



[NEW COUNTY DAO EMPLOYEE]

To: Candidate for Employment with the Office of the District Attorney:

This is a conditional offer of employment with the Office of the District Attorney. Your final offer is contingent on passing a FULL Background Investigation as determined by the Office in its sole discretion. Please read and initial or sign in all indicated spaces throughout this packet. Please be advised that as part of the Office's Background Investigation process, you will be required to provide detailed personal information. Failing to provide, excluding information of any kind, or giving inaccurate or false information will result in immediate disqualification from placement. The District Attorney's Office retains full discretion on making a final offer of employment and the candidate is advised that it would be premature to rely on this conditional offer of employment when making personal employment decisions.

We look forward to you progressing through this offer process. Please complete the attached Background and Records Investigation Packet and return to:

District Attorney Human Resources
70 West Hedding Street
West Wing, 5th Floor
San Jose, CA 95110
Email: DAOHR@dao.sccgov.org

WE WILL SIGN AS WITNESS WHEN WE RECEIVE THE PACKET. Please answer all questions with **YES** or **NO**, ***N/A is not acceptable.***

The background process includes a fingerprinting appointment which our Office will arrange for you upon complete submission of all required documentation. The background process can take up to six weeks to complete. It is important that you return this packet as soon as possible. If you have any questions, please contact our DAO HR Service Center at (408) 792-2686.

Please note the following information and initial that you understand each of the following:

- Every candidate of the Office of the District Attorney must pass a full background investigation. All offers are contingent on a candidate clearing this background investigation, which the District Attorney's Office will determine in its sole discretion. _____
- Failure to comply will result in the conditional offer being rescinded. _____

- Information obtained or resulting in this investigation will not be shared with the candidate or any other representative of the candidate. _____
- The candidate waives any right they may have to the information or materials obtained or generated in the background process. _____
- The Office of the District Attorney is a Criminal Justice agency. You must disclose all information regardless of the date of occurrence and/or results of the occurrence. _____
- If you fail to provide information or misrepresent information, you may be automatically disqualified from the process. _____
- There is a subsequent phase of this background investigation that is completed after an employee has been working with the Office; it can take from six months to a year. If an employee cannot pass this final phase, they cannot remain employed with this Office and will be released. _____
- In rare cases, an additional Live Scan fingerprinting appointment may be required as part of the background process. If you fail to comply with an additional appointment, this will delay the hiring process. _____
- Every candidate is required to submit a copy of a government issued photo identification card for authentication and identification purposes necessary throughout the background process (i.e. California or other State Driver's License, Passport, Identification Card). _____

It is of the utmost importance that candidate for all positions with the Office of the District Attorney be **forthright and extremely accurate** in answering the personal history questions. A misstatement or failure to disclose information can constitute a failure in the background investigation and result in non-employment or the termination of employment.

I have read and understand the information above regarding the background process. I understand that being hired by the Office of the District Attorney and my continued employment by the office is **contingent** upon passing the entire investigation process. I further understand that I will not receive any information obtained or created during the background process. I hereby waive any right or interest I have in reviewing or obtaining this information.

Signature of Applicant

Date

Legibly PRINTED name

The following information will be used to schedule your Live Scan Fingerprinting Appointment. Please print clearly and completely.

Appointment Preference:

Please note, we will try to meet your preference time, however times are not exact.

7:30 AM – 10 AM _____ 10:30 AM – 12:30 PM _____ 1:00 PM– 3:30PM _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

List specific dates of unavailability, if applicable: _____

Applicant Name: _____
LAST FIRST MIDDLE

Generation (if any) _____ Alias: _____

Date of Birth: _____ Sex: Male _____ Female _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Country of Birth: _____ If born in the United States, provide state: _____

Social Security Number: _____ CA Driver's License Number: _____

Complete Home Address: _____

Telephone Number: _____ Alternate Number: _____

Email Address: _____



**COUNTY OF SANTA CLARA
PERSONAL HISTORY STATEMENT**

INSTRUCTIONS: PLEASE ANSWER THE QUESTIONS AS DIRECTED. PRINT YOUR ANSWERS CLEARLY AND COMPLETELY. Provide all information requested in detail (i.e. full names, addresses, dates). Incomplete packets will not be accepted, and your conditional offer of employment or your participation in the assignment process will be rescinded. If you do not have a response to any question, please list NONE

Title of Position for which you are applying: _____

Name of Supervisor: _____

Legal Name: _____
First Name Middle Name Last Name

Have you ever used any name(s) other than your legal name? ____ YES ____ NO

If you answered yes, list each and every name you have used. Give the details, including dates of usage. Attach additional sheets, if needed (i.e. nicknames, maiden names, adoptive names, married names).

CURRENT RESIDENTIAL ADDRESS:

Number Street Name City State Zip

CURRENT MAILING ADDRESS (If the same as above, check the box) ____

Number Street Name City State Zip

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____

PERSONAL IDENTIFICATION INFORMATION:

PLACE OF BIRTH:

City	State	Country
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DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE or STATE ID NUMBER: _____

If not issued from California, list state: _____

LIST YOUR EMERGENCY CONTACT (WHO TO NOTIFY IN AN EMERGENCY)

RELATIONSHIP: _____

NAME	COMPLETE ADDRESS	PHONE
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EDUCATIONAL HISTORY:

List last grade of school completed: (i.e. High School 9th, 10th, 11th, or 12th grade; College Y1, Y2, Y3, Y4, Graduate School or Law School) _____

List ALL schools, colleges, Law School and Trade Schools you have attended. Attach an additional sheet, if needed.

High School: _____
Name Full Address

Dates Attended: _____ Graduated: Yes _____ No _____

Trade/Business School: _____
Name Full Address

Dates Attended: _____ Area of Study: _____

Certificate Received: Yes _____ No _____

College(s) Attended:

College Name	Full Address
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Dates Attended: _____ Major/Minor: _____

Degree Obtained: _____ Year Awarded: _____
(e.g. A.A., B.S., BA, MBA)

EDUCATIONAL HISTORY CONTINUED:

College Name	Full Address
Dates Attended: _____	Major/Minor: _____
Degree Obtained: _____ (e.g. A.A., B.S., BA, MBA)	Year Awarded: _____

College Name	Full Address
Dates Attended: _____	Major/Minor: _____
Degree Obtained: _____ (e.g. A.A., B.S., BA, MBA)	Year Awarded: _____

RESIDENTIAL HISTORY:

List all addresses where you have resided in the past five years. Leave no gaps in time. Attach additional sheets, if needed.

1. _____
Date (from/to) Complete Address

Name of Landlord Contact Number

2. _____
Date (from/to) Complete Address

Name of Landlord Contact Number

3. _____
Date (from/to) Complete Address

Name of Landlord Contact Number

4. _____
Date (from/to) Complete Address

Name of Landlord Contact Number

EMPLOYMENT HISTORY:

Beginning with your **CURRENT** employer, account for the past five years of employment. Include education, unemployment, military service, etc. as appropriate. LEAVE NO GAPS IN TIME. Attach an additional sheet, if necessary.

1. _____
Date (from/to) Employer Name and Complete Address

Employer Phone Number Name of Immediate Supervisor Department

Position Held Wages/hour

Reason for Leaving: _____

2. _____
Date (from/to) Employer Name and Complete Address

Employer Phone Number Name of Immediate Supervisor Department

Position Held Wages/hour

Reason for Leaving: _____

3. _____
Date (from/to) Employer Name and Complete Address

Employer Phone Number Name of Immediate Supervisor Department

Position Held Wages/hour

Reason for Leaving: _____

4. _____
 Date (from/to) Employer Name and Complete Address

 Employer Phone Number Name of Immediate Supervisor Department

 Position Held Wages/hour

Reason for Leaving: _____

MILITARY SERVICE:

1. Are you currently an active member of any branch of the US military? Yes _____ No _____

If yes, what branch? _____

Date of enrollment? _____

2. Have you previously served as a member of any branch of the US military? Yes _____ No _____

If yes, what branch? _____

Dates of service? _____

_____ I have attached a copy of my discharge (DD214) or other release, other than
 (initials) dishonorable from the armed forces showing service in any branch of the US Military.

CURRENT MARTIAL STATUS:

Note: Until you have received a final judgement of dissolution of marriage, you are married for the purposes of this answer. Single means that you have NEVER married or that your marriage was annulled.

Select one of the following: _____ Single _____ Married _____ Widow _____ Divorced

INFORMATION REGARDING SPOUSE, DOMESTIC PARTNERS, AND/OR SIGNIFICANT OTHER

 Name of Spouse/Domestic Partner/Signification Other Complete Address

Are they employed? _____ Yes _____ No If yes, provide employment information below.

 Employer Employer's Address/Phone

PERSONAL CRIMINAL HISTORY

1. List and describe in **DETAIL** any traffic conviction or forfeiture of bail in the last three years as a result of a moving violation. Please list date, violation, issuing law enforcement agency and consequence. If, within the last three years you have **NOT** received a traffic conviction or forfeiture, answer "NONE".

2. Excluding traffic infractions and parking tickets, have you **EVER** been the subject of a cite and release?
 Yes No

If yes, provide the following information:

Offense: _____ Date of Offense: _____

Description: Please be detailed. Provide case number, if available.

Consequences/Outcome (Mark any and all that may apply):

- | | |
|---|---|
| a. Diversion Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No | Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Community service ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | Length: _____ |
| e. Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. No charges filed/Charges dismissed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| g. Found Not Guilty: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

3. Have you ever been arrested? Yes No

If yes, provide the following information:

Offense: _____ Date of Offense: _____

Description: Please be detailed. Provide case number, if available.

Consequences/Outcome (Mark any and all that may apply):

- | | |
|--|---|
| a. Diversion Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No | Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Community service ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | Length: _____ |
| e. Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No |

f. No charges filed/Charges dismissed: _____ Yes _____ No

g. Found Not Guilty: _____ Yes _____ No

4. Are you presently the subject of any pending legal action for any crime (excluding traffic infractions)? Include any pending DUIs or suspended licenses or reckless driving cases; these offenses are misdemeanors.

_____ Yes _____ No

If you answered YES, list the following information:

Court where your case is being held: _____

Nature of the charge(s): _____

Next Court Date: _____

Are you currently on bail or released on your own recognizance (O.R. or S.O.R.P. or citation)?

_____ Yes _____ No

Have you been placed in a diversion program? _____ Yes _____ No

If yes, have you successfully completed the entire period of diversion? _____ Yes _____ No

5. Are you currently on probation (court or formal) for any offense? _____ Yes _____ No

If you answered YES, list the following information:

County in which you are under probation: _____

Name of Probation Officer: _____

Charge: _____ Length of your probation: _____

6. Have you ever been the subject (the suspect) of a criminal investigation? _____ Yes _____ No

If you answered yes, list the following information:

Date(s) you were the subject: _____

City/State of Investigation: _____

Name of Investigating Law Enforcement Agency: _____

Nature of the Crime: _____

Report Number, if known: _____

*Please supply a copy of the report if you have one.

7. a) Have you ever been served with a restraining order (permanent or temporary) or an emergency protective order? _____ Yes _____ No

b) Have you ever been the subject (suspect) where someone was trying to get a restraining order (permanent or temporary) or an emergency protective order? _____ Yes _____ No

If you answered yes to either of the above, provide FULL details to the following:

Date(s): _____ Case Number: _____

Issuing Court (include city, county & state): _____

Name of person(s) involved: _____

Please provide a copy of the order. *If a copy of the order is not available to you, explain why and how a copy can be obtained.

8. Have you EVER been sued civilly? _____ Yes _____ No

If the answer is yes, provide the following:

Name of the Lawsuit: _____

Civil Case Number: _____

Date the suit was brought: _____

County and State of the filing: _____

General description of the suit: _____

Results of the suit (if the matter is still pending, indicate so): _____

9. Have you ever filed for another Civil Service Examination? _____ Yes _____ No

If the answer is yes, list all positions you applied for and provide the details indicated for each. Attach an additional sheet if necessary.

_____	_____	_____
Date	Position	Where (County & State)
_____	_____	_____
Date	Position	Where (County & State)
_____	_____	_____
Date	Position	Where (County & State)
_____	_____	_____
Date	Position	Where (County & State)

End of Personal History Questionnaire

DECLARATION OF APPLICANT

I hereby certify that there are no misrepresentations, omissions, or falsifications of the foregoing statements and answers to the questions listed throughout this packet. I am aware that should an investigation disclose any such misrepresentations, omissions, falsifications or other irregularities, my application will be rejected and or if already employed, my employment will be terminated.

I certify that I have read the above statement, understand its meaning and have been furnished a copy.

Signature

Date

Witness & Position with Department

Date



STATEMENT OF INFORMED CONSENT

I recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to ensure that persons employed by them will conform to the very highest standard.

I understand that an intensive investigation into aspects of my personal, medical, and psychological fitness will be conducted and that such investigation will include contacting person and/or organizations who may have information relating to my fitness. I further understand that this background check includes a credit check through TRW Information Services and under the law, I am entitled to a free copy of this report, if I so choose. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy.

Therefore, I release and hold harmless the Santa Clara County Office of the District Attorney and its officers, agents, or assigns, now and in the future, from a claim for damages, whether in law or in equity, on behalf of my heirs, agents, assigns, or me for their refusal to make available any and all information contained in this employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, pursuant to Labor Code Section 1198.5 or other legislation, whether by request, appeal, grievance, or by legal process. I have had adequate time to review this informed consent form and have had the opportunity to seek legal advice at my discretion. I understand its meaning and purpose and have been furnished a copy.

Dated this _____ day of _____, 20____ in the City of San Jose, County of Santa Clara, State of California.

Signature of Applicant

Date

Signature of Witness

Date

AUTHORIZATION TO RELEASE INFORMATION

Directed to: _____

As an applicant for a position with the County of Santa Clara, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to, information which is personal, confidential or privileged in nature, and/or which relates to any and all aspects of my employment history.

This would also include any and all information regardless of the date, including but not limited to, information that may have been sealed as a result of disciplinary action and agreed to be released only by due process.

I do hereby request that any information requested by the Santa Clara County Office of the District Attorney be provided as fully and completely as is reasonably possible.

I do hereby release and hold harmless you, your organization or company, your officers, agents, employees or independent contractors from any liability or damages, and I do hereby waive all claims or causes of action against you, your organization or company, your officers, agents; employees, or independent contractors, which may result from furnishing the requested information.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____ DATE: _____