



## **EXPLORER PERSONAL HISTORY STATEMENT**

***ALL INFORMATION IS TO BE PRINTED IN BLACK INK***

The attached Explorer Personal History Statement must be completed in black ink in the applicant's own printing and returned to:

### **San Benito County Sheriff's Office**

Attention: Sergeant Breyon Canez  
2301 Technology Parkway Hollister, CA 95023  
(831) 636-4080 x 443

#### **Special consideration should be given to the following areas:**

1. All addresses must be complete, including entire street names, cities, states and zip codes. (Please include Street, Drive, Avenues, etc)
2. All telephone numbers must include area codes
3. Do not use person's name more than once (i.e. reference and employer)
4. All questions are to be answered. If the question does not apply to you, then print "N/A" in the space provided, which will indicate that you have read the question.
5. Questions regarding the use of illegal drugs must be answered with the total number of possessions and the time frame as close as you can estimate.
6. All criminal activity, whether as an adult or juvenile, must be listed
7. If this Explorer PHS is incomplete or poorly prepared, your application will be disqualified.
8. If additional space is needed for any answers, please attach extra sheets.

**INTENTIONAL DECEPTION, OR ANY OMISSION OF A MATERIAL FACT, WILL RESULT IN IMMEDIATE DISQUALIFICATION.**



## EXPLORER PERSONAL HISTORY STATEMENT

*ALL INFORMATION IS TO BE PRINTED IN BLACK INK*

### PERSONAL:

1. Name: \_\_\_\_\_  
First Middle Last

2. List any other name(s) you have used or have been known by, including maiden or "nicknames": \_\_\_\_\_

3. Address: \_\_\_\_\_  
Number Street City

4. Phone #s Home: ( ) - \_\_\_\_\_  
Work: ( ) - \_\_\_\_\_  
Cell: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_  
Month Day Year Age

6. Place of Birth: \_\_\_\_\_

7. Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

9. Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. With whom do you reside? \_\_\_\_\_  
NAME RELATIONSHIP

11. Information of spouse, significant other, or parent:

\_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_



## EXPLORER PERSONAL HISTORY STATEMENT

*ALL INFORMATION IS TO BE PRINTED IN BLACK INK*

### **EMPLOYMENT:**

What is your occupation?: \_\_\_\_\_

Beginning with your most recent employment, list all jobs you have held in the past five (5) years (including part time, temporary, and volunteer positions).

Use the following format: Dates/ Names of Employer/ Complete Street Address/ Phone Number of Employers/ Duties:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **RELATIONSHIP WITH PAST AND PRESENT EMPLOYERS:**

Have you ever been terminated or asked to resign for any reason?

YES \_\_\_\_ NO \_\_\_\_ If "YES", please explain why: \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned or quit a job in lieu of being terminated or without giving notice?

YES \_\_\_\_ NO \_\_\_\_ If "YES", please explain why: \_\_\_\_\_

\_\_\_\_\_

### **EDUCATION:**

List schools attended or attending (if currently attending high school, middle school, please note GPA): **(Include a copy of your recent report card)**

School name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_



## EXPLORER PERSONAL HISTORY STATEMENT

*ALL INFORMATION IS TO BE PRINTED IN BLACK INK*

School name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

School name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

### **LEGAL BEHAVIOR:**

List all law enforcement contacts you have had, including arrest, detentions, field interviews, traffic stops, and questioning:

1. Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Outcome of contact: \_\_\_\_\_

If cited/ arrested, what charge/s?: \_\_\_\_\_

2. Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Outcome of contact: \_\_\_\_\_

If cited/ arrested, what charge/s?: \_\_\_\_\_

3. Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Outcome of contact: \_\_\_\_\_

If cited/ arrested, what charge/s?: \_\_\_\_\_



## EXPLORER PERSONAL HISTORY STATEMENT

*ALL INFORMATION IS TO BE PRINTED IN BLACK INK*

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever committed a crime which was undetected or unreported to a law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If "YES", please explain:

\_\_\_\_\_

Are you now, or have you ever been on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you belong to or affiliated with any gang or gang member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of gang and your affiliation:

\_\_\_\_\_

Have you ever illegally possess or otherwise been involved in any illegal activity, involving the following substances? (Possession includes the mere holding, using, experimenting with, inhaling, ingesting, smoking, injecting, or being under the influence.) Fully explain all "YES" answers:

**Marijuana**

\_\_\_\_\_

**Hasish/ Oil**

\_\_\_\_\_

**Cocaine**

\_\_\_\_\_

**Barbituates**

\_\_\_\_\_

**Methamphetamine**

\_\_\_\_\_

**Amphetamine**

\_\_\_\_\_

**Heroin**

\_\_\_\_\_

**LSD**

\_\_\_\_\_

**PCP**

\_\_\_\_\_

**Steroids**

\_\_\_\_\_

**Ecstasy**

\_\_\_\_\_

**Inhalants**

\_\_\_\_\_

**Others**

\_\_\_\_\_

[illegible]



## EXPLORER PERSONAL HISTORY STATEMENT

*ALL INFORMATION IS TO BE PRINTED IN BLACK INK*

I have read and answered all questions truthfully and to the best of my knowledge. I understand that ANY deception, false statements, or intentional withholding of information will result in the immediate disqualification of application process.

I, \_\_\_\_\_, give my son/daughter permission to participate in the San Benito County Sheriff's Office Deputy Explorer Program including all meetings, functions, field trips and Deputy Ride-Along programs. It is known to me that some of the activities may be potentially dangerous and/or life threatening. By signing this application, (applicant or parent or guardian), he or she holds the San Benito County, the Sheriff's Office and its employees free from all liabilities for the duration of this program. Although safety is the outmost priority for all members of the explorer program, the applicant understands that there are adherent to possible dangers to this profession.

I further release the Boy Scouts of America, the County of San Benito, the San Benito County Sheriff's Office and the Deputy Sheriffs with whom they ride-along or work, from any liability. I further understand that my child will be covered under an insurance program through the Boy Scouts of America.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Parent/ Guardian Signature  
(if under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print