TO: PROSPECTIVE NEW EMPLOYEES AND VOLUNTEERS OF THE OFFICE OF THE DISTRICT ATTORNEY

SUBJECT: BACKGROUND AND RECORD CHECK

Jeffrey F. Rosen
District Attorney

Name of Supervisor: _________________________________

Every employee of the Office of the District Attorney must pass a background and records check. If you have been offered a position, whether for compensation or not, you must successfully complete the initial phase of this process before you can come to work. If you are unsuccessful in this phase, there will be no job for you; you will not be hired by this office. The initial phase includes, among other things, local, state, and Department of Motor Vehicles records checks. This phase typically takes three weeks (15 working days) but can take longer. This office is not in control of the time it takes. Any date to start work, therefore, is only an estimate and is not a date certain. The actual date to commence employment depends on the successful completion of the initial phase of the background process.

Crime Laboratory Applicant: The only exception to pre-work completion of the initial phase is for an applicant for a position at the Crime Laboratory. In certain cases the Director with concurrence of the Chief Assistant District Attorney may permit an applicant to begin work before completion of the initial phase of the background evaluation. If you are applying for a job at the Crime Laboratory, and the exception is applied to you, you still must complete all phases of the background process. The only difference for Lab employees is the sequence. The consequences remain as for other applicants. Please read this entire form before signing

All Applicants: There is a subsequent phase that is usually completed once you are working here; it can take from six months to one year. This phase involves, among other things, checking federal and other resources. If you do not pass the full background (all phases), you cannot remain employed by this office—even if otherwise qualified for County employment.

Two sets of fingerprints are required for the background process. These are examined by experts not employed by this Office. If the prints submitted to them do not meet their needs, then an additional set or sets must be taken. This could cause a delay in the date of hire.

It is of the utmost importance that applicants for all positions with the District Attorney’s Office be complete and extremely accurate in answering the personal history questions. A misstatement or omission in the statement in and of itself can constitute a failure in the background check and result in non-employment or the termination of employment. Please submit a copy of your California Driver’s License with this form.

ASK THE PERSONNEL CLERK IF YOU DO NOT UNDERSTAND A QUESTION

I have read and understand the above explanation of the background and records check process. I understand that my being hired by the Office of the District Attorney and my continued employment by the Office are contingent upon successfully completing this entire process.

DATE: ______________

(Signature of applicant)

PRINT NAME LEGIBLY
COUNTY OF SANTA CLARA
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: 1. Type or print in ink
               2. Answer all questions
               3. Complete all information requested in detail (i.e., full names, addresses, dates.)

Position Applied for ________________________________________ Date of Application ______________________

Legal Name _______________________________________________ _____________________________

Last                  First                     Middle                                          Nickname(s)

Have you ever used any name(s) other than the one listed as your legal name? (Answer Yes or No) If the answer is yes,
list each and every name and give the details and dates of usage. Attach additional sheets if needed.

___________________________________________________________________________________________________________

Current Residence Address:                     Current Mailing Address (if different from residence):

Number & Street     City/State     Zip Code     Number & Street or P.O. Box     City/State     Zip Code

Residence Phone: __________________ Business Phone: __________________ Cell Phone: __________________

Email Address: __________________________________________ U.S Citizen: Yes ☐ No ☐

Birthplace: __________________________ Birth Date: ______________

City                        County                        State/Country

Driver’s License No.: __________________ Indicate State if not California) SSN No.: __________________

In Emergency, notify:

Name     Address     Phone     Relationship

Circle last grade completed: Grammar School: 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5

List ALL Schools, Colleges, Law Schools and Trade Schools, use additional sheets if needed

Last High School Attended:

Name     Address     Inclusive Dates

High School Major: __________________________ (e.g. College Prep, Business, Tech)

Trade or Business School:

Name     Address     Inclusive Dates

Name     Address     Inclusive Dates
List ALL Schools, Colleges, Law Schools and Trade Schools, use additional sheets if needed

College(s) Attended:

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College Major: ___________________________ Degree: ___________________________ Year Awarded: ________________
(e.g., A.A., B.S., B.A.)

Law School(s) Attended:

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Residences: List each and every address where you have resided in the past five years. Leave no gaps in time.

1. ___________________________   ___________________________   __________________   _________________
   Date (from/to)                Employer name and address                     Phone of Employer
   ___________________________   ___________________________   __________________   _________________
   Department                      Position                                            Wages                             Immediate Superior
   ___________________________   ___________________________   __________________   _________________
   Reason for Leaving: ______________________________________

2. ___________________________   ___________________________   __________________   _________________
   Date (from/to)                Employer name and address                     Phone of Employer
   ___________________________   ___________________________   __________________   _________________
   Department                      Position                                            Wages                             Immediate Superior
   ___________________________   ___________________________   __________________   _________________
   Reason for Leaving: ______________________________________

3. ___________________________   ___________________________   __________________   _________________
   Date (from/to)                Employer name and address                     Phone of Employer
   ___________________________   ___________________________   __________________   _________________
   Department                      Position                                            Wages                             Immediate Superior
   ___________________________   ___________________________   __________________   _________________
   Reason for Leaving: ______________________________________
2. __________________   ___________________________ ______________________________________
   Date (from/to)                  Employer name and address          Phone of Employer
   ____________________   ___________________________   __________________   _________________
   Department                      Position                                            Wages                             Immediate Superior
   Reason for Leaving: ____________________________________________________________

3. __________________   ___________________________ ______________________________________
   Date (from/to)                  Employer name and address          Phone of Employer
   ____________________   ___________________________   __________________   _________________
   Department                      Position                                            Wages                             Immediate Superior
   Reason for Leaving: ____________________________________________________________

Present Marital Status:  Single ____   Married _____   Widow(er) _____   Divorced ____

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

If you answered married, list the following information about your spouse.

1. Name of spouse:  ________________________________________________________________

2. Is Spouse Employed?  Answer Yes or No _________  If the answer is yes, provide employment information below.
   Employer’s Name, Address, Phone: _________________ __________________________________

1. Excluding traffic infractions, have you ever been convicted, fined, imprisoned, ordered by a judge to do community
   service (volunteer work) or placed on probation for any crime? (DUIs or suspended license cases or reckless
   driving are not traffic infractions and should be included here.)  You must answer this question.
   Yes ______   No ______
   If yes, give details (offense, a brief description, date, nature of consequences):
   ________________________________________________________________________________

2. List and describe (name of offense, date, consequence – for example, traffic school) any traffic conviction or
   forfeiture of bail in the last three years as a result of moving violations.  If, within the last three years, you have no
   traffic conviction or forfeiture, answer “None.”
   ________________________________________________________________________________

3. Are you presently pending legal action on any crime (exclusive of traffic infractions)?  Include any pending DUls or
   suspended license or reckless driving cases; these offenses are misdemeanors.
   Yes ______   No ______
If the answer is yes, list the court, nature of the charge(s), the next court date or the status of the case. Include in this answer any legal action in which you have been placed on diversion and, as of this date, have not successfully completed the entire period of diversion and all its terms and conditions.

4. Are you currently on probation (court or formal) for any offense?
   Yes ______  No ______
   If the answer is yes, for each and every case list: the name of the court, the period of probation (beginning date and ending date), the name of your probation officer, and the offense(s).

5. Are you currently out on bail or released pursuant to own recognizance (O.R or S.O.R.P. or citation)?
   Yes ______  No ______
   If the answer is yes, provide details (e.g., date of arrest, charges, county of arrest, terms of release, court date). Include in this answer pending promises to appear (citations) except for citations for traffic infractions.

6. Have you ever been the subject (in other words, the suspect) of a criminal investigation?
   Yes ______  No ______
   If yes, provide full details including date, city and state of investigation, name of law enforcement agency, nature of the crime, report number if known and a copy of the report if you have one.

7. Have you ever been served with a restraining order (permanent or temporary), an emergency protective order or keep away order?
   Yes ______  No ______
Have you ever been the subject (suspect) where someone was trying to get a restraining order (permanent or temporary), an emergency protective order or keep away order?

Yes ______    No ______

If the answer to either one or both of these questions is yes, then provide full details: Date(s), people involved, court involved (include city, county and state), case number, and 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.

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

If the answer is yes, provide the name of the lawsuit, the date the suit was brought, the county and state of filing, a general description of the issues and the results of the suit. If the matter is still pending, so indicate.

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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. Use an additional piece of paper if needed.

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DECLARATION OF APPLICANT

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

______________________________  __________________
Signature                     Date

______________________________  __________________
Witness and Position with Department  Date
AUTHORIZATION TO RELEASE INFORMATION

Directed to: ______________________________________________________

As an applicant for a position with the Santa Clara County District Attorney's Office, 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, 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 District Attorney's Office 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: _________________________________________________
AUTHORIZATION TO RELEASE INFORMATION

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PRINT NAME: _______________________________________

SIGNATURE: _______________________________________

DATE: _______________________________________

NOTE: This section must be notarized ONLY if you are applying for an Attorney, Criminalist, Paralegal or Paid Law Clerk position with the District Attorney’s Office.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA

COUNTY OF ________________) S.S.

On ________________ before me, ________________________, (here insert name and title of the officer), personally appeared ________________________, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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 ________________________________ (Seal)
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 standards.

I understand that an intensive investigation into aspects of my personal, medical, and psychological fitness will be conducted and that such an investigation will include contacting persons 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 District Attorney and its officers; agents, or assigns, now and in the future, from a claim or 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; I understand its meaning and purpose and have been furnished a copy of it.

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