

**CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS,  
SENIOR VOLUNTEER**

CHP 462 (Rev. 4-11) OPI 013

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**Instructions to the Applicant:** The information requested on each of the forms in this packet is required to determine your eligibility and qualifications for appointment as a Volunteer with the California Highway Patrol (CHP). Failure to answer all questions completely and accurately may be cause for denial of acceptance. The Personal History Statement will be used in the assessment of your qualifications for the position you are seeking.

A background investigation and fingerprint check will then be conducted to determine your suitability for appointment to the CHP Senior Volunteer Program. Successful completion of the background investigation and fingerprint check may result in your appointment.

The completion of this form is mandatory. You will be required to certify that there are no willful misrepresentations, omissions or falsifications, and that all statements are true and correct.

All statements are subject to verification.

All time periods in your background must be accounted for.

It is to your advantage to respond openly and truthfully. 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 the position in which you have applied.

**Completing Item 12:** You need **NOT** list a conviction when the record of such an incident has been **sealed** in accordance with Penal Code Section 1203.45, 851.8; nor if your record has been **expunged** or is **expungeable** pursuant to Health and Safety Code 11361.5, which Section pertains to various marijuana offenses, or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when the conviction was stipulated or designed to be a lesser included offense of the offense of possession of marijuana. However, you must list the conviction if you have received a **release** (*per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code Section 1179 or 1772*) or a **pardon** (*per Section 4852.16 of the Penal Code*).

Under the Information Practices Act, effective 7-1-78, you have the right of access to personal information (*but not confidential information*) relating to employment with this Department.

**NOTE:** Answer all questions. Write or print legibly in ink in your own handwriting. **DO NOT TYPE.** If an item does not apply, enter 'D.N.A.' If more space is required, attach as many sheets of 8 1/2 X 11 white paper as may be required. Number the comments. More than one comment may be placed on a page.

**THIS IS NOT AN OFFER OF EMPLOYMENT AND IS INTENDED ONLY TO INFORM YOU OF THE STEPS TO BE TAKEN IN DETERMINING THAT YOU ARE OTHERWISE QUALIFIED FOR APPOINTMENT TO THE CALIFORNIA HIGHWAY PATROL SENIOR VOLUNTEER PROGRAM.**

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**PRIVACY STATEMENT**

*PROVIDING INFORMATION: If you choose to participate in the interview process, it is required that you provide information on this form.*

*OTHER INFORMATION: During the course of the application and interview process, you may be requested to provide additional information regarding your qualifications, medical/health background, and conviction history.*

*ACCESS: Your completed applications and interview-related material submitted to the California Highway Patrol is considered confidential and becomes the property of the CHP. Due to its confidential nature, such information will not be returned. Only authorized personnel directly involved in the employment process, and the applicant, once accepted, will be allowed access.*

**CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS,  
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1. NAME (LAST, FIRST, MIDDLE)

2. OTHER NAMES (INCLUDING NICKNAMES), ALIASES AND MAIDEN NAMES YOU HAVE USED OR BEEN KNOWN BY

2A. RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		2B. MAILING ADDRESS	
STREET NUMBER		STREET NUMBER OR P.O. BOX NUMBER	
CITY		CITY	
STATE, ZIP CODE		STATE, ZIP CODE	
HOME TELEPHONE NUMBER (INCLUDING AREA CODE)	HOURS OF CONTACT	HOME TELEPHONE NUMBER (INCLUDING AREA CODE)	HOURS OF CONTACT

**RELATIVES EMPLOYED BY CHP**

NAME	RELATIONSHIP	POSITION	EMPLOYMENT LOCATION

**REFERENCES**

3. LIST AS REFERENCES 3 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR PERSONAL QUALIFICATIONS. DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYER, CO-WORKERS OR SCHOOL TEACHERS.

	ADDRESS WHERE PERSON CAN BE CONTACTED (INCLUDE CITY, STATE AND ZIP CODE)	TELEPHONE NUMBER
A. NAME		HOME (    )
OCCUPATION		WORK (    )
B. NAME		HOME (    )
OCCUPATION		WORK (    )
C. NAME		HOME (    )
OCCUPATION		WORK (    )

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**RESIDENCES (IF NEEDED, LIST ADDITIONAL RESIDENCES ON A SEPARATE SHEET OF PAPER)**

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4. LIST ALL RESIDENCES DURING THE LAST FIVE YEARS BEGINNING WITH YOUR CURRENT ADDRESS.

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	NAME(S) OF PERSON(S) RESIDED WITH, INCLUDE PHONE NUMBER(S)	DATES (MONTH/YEAR)		IF RENTED, GIVE NAME, ADDRESS & PHONE NO. OF PERSON, OR AGENCY RESPONSIBLE FOR THE COLLECTION OF RENT
		FROM	TO	
A.				
B.				
C.				
D.				

E. HAVE YOU EVER LEFT ANY RESIDENCE UNDER UNFAVORABLE CIRCUMSTANCES?  Yes, explain  No

**EMPLOYMENT AND EXPERIENCE**

5. HAVE YOU EVER BEEN INVESTIGATED AS A JOB APPLICANT? (BACKGROUND INVESTIGATION, SECURITY CLEARANCE, ETC.)  Yes  No

IF YES, COMPLETE THE FOLLOWING, INCLUDING ALL INCIDENTS:

DATE	CIRCUMSTANCES

6. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL JOBS (PART-TIME, TEMPORARY, MILITARY SERVICE, VOLUNTEER) YOU HAVE HELD IN THE PAST SEVEN YEARS.

A. PERIOD AND TYPE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	
FROM _____ TO _____  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)		
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED	NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE _____ SALARY \$ _____	SUPERVISOR(S)	
DUTIES _____	CO-WORKER(S)	
REASON FOR LEAVING		
INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO

B. PERIOD AND TYPE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	
FROM _____ TO _____  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)		
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED	NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE _____ SALARY \$ _____	SUPERVISOR(S)	
DUTIES _____	CO-WORKER(S)	
REASON FOR LEAVING		
INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO

WOULD THERE BE ANY PROBLEM IF YOUR PRESENT EMPLOYER IS CONTACTED IN THE COURSE OF THE BACKGROUND INVESTIGATION?  Yes  No

IF YES, EXPLAIN:

**EMPLOYMENT AND EXPERIENCE** *(continued)*

C. PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER		
FROM	TO	COMPANY NAME	PHONE NO. <i>(INCLUDE AREA CODE)</i>	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		ADDRESS <i>(INCLUDE CITY, STATE, ZIP CODE)</i>		
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER		
TITLE	SALARY \$	SUPERVISOR(S)		
DUTIES		CO-WORKER(S)		
		REASON FOR LEAVING		
INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT			FROM	TO

7. HAVE YOU EVER BEEN GIVEN A FORMAL REPRIMAND OR WARNING AT ANY PLACE OF EMPLOYMENT? *(ORAL OR WRITTEN)*  Yes  No  
IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

8. HAVE YOU EVER BEEN SUSPENDED, FIRED, OR ASKED TO RESIGN FROM ANY EMPLOYMENT?  Yes  No  
IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

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**EMPLOYMENT AND EXPERIENCE** *(continued)*

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9. HAVE YOU EVER BEEN REJECTED DURING THE PROBATIONARY PERIOD FROM ANY EMPLOYMENT?

Yes  No

IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

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10. HAVE YOU EVER RESIGNED FROM ANY POSITION OR EMPLOYMENT UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES?

Yes  No

IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.



**MOTOR VEHICLE OPERATION** (continued)

16. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 5 YEARS?  
IF YES, GIVE DETAILS FOR EACH.

Yes  No

DATE	LOCATION (STREET AND CITY)	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
POLICE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY	REPORT NUMBER
		AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE	LOCATION (STREET AND CITY)	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
POLICE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY	REPORT NUMBER
		AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE	LOCATION (STREET AND CITY)	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
POLICE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY	REPORT NUMBER
		AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No

17. LIST ALL TRAFFIC CITATIONS (EXCEPT PARKING VIOLATIONS) YOU HAVE RECEIVED WITHIN THE LAST 3 YEARS. (INCLUDE MILITARY BASES)

NATURE OF VIOLATION	LOCATION (CITY)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION TAKEN ON DRIVER'S LICENSE

**REMARKS**

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**READ AND SIGN WHEN FIRST COMPLETING THIS DOCUMENT**

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to appointment to the California Highway Patrol Senior Volunteer Program.

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

SIGNATURE (*sign in ink*)

DATE

**READ AND SIGN IN THE PRESENCE OF CHP SUPERVISOR WHEN INTERVIEWED**

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to appointment to the California Highway Patrol Senior Volunteer Program.

CERTIFICATION

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SIGNATURE (*sign in ink*)

DATE

**APPLICANT DRUG HISTORY QUESTIONNAIRE**

SUBSTANCE	LAST USED / TRIED	HOW INGESTED <i>(Orally, Ingested, Smoked, Snorted, Inhaled)</i>
Marijuana (grass, pot, mota, weed)		
Hashish/Hash Oil		
Quaaludes (ludes)		
Inhalants (popper, glue, gas, paint, solvents, cleaners)		
Non-Prescribed Anabolic Steroids (d-bol, roids, juice, pump)		
Barbiturates (barbs, candy, downers, reds)		
Amphetamines/Methamphetamines (uppers, speed, crank, bennies, whites, cross tops, ice, crystal)		
Cocaine (crack, coke, snow, rock, hubba, nose candy)		
P.C.P. (angel dust, juice, crystal, rocket fuel, KJ, sherm)		
Thai Sticks (opiate, grass)		
Heroin (black tar, chiva)		
Opium		
LSD (acid)		
Psilocybin (magic mushrooms)		
Mescaline/Peyote (buttons)		
Non-Prescribed Valium, Tranquilizers, muscle relaxers, sleeping pills		
Illegal use of any prescribed drug (explain)		

Are there any drugs, narcotics or substances not on the above list that you have tried, used, or experimented with?  Yes  No

PRINTED NAME

DATE

SIGNATURE