

Visalia Police Department
Application/Background Packet
For
Citizens Police Academy
Volunteers in Police Service

Informational Meeting

TBD

City Hall Council Chambers

707 W. Acequia

Class Start Date

Tentatively: Tuesday May 7, 2024

6:00 P.M. - 8:00 P.M.

Please deliver completed background packets as soon as possible to the
Community Outreach Department at 303 S. Johnson St. Visalia, CA 93291

Community Outreach Coordinator Whitney Scarbrough

(559)713-4147 / whitney.scarbrough@visalia.city



MEMO TO: Citizens Police Academy/VIPS Training Program

FROM: Captain Luma Fahoum

SUBJECT: Background Investigation Process

Thank you for your interest in the position of VOLUNTEERS IN POLICE SERVICE with the City of Visalia. I hope you will enjoy this experience and find it rewarding as you serve your community through the Visalia Police Department. As previously discussed with you, the next phase of the recruitment selections process for this position is the background investigation; however this is not an offer of employment.

To ensure a rapid and thorough background investigation, please submit the following items, along with the P.O.S.T. Personal History Statement Form, which is enclosed in this packet.

1. A copy of your birth certificate.
2. A copy of your driver's license.
3. A signed and NOTARIZED waiver (attached to this packet).
4. A copy of your military discharge papers, if applicable.
5. A copy of any professional training certificates.

These materials must be submitted, with the application, to the Visalia Police Department, 303 S. Johnson St., Visalia, CA. 93291 by no later than March 1, 2024 at 5:00 pm.

Upon successfully completing the background investigation and completing the Citizens Police Academy, you will be considered for the VIPS program.

If you have any questions concerning the application process, please feel free to contact the Community Outreach Coordinator at (559)713-4370.

Thank you for your interest in serving this community with our VIPS program.

Working together for a safe community!

PRE-INVESTIGATIVE QUESTIONNAIRE

As an applicant for a position with the City of Visalia Police Department, you are required to complete the following Pre-Investigative Questionnaire as part of your background package. As part of the questionnaire, you are admonished with the following: "I hereby certify that all statements and answers made on this questionnaire are true and complete, and that I understand that any miss-statements of material facts will subject me to disqualification or dismissal."

Do you understand this admonishment? Yes ___ No ___

Do you have any questions about this admonishment? Yes ___ No ___

Read and answer the following questions carefully and honestly. Answers are subject to verification by a Polygraph Examination.

CRIMINAL AND ARREST INFORMATION

1. Have you ever committed any of the following acts?
 - a. Arson (intentionally set a fire) Yes ___ No ___
 - b. Burglary (entry of a structure or vehicle to commit theft or other crime) Yes ___ No ___
 - c. Robbery (theft from another person utilizing a weapon or force) Yes ___ No ___
 - d. Homicide Yes ___ No ___
 - e. Theft Yes ___ No ___
 - f. Forgery Yes ___ No ___
 - g. Kidnapping Yes ___ No ___
 - h. Extortion (blackmail) Yes ___ No ___
 - i. Embezzlement (theft of money or other valuables entrusted to you) Yes ___ No ___
 - j. Rape (sexual intercourse by force) Yes ___ No ___
 - k. Any other forcible sex act (oral copulation, sodomy, etc.) Yes ___ No ___
 - l. Any violent assault upon another Yes ___ No ___
 - m. Spousal battery (including common-law) Yes ___ No ___
 - n. Any form of terrorist activity Yes ___ No ___

If "yes" to any of the above questions, explain:

Initials _____

2. Have you ever stolen from an employer? Yes ___ No ___

Explain: _____

3. Did you ever fail to register for the military draft or Selective Service when required to do so by law? Yes ___ No ___

Explain: _____

4. Have you ever committed a crime not previously mentioned? Yes ___ No ___

Explain: _____

5. If you have ever been arrested or convicted for any crime, as an adult, (excluding traffic citations), provide the following information:

Approximate Date	Police Agency	Circumstances
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Have you ever carried a weapon for protection? Yes ___ No ___

7. Have you ever committed any dishonest act in order to obtain this position (i.e., cheating on written exam, having another person take any portion of the testing process, etc.)? Yes ___ No ___

8. Have you intentionally omitted any fact or facts from you application or withheld any information from personnel investigators? Yes ___ No ___

SEXUAL BEHAVIOR

9. Have you ever been required to register as a sex offender? Yes ___ No ___

10. Have you ever committed any act in which conviction would have required you to register as a sex offender? Yes ___ No ___

Explain: _____

Initials _____

NARCOTICS USAGE

11. Are you currently using any of the following substances, drugs or narcotics?
If YES, explain below.

	Yes	No
Marijuana	_____	_____
Hashish, Has Oil	_____	_____
Cocaine	_____	_____
Barbiturates* (downers)	_____	_____
Amphetamines* (uppers, speed)	_____	_____
Heroin (oxycotin, methadone)	_____	_____
LSD (hallucinogens)	_____	_____
PCP (angel dust)	_____	_____
THC, opium, morphine	_____	_____
Other	_____	_____

***With / Without a doctor's prescription.**

Explain: _____

EMPLOYMENT AREA

12. Have you ever been fired or asked to resign from any employment? Yes ___ No ___

Explain yes answer: _____

13. Have you ever been asked to resign from any employment? Yes ___ No ___

Explain yes answer: _____

14. Have you ever deliberately taken anything from your employer without authorization? Yes ___ No ___

Explain: _____

Initials _____

15. Have you ever received any disciplinary action while employed on any job (written or oral reprimand, suspension, etc.)? Yes ___ No ___

Explain: _____

16. Have you ever had any problems with any of your supervisors on any job that you have held? Yes ___ No ___

Explain: _____

17. Have you ever had any problems with any co-workers on any job that you have ever held? Yes ___ No ___

Explain: _____

18. Have you ever had any problems with your dealings with the public on any jobs that you have held? Yes ___ No ___

Explain: _____

Date: ___ / ___ / _____

Print name: _____ Signature: _____

APPLICANT'S REQUEST TO RELEASE INFORMATION

FROM: _____
(Applicant)

1. I, the undersigned, hereby authorize and request all persons, agencies, corporations, companies, educational institutions, and former employers to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed Officer of the Visalia Police Department, whether or not such information is considered confidential (including past internal affairs investigations regardless of the outcome), or would otherwise be protected from disclosure by a constitutional, statutory, or common law privilege. This information may be provided verbally or in writing.
2. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed Officer of the Visalia Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by a constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or an officer of same, I hereby authorize and request that a duly appointed Officer of the Visalia Police Department be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, credit check records, and general ledger folio sheets.
4. I understand that I am seeking employment and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
5. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remiss, and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
6. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
7. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.
8. I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation, so your response will be completely confidential. You may retain this form for your files.

- 9. This document must be notarized.
- 10. This release will expire one year after the date signed.

IN WITNESS WHEREOF, I have executed this request at

_____, _____ on
(City) (State)
the _____ day of _____, 2017.

(Applicant's Signature)

Signature of the City of Visalia Police Department Officer presenting this request.

(Signature)

(Date)

State of California
County of _____

On _____ before me _____

Notary Public, personally appeared _____,
(Name(s) of Signer(s))

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: _____
(Signature of Notary Public)

Personal History Statement

Personal

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

Your Name (please print or type)				
Last	First	Middle		
Other names (including nicknames) you have used or been known by:				
List address at which you can be contacted				
Number	Street	City	State	Zip Code
Please list local telephone number(s) which you can be contacted.		() _____ Hrs. you can be contacted	() _____ Hrs. you can be contacted	
Birth date		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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(month)	(day)			
Social Security Number		(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.)		
For the purpose of identification, please provide the following:				
Height:	Weight:	Hair color:	Eye color:	
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 the position of a peace officer / volunteer. Inquiries will be confined to job-related matters.

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "NA"

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
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
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Relatives and References

Continued

In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications.

Name	Address where person can be contacted (include City, St. & 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
	<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
	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other

Education

The Commission on Peace Officers Standards and Training requires a peace officer to possess a US high School diploma or its' equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. institution. Name: _____ Year: _____
- I passed the G.E.D. (General Education Development) test. Where: _____ Year: _____
- I passed the High School Proficiency Exam. Where: _____ Year: _____
- I possess a two year college degree. From: _____ Year: _____
- I possess a four-year college or university degree. From: _____ Year: _____
- I do not currently have a high school diploma or its' equivalent, but plan to satisfy the requirement in the future as follows:

When: _____

How: _____

Residence

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

Please list all of your residences during the past 5 years (list no information prior to your 15th birthday) Begin with your most current residence.

Address of Residence	City, State, & Zip	Dates		If rented, give name & address of person responsible for collection of rent
		From Mo / Yr	To Mo / Yr	

Experience and Employment

Beginning with your most current employment, please list all jobs (including part-time, temporary, and volunteer positions) of the past 10 years. (For the purpose of employment 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: From To Mo. Yr. Mo. Yr ___/___/___ ___/___/___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer: Title or duties (for identification purposes)	Phone #	Name of supervisor: Name of Co-workers:
<input type="checkbox"/> Military service <input type="checkbox"/> Not employed		From: Mo. / Yr.	To: Mo. / Yr.
Dates of employment: From To Mo. Yr. Mo. Yr ___/___/___ ___/___/___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer: Title or duties (for identification purposes)	Phone #	Name of supervisor: Name of Co-workers:
<input type="checkbox"/> Military service <input type="checkbox"/> Not employed		From: Mo. / Yr.	To: Mo. / Yr.
Dates of employment: From To Mo. Yr. Mo. Yr ___/___/___ ___/___/___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer: Title or duties (for identification purposes)	Phone #	Name of supervisor: Name of Co-workers:
<input type="checkbox"/> Military service <input type="checkbox"/> Not employed		From: Mo. / Yr.	To: Mo. / Yr.
Dates of employment: From To Mo. Yr. Mo. Yr ___/___/___ ___/___/___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer: Title or duties (for identification purposes)	Phone #	Name of supervisor: Name of Co-workers:
<input type="checkbox"/> Military service <input type="checkbox"/> Not employed		From: Mo. / Yr.	To: Mo. / Yr.
Dates of employment: From To Mo. Yr. Mo. Yr ___/___/___ ___/___/___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and address of employer: Title or duties (for identification purposes)	Phone #	Name of supervisor: Name of Co-workers:
<input type="checkbox"/> Military service <input type="checkbox"/> Not employed		From: Mo. / Yr.	To: Mo. / Yr.

Experience and Employment

Continued

Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", when should such contact be made? (best time)
If you have had no prior employment, please explain in the space below.
Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, & circumstances).
Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details (include when, name of agency & circumstances).

Military Service

Military service : Date ___ / ___ / ___ to ___ / ___ / ___ - please provide discharge papers
Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give details (include branch of service, when, where and circumstances).

Financial

Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, firm involved, and circumstances).
Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, firm involved, and circumstances).
Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).
Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).

Legal

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 affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the cover page for details.)

Approx. Date	Police Agency	Circumstances
Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, and why).		
Have you ever been required to appear before a juvenile court for an act which would have been a crime of committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give details (include when, where and why).		

Motor Vehicle Operation

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

Nature of violation	Location (City, State)	Approximate Date	Indicate whether fined or action taken on driver's license
Have you ever been involved as a driver in a motor vehicle accident within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
If there is anything you wish to discuss about your driving record, please use the space below.			
Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include what, when, where and why).			

Motor Vehicle Operation

Continued

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure please supply the following information:

California driver's license number:			Expiration date:
Name under which license was granted:			
Please list other states where you have been licensed to operate a 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:
Have you ever been refused a driver's license by any state? If "yes", please explain (include when, where, and why).		<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Information

Have you ever been refused insurance for any reason other than failure to pay a premium? If "yes", please explain (include company name, and address, date and reason).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for a permit to carry a concealed weapon? If "yes", please provide the following information:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: -- / -- / --	Name of law enforcement agency:	
Purpose:			
I here by 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.			
Signature in full:		Date completed:	