information upon the request of the bearer. I further agree that this release is executed with the full knowledge and understanding that the San Francisco Police Department may furnish such information to third parties as is necessary to fulfill their official responsibilities.

I am required to furnish this information in order that my suitability for employment with the San Francisco Police Department may be determined; and I may not be considered for employment without it.

I hereby release you, as custodian of such records, and any school, college, university, or other educational institution; credit bureaus, lending institutions, consumer reporting agency, or retail business establishments, including its officers, employees, or related personnel, both individually and collectively; from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates, because of compliance with the Authorization and Request to Release Information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

By consenting to the above with my signature below, it is my intention to, and I do, hereby waive any and all rights granted to me by Federal or State law.

I understand that I will not receive and that I am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DRIVERS LICENSE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

# SAN FRANCISCO POLICE DEPARTMENT EMPLOYEE - VOLUNTEER - CONTRACTOR STATEMENT FORM

## Use of Criminal Justice Information and Department of Motor Vehicle Record Information

As an Employee, Volunteer or Civilian Contractor of the San Francisco Police Department, using or accessing the CLETS system or an Employee, Volunteer or Contractor of an agency using or accessing San Francisco *Police Department* CLETS equipment you must complete this form. These systems can access confidential criminal record and/or Department of Motor Vehicle record information, which are controlled by statute. All access to California Law Enforcement Telecommunications System (CLETS) related information is based on the **“Need to Know”** and the **“Right to Know”**. Misuse of such information may adversely affect the individual's civil rights and violates the law. It is the responsibility of every user that has access to the San Francisco Police Department Computer system to familiarize themselves with all current Department Regulations and Penal Code Sections 502, 11105, 11140 thru 11144, 13300 thru 13305, Vehicle Code Section 1808.45, Government Code Section 6200 along with the current CLETS Policies, Practices and Procedures Sections in relationship to the unlawful access and dissemination of computer information. Any person in violation of the Department's policies involving the use of computers and computerized criminal information systems will be subject to Department disciplinary action, and may also face State and/or Federal charges.

**YOU MUST LOG OFF WHEN YOU ARE FINISHED USING THE TERMINAL. DO NOT GIVE OUT, LOSE OR SHARE YOUR PASSWORD WITH ANYONE. YOUR PASSWORD IS THE EQUIVALENT OF A PIN NUMBER. ALL USERS SHALL BE HELD RESPONSIBLE FOR ANY TRANSACTIONS AND INQUIRES MADE WITH THEIR USER ID AND PASSWORD.**

**I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF ALL CLETS ACCESSIBLE INFORMATION including CRIMINAL RECORD INFORMATION AND DEPARTMENT OF MOTOR VEHICLE RECORD INFORMATION.**

**CHECK APPROPRIATE BOX;**

SFPD Sworn     SFPD Civilian     SFPD Volunteer     Other Agency     Contractor

Last Name \_\_\_\_\_ STAR# \_\_\_\_\_ Rank \_\_\_\_\_

First Name \_\_\_\_\_ Civilian Classification \_\_\_\_\_

Middle Name \_\_\_\_\_ Civilian ID # \_\_\_\_\_ A# \_\_\_\_\_

Division Assigned \_\_\_\_\_ Date of Birth \_\_\_\_\_

Unit Assigned \_\_\_\_\_ Detailed To \_\_\_\_\_

Other Agency or Contractor Name \_\_\_\_\_

Under Penalty of Perjury Signature \_\_\_\_\_ Date \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – CONTRACTOR

## PERSONAL

### 1. Your Name

Last

First

Middle

\_\_\_\_\_

Other names (including nicknames) you have used or been known by:

\_\_\_\_\_

### 2. Please list the address where you can be contacted

Number

Street

City

State

Zip Code

\_\_\_\_\_

### 3. Please list the telephone number(s) where you can be contacted

(     ) \_\_\_\_\_

Hours you can be contacted: \_\_\_\_\_

(     ) \_\_\_\_\_

Hours you can be contacted: \_\_\_\_\_

### 4. Date of Birth (mm/dd/yyyy)

\_\_\_\_\_

### 5. Social Security Number

\_\_\_\_\_

*(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. Your Social Security number will be used for identification purposes to ensure that proper records are obtained.)*

## EDUCATION

- I possess a high school diploma.
- I passed the General Education Development (GED) test.
- I passed the California High School Proficiency Examination.
- I possess a two year college degree.
- I possess a four-year college or university degree.

# PERSONAL HISTORY STATEMENT – CONTRACTOR

## EXPERIENCE AND EMPLOYMENT

*Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past five years. For the purposes of this personal history statement, volunteer work should be included as employment. For identification and verification please indicate the nature of the activity (i.e. full time or voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence in the space is provided.*

Dates of Employment		Name and Address of Employer	Name of Supervisor(s)
From (mm/yyyy)	To (mm/yyyy)	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<input type="checkbox"/>	Full-Time	<hr/>	<hr/>
<input type="checkbox"/>	Part-Time	<hr/>	<hr/>
<input type="checkbox"/>	Voluntary	Telephone: <hr/>	<hr/>
Title: <hr/>			
Duties: <hr/>			
<hr/>			
Reason for Leaving			
<hr/>			
<hr/>			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed    From: <hr/> To : <hr/>			

Dates of Employment		Name and Address of Employer	Name of Supervisor(s)
From (mm/yyyy)	To (mm/yyyy)	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<input type="checkbox"/>	Full-Time	<hr/>	<hr/>
<input type="checkbox"/>	Part-Time	<hr/>	<hr/>
<input type="checkbox"/>	Voluntary	Telephone: <hr/>	<hr/>
Title: <hr/>			
Duties: <hr/>			
<hr/>			
Reason for Leaving			
<hr/>			
<hr/>			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed    From: <hr/> To : <hr/>			

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Title: _____		
Duties: _____		
_____		
Reason for Leaving		
_____		
_____		
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Dates of Employment	Name and Address of Employer	Name of Supervisor(s)
From (mm/yyyy) _____ To (mm/yyyy) _____ _____	_____	_____
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Title: _____		
Duties: _____		
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_____		
_____		
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_____		
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<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone: _____ _____	_____
Title: _____		
Duties: _____		
_____		
Reason for Leaving		
_____		
_____		
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From (mm/yyyy) _____ To (mm/yyyy) _____ _____	_____	_____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone: _____ _____	_____
Title: _____		
Duties: _____		
_____		
Reason for Leaving		
_____		
_____		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed    From: _____ To : _____		



# PERSONAL HISTORY STATEMENT – CONTRACTOR

## RESIDENCE

Please list all of your residences during last five years. Begin with your most current residence.

From (mm/yyyy)	To (mm/yyyy)	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REFERENCES

In the space below, please list as references three individuals who have knowledge of you and your qualifications. Exclude relatives.

Name	Contact Address & Telephone
_____	_____ _____
_____	_____ _____
_____	_____ _____

# PERSONAL HISTORY STATEMENT – CONTRACTOR

## LEGAL

If you have ever been arrested or convicted of any crime (excluding traffic violations), please give the following information:

Approximate Date: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Date: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Date: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Date: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL HISTORY STATEMENT – CONTRACTOR

Have you been placed on court probation as an adult?

Yes

No

If yes, please give details (include when, where, why).

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Were you ever required to appear before a Juvenile Court for an act which would have been a crime if committed by an adult?

Yes

No

If yes, please give details (include when, where, why).

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# PERSONAL HISTORY STATEMENT – CONTRACTOR

## MOTOR VEHICLE OPERATION

California Driver's License Number _____	Expiration Date _____
Name under which license was granted _____	

Please list all other states where you have been licensed to operate a motor vehicle	
State _____	Name under which license was granted _____
State _____	Name under which license was granted _____

Have you ever been refused a driver's license by any state? If yes, please give details (include when, where, why).	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

<i>I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of the turn of facts will subject me to disqualification or dismissal.</i>	
Signature in full _____	Date Completed _____