

**Napa County Sheriff's Department - Aero Squadron**  
**Application for Membership**

**1) Personal**

Last Name _____ First _____ Middle _____		
Home Address _____		
Business Address _____		
Home Phone # _____		Business Phone # _____
Birthdate _____		Social Security # _____ - _____ - _____
Height _____	Weight _____	Hair Color _____ Eye Color _____
Scars, tattoos, or other distinguishing marks _____		

**2) Military Service**

Have you ever served in any branch of the armed or military services? <b>Yes</b> _____ <b>No</b> _____	
If yes, please supply the following: Branch of Service _____	
Dates of Service _____	Type of Discharge _____
Have you ever been the subject of any judicial or non-judicial disciplinary action?	
<b>Yes</b> _____ <b>No</b> _____ (If <b>Yes</b> , please give details of any and all such actions below)	

**3) References**

In the space below, please list at least 3 individuals who know you and your background (Exclude relatives and personal friends).		
Name	Address	Telephone

#### 4) Employment

Beginning with the most recent, list all jobs (full time, part time, temporary, and volunteer positions included) you have held in the past 5 years, using back of page if necessary.

Dates of Employment	Name and Address of Employer
From: Mo / Yr - To: Mo / Yr	Name _____
/ - /	Street Address _____
	City, State, Zip _____
Full Time ____ Part Time ____	Title or Duties _____
Voluntary ____ Temp ____	_____
Name of Supervisor _____ Name of Co-Worker _____	
Name of Co-Worker _____ Reason for Leaving _____	
_____	

Dates of Employment	Name and Address of Employer
From: Mo / Yr - To: Mo / Yr	Name _____
/ - /	Street Address _____
	City, State, Zip _____
Full Time ____ Part Time ____	Title or Duties _____
Voluntary ____ Temp ____	_____
Name of Supervisor _____ Name of Co-Worker _____	
Name of Co-Worker _____ Reason for Leaving _____	
_____	

Dates of Employment	Name and Address of Employer
From: Mo / Yr - To: Mo / Yr	Name _____
/ - /	Street Address _____
	City, State, Zip _____
Full Time ____ Part Time ____	Title or Duties _____
Voluntary ____ Temp ____	_____
Name of Supervisor _____ Name of Co-Worker _____	
Name of Co-Worker _____ Reason for Leaving _____	
_____	

**4) Employment (cont.)**

Dates of Employment	Name and Address of Employer
From: Mo / Yr - To: Mo / Yr	Name _____
/ - /	Street Address _____
	City, State, Zip _____
Full Time ____ Part Time ____	Title or Duties _____
Voluntary ____ Temp ____	_____
Name of Supervisor _____ Name of Co-Worker _____	
Name of Co-Worker _____ Reason for Leaving _____	

**5) Financial**

Have you ever filed for or declared bankruptcy or for the Wage Earners' Plan?

**Yes** \_\_\_\_ **No** \_\_\_\_ (If **Yes**, please give details below including when, where, and why)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of your bills or debts been turned over to a collection agency? **Yes** \_\_\_\_ **No** \_\_\_\_

(If **Yes**, please give details below including when, firms involved, and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had purchased goods repossessed? **Yes** \_\_\_\_ **No** \_\_\_\_

(If **Yes**, please give details below including when, firms involved, and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have your wages ever been garnished? **Yes** \_\_\_\_ **No** \_\_\_\_

(If **Yes**, please give details below including when, firms involved, and circumstances).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5) Financial (cont.)**

Have you ever been delinquent on income or other tax payments? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
(If **Yes**, please give details below including when, where, and why).

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**6) Legal**

If you have ever been arrested or convicted for any crime (excluding traffic violations), please provide details below.

Approximate Date	Police Agency	Circumstances
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Have you ever been placed on court ordered probation as an adult? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
(If **Yes**, please give details below including when, where, and why) \_\_\_\_\_

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Have you ever been required to appear before a juvenile court because of an act which would have been a crime if committed by an adult? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

(If **Yes**, please give details below including when, where, and why) \_\_\_\_\_

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Have you ever been reported to a law enforcement agency as a runaway or missing person?  
**Yes** \_\_\_ **No** \_\_\_ (If **Yes**, please give details below including when, where, and why)

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**6) Legal (cont.)**

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 below including when, where, name and location of court, and circumstances) \_\_\_\_\_

**7) Motor Vehicle Operation**

Operation of a motor vehicle is an integral part of the position of patrol officer. As such, 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 all other states, and the full name you were licensed under, where you have been licensed to operate a motor vehicle:

State \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Have you ever been refused a driver's license by any state? **Yes** \_\_\_ **No** \_\_\_\_  
(If **Yes**, please provide details below including when, where, and why)

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

<u>Company</u>	<u>Address</u>	<u>Policy Number</u>	<u>Date of Expiration</u>

If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility please check the appropriate line here: Bond \_\_\_\_\_ \$35,000 \_\_\_\_\_

**7) Motor Vehicle Operation (cont.)**

Please list all traffic citations (excluding parking violations) you have received within the last 7 years.

Nature of Violation	City	Approximate Date	Final Result (Fined, "point," Suspension, etc)

Have you been involved as a driver in a motor vehicle accident within the past 7 years?  
**Yes** \_\_\_ **No** \_\_\_ (If Yes, please provide the details below for each accident).

Date \_\_\_\_\_ Location \_\_\_\_\_ Injury \_\_\_ Non-injury \_\_\_  
 Police investigation? Yes \_\_\_ No \_\_\_ Police Agency: \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_ Injury \_\_\_ Non-injury \_\_\_  
 Police investigation? Yes \_\_\_ No \_\_\_ Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_ Injury \_\_\_ Non-injury \_\_\_  
 Police investigation? Yes \_\_\_ No \_\_\_ Police Agency: \_\_\_\_\_

Please use the space below if you wish to discuss or explain any further driving record details.

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Has your license ever been suspended, revoked, or placed on any sort of punitive probation?  
**Yes** \_\_\_ **No** \_\_\_ (If **Yes**, please give details including what, when, where, and why)

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**7) Motor Vehicle Operation (cont.)**

Have you ever been refused insurance for any reason other than failure to pay a premium?

**Yes** \_\_\_\_ **No** \_\_\_\_ (If **Yes**, please explain below, including company name and address, date, and reason). \_\_\_\_\_

Have you ever applied for a permit to carry a concealed weapon? **Yes** \_\_\_\_ **No** \_\_\_\_

(If **Yes**, please provide the following information). Permit granted **Yes** \_\_\_\_ **No** \_\_\_\_

Date \_\_\_\_\_ Name of granting agency \_\_\_\_\_

Purpose \_\_\_\_\_

I hereby certify that all statements and answers given in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification and / or dismissal.

**Signature in full** \_\_\_\_\_ **Date** \_\_\_\_\_