

SAN BENITO COUNTY SHERIFF'S OFFICE
Explosive Permits
Personal History Statement

Personal

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

1. Your Name (Please print or type)

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

2. Please list address at which you can be contacted.

Number	Street	City	State	Zip Code
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3. Please list the local telephone number(s) at which you can be contacted.

Hrs. you can be contacted:

Hrs. you can be contacted:

4. Birthdate

(Month)	(Day)	(Year)
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5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for) citizenship. Can you provide such documentation? ☐ Yes ☐ No

6. Social Security Number

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(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. For the purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color
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Scars, tattoos, or other distinguishing marks:

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for a concealed weapons permit.

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 can be contacted
(Include City, State and Zip Code)

Telephone at which
person can be contacted

Father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Father-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother-in-Law		

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
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**Explosive Permit
Personal History Statement Continued
Relatives and References**

If living, name of your:	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
Spouse	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Former Spouse(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Brother(s) and Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-Father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-brother(s) and Step-sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

9. In the space below, please list as references 2 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
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Explosive Permit Personal History Statement Continued

Residence

Individuals who you become acquainted with you by reason of your residing in different location, are often helpful in providing useful information for the background investigation.

10. Please list all of your residences during the last 3 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

Military Service

11. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Experience and Employment

12. Would any problem result if your present employer was contacted during the course of the background investigation? ☐ Yes ☐ No

13. If no when should such contact be made? _____

14. If you have had no prior employment, please explain in the space below.

Explosive Permit Personal History Statement Continued

Experience and Employment

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 3 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, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided

Dates of employment	Name and address of employer	Name of supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. Names(s) of co-worker(s) Title or duties (for identification purposes)
Reason for leaving		

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	From	Mo. Yr. ____/____	To	Mo. Yr. ____/____
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Dates of employment	Name and address of employer	Name of supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. Names(s) of co-worker(s) Title or duties (for identification purposes)
Reason for leaving		

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	From	Mo. Yr. ____/____	To	Mo. Yr. ____/____
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Dates of employment	Name and address of employer	Name of supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No. Names(s) of co-worker(s) Title or duties (for identification purposes)

Reason for leaving

Explosive Permit Personal History Statement Continued

☐ Military Service ☐ Not employed

From

Mo. Yr.

___ / ___

To

Mo. Yr.

___ / ___

Dates of employment		Name and address of employer	Name of supervisor
From Mo. Yr. ___/___	To Mo. Yr. ___/___	Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			Names(s) of co-worker(s)
		Title or duties (for identification purposes)	
Reason for leaving			

☐ Military Service ☐ Not employed

From

Mo. Yr.

___ / ___

To

Mo. Yr.

___ / ___

Dates of employment		Name and address of employer	Name of supervisor
From Mo. Yr. ___/___	To Mo. Yr. ___/___	Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary			Names(s) of co-worker(s)
		Title or duties (for identification purposes)	
Reason for leaving			

☐ Military Service ☐ Not employed

From

Mo. Yr.

___ / ___

To

Mo. Yr.

___ / ___

Legal

16. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: *(An arrest resulting in participation in a diversion program, or the fact that your record may have been effected by sealing, an expungement, a release, or pardon has specific legal implications as to how you should answer this question.)*

Approx. Date	Law Enforcement Agency	Circumstances

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17. Have you ever been placed on court probation as an adult?

☐ Yes ☐ No If "yes" please give details (include when, where, why).

18. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If yes, please give details (include when, where, why).

☐ Yes ☐ No If "yes" please give details (include when, where, why).

19. Have you ever been reported to a law enforcement agency as a missing person or a runaway?

☐ Yes ☐ No If yes, please give details (include date, law enforcement agency, circumstances).

20. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action

☐ Yes ☐ No If yes, please give details (include when, where, name and location of court, circumstances).

Explosive Permit
Personal History Statement Continued

Motor Vehicle Operation

An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:.

21. California drivers license number		Expiration date	
Name under which license was granted			
22. Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

23. Have you ever been refused a drivers license by any state? ☐ Yes ☐ No
If yes, please explain (include when, where, why).

24. California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles

Company	Address	Policy Number	Date of Expiration

If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate ☐ Bond ☐ \$35,000

25. Please list all traffic citations (exclude parking citations) you have received within the last 5 years

Nature of violation	Location (city)	Approximate Date	Indicate whether fined or action taken on drivers license

Explosive Permit Personal History Statement Continued

26. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?

☐ Yes ☐ No If yes, please give details for each accident.

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	

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

28. Has your license ever been suspended, revoked, or placed on negligent operators probation?

☐ Yes ☐ No

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

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**Explosive Permit
Personal History Statement Continued**

29. Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (include company name and address, date, and reason).

30. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information:		
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency
Purpose		

<i>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.</i>	
Signature in full	Date completed