

### **3.17 Attachment DEL- Deliverables**

The matrix set forth below identifies the deliverables, including Professional Services and Solution, that are the subject of this Agreement. The matrix is organized by Milestone, and identifies the tasks to be performed within a Milestone phase, and the associated responsibility of each party. Milestones shall be accepted according to the process set forth in Attachment ACC, and shall be performed according to the scheduling terms set forth at Attachment SCH.

Aeon Nexus has included the preferred approach to implementing phase 1 as described above in the attached Secure Software Development Lifecycle (SSDLC) (Attachment SSDLC) This approach has been customized to match the specific timeline, deliverables, and artifacts requested of the Riverside County DA while implementing an industry leading Agile methodology for Solution delivery. It is the intent of the Aeon Nexus team to reduce complexity in the development process by minimizing communication paths between teams and maximizing the flexibility of the process to adjust and respond to new information and feedback.

To execute this engagement, Aeon Nexus implements the SSDLC process in a phased engagement approach as detailed below.

#### **3.17.1 Engagement Approach**

##### **Phase 1 – Discovery**

Aeon Nexus will work closely with Riverside County to elicit, identify, and document business requirements and functional requirements for this Solution. During this phase, the Aeon team will meet with key system stakeholders to ensure the resulting Solution meets the needs of the office. In addition to the specific requirements, the Aeon team will seek to understand and document the workflows that must be in place to ensure successful execution, both within the software solution and also at the point where staff or their designees take over to execute their part of the process. In addition, a fit-gap analysis will be performed to ensure the development efforts are targeted to the primary goals of the customer.

The Discovery Phase will result in two primary deliverables. The first deliverable will be the Business Requirements Document (BRD), which memorializes what business processes must be executed by the Solution and how the new, technology-enabled workflows will be performed. The second deliverable will be the Functional Requirements Document (FRD), which memorializes how the business requirements will be met in the Solution.

In addition to the primary discovery outputs, several additional artifacts will be presented and maintained to manage the requested implementation. Included in this early stage of engagement will be the Project Management Plan, Fit-gap analysis, training plan, and testing plan. It is also during this phase that all supporting environments, including development, test, and training will be identified and setup to support the development process.

Finally, an additional parallel effort will be beginning to analyze and understand all data sources and structured to begin mapping the transition and data conversion efforts necessary to support the new Solution. Through this understanding, a preliminary data conversion plan will be produced. This document will continue to follow the process and include several updates as more is learned at later stages.

##### **Phase 2 – Development**

Leveraging the deliverables from the prior phase, Aeon Nexus will design a development plan for the Solution and perform the necessary customizations and configurations to the Solution in order to ensure that the necessary business and functional requirements are successfully met. During this process, the engagement's

project plan will be more clearly defined, based upon a better understanding of the specific requirements. Specific milestones and implementation timelines will also be clarified.

The Development Phase results in two key deliverables. The first deliverable is a refined development plan that articulates what and how development will occur over the course of this specific phases. The second deliverable is the application itself, in a development environment, with the requisite customizations and configurations in place. Development will begin with the installation of the core DA Case Management Solution previously built by Aeon Nexus. It is from this foundational element that Riverside specific configurations and customizations will be made to meet each requirement.

Finally, external interfaces with identified applications, such as Court Notify, will be developed with identified testing plans to ensure valid data communications.

### Phase 3- System Testing

In support of the successful implementation of the Solution, Aeon Nexus will work with Riverside County to develop an Overall Testing Plan detailing the testing approach and related procedures such as issue tracking and resolution. The Overall Testing plan will cover the following areas: Migrated Data Testing, Integration Testing, Unit Testing, Functional Testing, UAT, Performance Testing, and Security Testing. Testing procedures will also help identify documentation needs and training plans for executing common daily tasks. What is important to note is that Aeon Nexus will operate an internal quality assurance team responsible for managing not only the quality of the software, but the quality of Aeon's process and process deliverables. This team will be independent of User Acceptance testing, but will work in conjunction with the customer to ensure high quality deliverables and organized procedures for testing, tracking, and resolving issues.

### Phase 4 – Deployment

Leveraging the deliverables from the prior phase, Aeon Nexus will work with the county to implement and deploy the Solution and ensure that it is functioning appropriately in a production environment. Aeon Nexus will work with Riverside County to help ensure appropriate communication is provided to the users of the new Solution. Additionally, the engagement leader will work with the county in support of how they will communicate with staff about this new Solution.

The Deployment Phase will have two key deliverables. The first deliverable will be the Solution delivered in a production environment. The second deliverable will be as needed communications and change management consulting in support of the new Solution. It is also during this phase that the previously developed migration plan will be executed to bring all identified data sources into the new CMS. Once complete, final data verification and validation plans will be executed to achieve data confidence and receive client sign off.

### Phase 5 –Training

Aeon Nexus will work with Finance to develop and execute a Training Plan and will provide training and knowledge transfer to ensure that Riverside County system users and administrators understand how to use, administer, maintain, and support the application. The training demands of this effort are not taken lightly by the Aeon Nexus team. We understand the necessity of high quality training sessions and materials to tackle an effort that includes several hundred potential users. Training is fundamental to Aeon's approach to gain user acceptance and reduce support incidents, and we have therefore created a unique approach to training that includes class based hands on training, internet training, and unique video training guides and help files.

This phase will result in thoroughly trained and assessed work staff and administrators, and supporting materials – including a system user manual, a user quick-start guide, and a series of short, task-based screen capture videos instructing users on specific tasks within the system. System administration documentation will include: database dictionary, system administration and maintenance guide, troubleshooting guide, disaster recovery plan, and a system test plan.

### **3.17.2 Reporting**

The Aeon Nexus team will develop a system that will facilitate the processing of information needed for all reports. The Aeon team will train county staff and key stakeholders on how to develop and run reports utilizing the new system.

END OF ATTACHMENT DEL

## 3.18 Attachment ACC- Acceptance Process

### 3.18.1 Purpose and Scope

This section defines the Acceptance Criteria and the review / approval process for County acceptance of the CMS. The Acceptance Criteria are the tasks identified in Attachment DEL.

The acceptance process provides a roadmap for incremental acceptance by the DA of the Solution and associated Deliverables during project Milestones.

Acceptance Processes are broken down into two individual work streams:

- **Development Acceptance Process:** This process will be used within a project phase / Milestone to accept any newly developed features and functions, if any to be added to the CMS during implementation, as identified in Attachment DEL.
- **Milestone Acceptance Process:** This process will be invoked to accept Deliverables in each distinct phase of the project and, as applicable, to trigger a payment obligation under Attachment PRC. The Milestone acceptance will incorporate all Acceptance Criteria, according to the tasks set forth in Attachment DEL, and Final Acceptance will incorporate the discrete tasks for all Deliverables for all phases of all Milestones. Acceptance of a Milestone will trigger payment for that completed and accepted Milestone, as set forth in Attachment PRC.

When the DA identifies a Defect or non-conformity of a Deliverable with the Acceptance Criteria, as applicable, during the Milestone Acceptance Process, the DA will provide Aeon with feedback and details as to the scope of the Defect or non-conformity as part of the rework process, and Aeon will correct such Defect or non-conformity prior to re-submittal of the Milestone for acceptance. The DA may withhold acceptance of any Milestone and the related Milestone payment until such time as all Acceptance Criteria which have been designated for rework have been re-submitted and approved.

### 3.18.2 Development Acceptance Process

The goal of the Development Acceptance Process is to review any Gap/Custom Enhancements that may be identified according to Attachment DEL.

The primary goals of the Development Acceptance Process will be the following:

- Ensure the development is fulfilling the business requirement
- Ensure completeness, consistency, and accuracy of the Deliverables within the development process.
- Provide reviewers with a common understanding of the Acceptance Criteria and the deliverable.

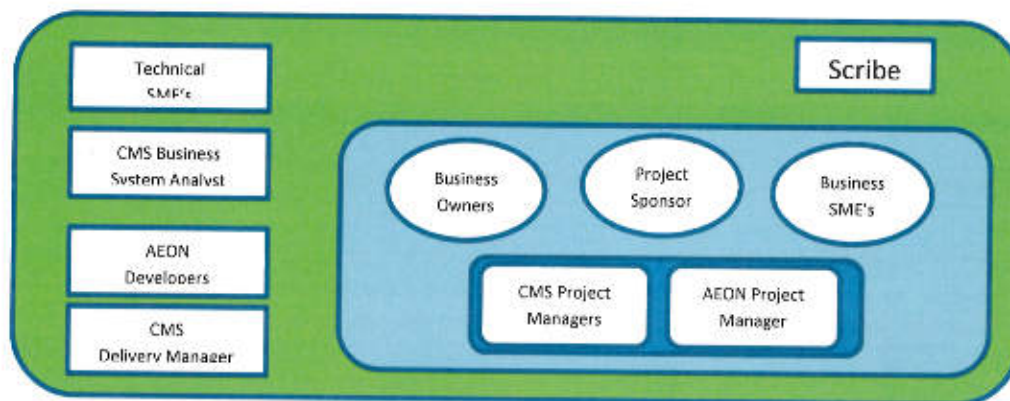
It is the intent of the DA to complete the Development Acceptance Certificate (4.2 Appendix B-Development Acceptance Certificate) within the "Date Required", agreed upon by both parties.



### 3.18.3 Change Control Board Participants, Roles and Responsibilities

The Change Control Board is depicted in the diagram below:

#### Change Control Board



#### 3.18.4 Status

The meeting participants will recommend one of the following status' at the Development Acceptance Meeting.

##### **Approved Status:**

The development is approved "as is" by the Change Control Board (CCB).

##### **Approved with Changes Status:**

The recommended changes / or actions are minor and can easily and quickly be addressed. The changes are understood by the business owners, business systems analysts, and the Project Managers. All parties agree that no further reviews are needed. The developer will make the changes and resolve the open actions. The business owner and business systems analyst will review the changes and confirm completion.

##### **Rework Required Status:**

If recommended changes and / or actions are required that significantly alter the development, the development will enter rework status, on terms and conditions to be mutually agreed to by the parties according to Attachment CHG. The entire Development Acceptance process will be repeated when the rework has been completed until the development has reached Approved Status.

#### 3.18.5 Exit Criteria for Review

In order to closely manage the process for any Gap/Custom Enhancements identified in accordance with Attachment DEL, the exit process must be clearly defined. The exit criteria for the Development Acceptance process include:

- Items logged on the log of recommended changes and actions form has been verified by Project Managers as complete.
- The development is placed in the staging / test environment

- Completed log of recommended changes and actions is saved in the project shared directory for archival and audit purposes.

### **3.18.6 Milestone Acceptance Process**

#### Goals of the Milestone Acceptance Process

The primary goals of the Milestone Acceptance Process will be the following:

- Ensure completeness, consistency, and accuracy of the deliverables within a specific project phase
- Provide reviewers with a common understanding of Acceptance Criteria and the scope of the Deliverable

To trigger a Milestone payment for the accepted project phase

### **3.18.7 Acceptance Criteria for Milestones**

Acceptance Criteria are listed in Attachment DEL.

The following sample appendices shall be used to document Acceptance Criteria within each Milestone.

**Appendix A Acceptance Action / Changes Log**

**Appendix B Development Acceptance Certificate**

**Appendix C Milestone Acceptance Certificate**

END OF ATTACHMENT ACC

### 3.19 Attachment SCH- Project Schedule

Below is high level schedule estimating the duration of Milestones and deliverables for the CMS Project, as shown in Attachment PRC and referenced in Attachment DEL. It is intended that Milestone 1; Phase 1 will commence within thirty (30) to ninety (90) days following the Effective Date. Once finalized and approved by authorized representatives of both parties, that final schedule shall become part of this Attachment, as if fully set forth herein.

Tasks	Start Date	Description
Kick-Off Meeting	April 18, 2016	During this kick-off meeting, Riverside County DA and Aeon Nexus team members will meet to: <ul style="list-style-type: none"> <li>• Provide team member introductions</li> <li>• Establish key service point-of-contacts, and processes</li> <li>• Comprehensive review of the Statement of Work and development of a project plan/schedule</li> </ul>
Milestone 1: Discovery - Initiation and Planning	April 25, 2016 5 weeks	The Aeon Nexus team will gather functional and technical requirements and design and build the Solution.
Milestone 2: Development - Infrastructure/Software Installation and Configuration	May 30, 2016 12 weeks	The Aeon Nexus team will configure and build the system to meet Riverside County DA requirements as outlined in the SOW.
Milestone 3: System Testing	September 12, 2016 5 weeks	Aeon Nexus will facilitate internal testing. Aeon Nexus will develop and execute a User Acceptance Test plan with District Attorney test team. District Attorney test team will perform UAT testing.
Milestone 4: Production Deployment	October 17, 2016 5 weeks	The Aeon Nexus team will execute the development work and begin implementing the systems workflows, database integrations, and import of data. Unit and functional testing will also be executed. System Go-Live.
Milestone 5: Training and Documentation	November 21, 2016 5 weeks	Aeon Nexus will provide technical training for Riverside County DA IT staff and key stakeholders on how to use, maintain, and support the Solution.

After Launch Break Fix Support	December 27, 2016  30 calendar days	Additional support after initial launch of system. Solution configuration completed, tested, fully implemented and operational.
Elevated Response Resolutions	January 26, 2017  120 calendar days  Ending  May 26, 2017	This includes support Monday – Friday between the hours of 7am and 5pm PST. Aeon Nexus will provide first-line support for the DA and escalate to Microsoft if required.

END OF ATTACHMENT SCH



## 3.20 Attachment A43- Records Management and Archives Policy

### COUNTY OF RIVERSIDE, CALIFORNIA BOARD OF SUPERVISORS POLICY

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**Background**

The Board of Supervisors finds that in order to safeguard rights and ensure accountability, it is in the best interest of the county and its residents, and essential for the administration of county government, to create, receive, maintain, and make available accurate and reliable county records; and that the most effective way to ensure this is to apply consistent standards for managing records and information across all county departments.

On April 16, 1991, the Board of Supervisors adopted the county's first Records Management Policy. On January 28, 2003, Board Policy A-43 established the county's records management program and formally created the county's archives under the management of the Assessor-County Clerk-Recorder's office. This program is known collectively as the County Records Management and Archives Program ("RMAP").

RMAP operates the County Records Centers used to store county records that are not immediately required to support day-to-day business. Records in the Records Centers may be either temporary (those waiting for their destruction date) or permanent (those waiting to be transferred to an archive). Legal custody and control of records remain with the department that created or received the records, until such time as the records are legally destroyed or transferred to the Robert J. Fitch County Archives ("Archives"). The Archives is the repository of the permanently valuable records of the county. The Archives preserves and maintains these records and makes them available for research.

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## **Part A. County Records and Information Management Policy**

### **Section A. General**

#### **Section A.1. Authority**

This policy is adopted in consideration of the provisions of Government Code §6250 et seq. pertaining to public records; Government Code §§26202-26202.6 and §§26205-26205.8 pertaining to the Board of Supervisors' responsibilities regarding the retention and destruction of county records; Government Code §12168.7 pertaining to establishing standards for trusted systems; Government Code §26201 pertaining to destruction of duplicate records; and pursuant to County of Riverside Resolution 2015-139 pertaining to management, retention, destruction, or disposition of county records.

#### **Section A.2. Program Objectives**

It is the purpose and intent of this policy to establish standards for managing county records and information in accordance with applicable laws; thus, the Board of Supervisors sets the following program objectives:

1. DEVELOP uniform standards for managing county records and information.
2. EDUCATE employees in the application of those standards.
3. FACILITATE the implementation of those standards.
4. MAINTAIN centrally managed cost-efficient county records facilities.
5. MONITOR policy compliance.

#### **Section A.3. Applicability**

This policy and the standards developed by RMAP for managing county records and information apply to all county departments.

### **Section B. Program Responsibilities**

#### **Section B.1. Responsibilities –Records Management and Archives Program**

The Assessor-County Clerk-Recorder's office manages and maintains RMAP on behalf of the Board of Supervisors. RMAP operates as an internal service fund and establishes fees adequate to recover the full cost of maintaining the program. RMAP develops and maintains uniform standards for managing county records and information. RMAP provides training, advice, and assistance to departments on the

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application of those standards. In order for the Board of Supervisors to monitor compliance with this policy, RMAP conducts annual reviews of department record management practices and conformance with program standards, and recommends improvements where appropriate.

**Section B.2. Responsibilities – County Records Facilities**

County records administered by RMAP are kept in county-approved facilities suitable for records storage at locations determined by RMAP to be most efficient to serve the needs of departments. These facilities offer services for the proper storage, retrieval, delivery and disposal of county records. Records which are not in conformity with a Board-approved records retention schedule and program standards may not be accepted for storage at these facilities.

Any alternative records storage facilities used by departments to store county records, such as leased facilities or third party vendors, shall meet the standards for secure records storage developed by RMAP. County records shall only be stored in facilities with fire warning and suppression systems, and with adequate security to prevent unauthorized access to, or interference with, the records.

**Section B.3. Responsibilities – Custody, Control of, and Access to Records**

The rights of custody and control of departmental records remain with the department, including the granting of access to the records in accordance with applicable statutes, regulations, policies, and procedures. Any and all applicable legal restrictions regarding access to records must remain in effect while stored at County Records Facilities on behalf of departments.

Any county officer or employee, at the end of their term of office, appointment, or employment, will deliver to their successor, supervisor, or as directed by their department head, custody and control of all records kept or received by them. All records in the possession of any county department, upon termination of activities of such department, will be transferred to the successor department or to RMAP when directed by the department head, provided that such transfer of custody and control is consistent with the formal provisions of such termination.

**Section B.4. Responsibilities – Departments**

The management of departmental records is the responsibility of the department. The department head, or their designee, is responsible for implementing this policy and ensuring that their employees complete records management training offered or



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approved by RMAP. Departments develop their departmental guidelines, consistent with this policy and program standards, to govern the management and use of their records, regardless of the records' format, and to ensure adequate internal controls are in place to prevent the unauthorized use, removal, disposition or loss of records. Records in the possession of the department are governed by this policy and program standards, including the maintenance and adherence to record retention schedules, submission of the annual assessment report in the form prescribed by the program as specified under Section B.5, and the adoption of a trusted system as appropriate pursuant to Board of Supervisors Policy A-68, Trustworthy Official Electronic Records Preservation, ("Board Policy A-68").

**Section B.5. Responsibilities – Annual Report**

No later than 90 days following the close of each fiscal year, RMAP reports to the Board of Supervisors the program's financial activities, financial condition, and long-term business outlook. The report will include a compiled summary of the departmental annual assessment reports affecting records maintained by the departments.

**Section C. Standards**

**Section C.1. Standards – Development**

With the approval by the County Executive Officer and County Counsel, RMAP develops program standards for managing county records and information that are consistent with applicable statutes and regulations and in consideration of recognized best practices.

**Section C.2. Standards – Official Record**

When any county record is held by more than one department, the departments concerned will clearly designate the copy that will serve as the official record in a Board approved retention schedule. The official record must meet or exceed all legal and evidentiary requirements and be maintained in accordance with this policy. Electronic official records must be created or received and maintained within a trusted environment in accordance with Board Policy A-68.

**Section C.3. Standards –Reformatting**

Where a record is reformatted to another medium, whether analog or electronic, in such a way that the reformatted record may act as a legal surrogate for the original, the reformatted record is considered to be the official record and is subject to the same

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requirements and restrictions applicable to the original including the standards established by Board Policy A-68.

**Section C.4. Standards –Microfilm**

Films used in the microphotography process will conform to quality standards approved by the National Institute for Standards and Technology and the American National Standards Institute, or other generally recognized standard setting organizations as applicable and relevant. A true copy of the microfilm is kept offsite for security purposes.

**Section D. Records Retention and Destruction**

**Section D.1. Records Retention Schedules – General**

In order to efficiently and effectively implement the various provisions of the Government Code pertaining to Board of Supervisors approval of records retention and destruction, the county uses Board-approved general and departmental records retention schedules. These schedules specify the various record series, retention periods, and any particular restrictions or specifications regarding retention, disposition and destruction.

**Section D.2. Records Retention Schedules – Responsibilities**

RMAP, acting as a liaison between departments, coordinates the preparation of records retention schedules and destruction of records.

**Section D.3. Records Retention Schedules – Responsibilities – Master File**

RMAP maintains a master file of all records retention schedules approved by the Board of Supervisors with a copy of the Board minute order of approval attached to each. Reference copies of the approved records retention schedules are available upon request.

**Section D.4. Records Retention Schedules – Standard – Official Record**

Records retention schedules apply to the official record, unless explicitly stated otherwise.

**Section D.5. Records Retention Schedules – Standard – Retention Periods**

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Records retention schedules apply to all records regardless of media or format. The implementation of Board-approved records retention schedules, including the prompt destruction of records upon expiration of the assigned retention period, is mandatory. The extension of a retention period due to litigation or audit will be submitted by the department head using the prescribed RMAP form. RMAP reports all extensions to the Board of Supervisors annually.

Some records series listed on the county's general records retention schedule may need to be retained by a department longer due to specific audit or legal requirements. Such series will be listed on a departmental records retention schedule as described in Section D.8 below.

No duplicates or other copies of any records are to be retained longer than the mandatory retention period for the official record. When records are disposed of by schedule, departments will ensure no duplicates or other copies are retained.

**Section D.6. Records Retention Schedules – Approval**

Pursuant to Government Code §26205.1 and Resolution 2015-139, records retention schedules must be approved by the Board of Supervisors to be in effect. RMAP coordinates the submission of records retention schedules to the Board of Supervisors for approval including the preparation of the Form 11. Prior to submittal, retention schedules are reviewed by an authorized designee from RMAP, the County Archives Manager, Risk Management, County Auditor-Controller, and County Counsel. The county's general schedule will be approved by an authorized designee from RMAP. Departmental records retention schedules will be approved by the department head.

**Section D.7. Records Retention Schedules – General Schedule**

In consultation with other county departments, RMAP develops and maintains a general records retention schedule for the county. The general records retention schedule provides the authority for the disposition of records commonly found in most county departments. Retention requirements for departments' specific program records are listed in their own departmental records retention schedules (per Section D.8).

**Section D.8. Records Retention Schedules – Departmental Schedules**

Each department develops department-specific records retention schedules to include records unique to their business. RMAP provides the forms and procedures for inventorying records and developing the retention schedule, and provides guidance and assistance to departmental personnel.

**Section D.9. Records Retention – Records Destruction**

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Pursuant to Government Codes 26202-26202.6 and 26205-26205.8, county records will be destroyed in accordance with a Board of Supervisors approved records retention schedule, or after reformatting to required standards (per Section C.3), or with specific permission of the Board of Supervisors.

Records are to be destroyed in accordance with this policy at the end of the approved retention period. All approvals for destruction of records include certification by the department head, or their designee, that the records are not required in relation to active or likely litigation, public records request, subpoena, or for audit purposes. Records required in relation to litigation are to be retained until all litigation matters are resolved and both Risk Management and County Counsel approve the destruction. Records required for audit purposes are to be retained until the audit is complete and audit exceptions are resolved.

A representative of RMAP or the department will supervise the destruction of records and attest in writing that destruction was carried out according to required procedures.

**Section D.10. Records Retention – Non-Records Destruction**

Pursuant to Government Code §26201 and other provisions of state statutes, non-records, as defined in this policy, may be destroyed at any time. Departments may dispose of non-records when they are no longer needed to support business processes.



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**Part B – County Archives Management Policy**

The Board of Supervisors established the County Archives Commission in September 1997. This Commission is charged with making recommendations to the Board of Supervisors concerning the development of the Archives, including the acquisition and preservation of significant historical records, documents and objects following generally accepted standards of archival practice. The purpose of the Archives program is to identify, collect, preserve, arrange, and describe records of historical significance relevant to the County of Riverside and county government, and to educate the public as to their use. The Archives serves as both a repository for these unique documents and as a resource center open to county staff and to the public. Materials relating to the history of the county and surrounding areas of influence are also collected to assist with the interpretation of these records, and to place them in the context of the overall growth and development of the county.

In order to ensure the preservation of historical records, departments choosing to transfer documents to the Archives should do so as soon as practicable following procedures developed by the Archives. Such procedures will balance the need to preserve records of permanent value with continuing department business need for access to them.

When departments choose to have records accessioned into the Archives, rights of custody and control of those records transfer to the Archives. The Archives provides access to records in archival custody to county employees or members of the public in accordance with all applicable statutes, regulations, policies, and procedures. Any legal restrictions regarding access to records extend to records under archival custody.

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**Glossary**

As used in this policy, the following definitions apply:

“Accession” means the process whereby the County Archives accepts transfer from a county department of records of permanent value which the department selects for preservation and which are brought within the County Archives’ systems of physical and intellectual control.

“Archival custody” means the state of records once accessioned by the County Archives, and in which the County Archives accepts responsibility for appropriately maintaining those records, which includes planning and budgeting for their preservation, and for providing access in accordance with all applicable statutes, regulations, policies and procedures.

“Archives” means a facility for the collection, preservation, and use of records of permanent value transferred by departments to the County Archives, and which is managed and operated to generally accepted standards of archival practice. Departments transfer legal custody of records that they choose to transfer to the County Archives, although legal, regulatory and procedural restrictions regarding access to those records remain in effect.

“Department” means every county office, department, group of departments, division, agency, bureau, board, and commission that is not a separate public entity of the county.

“Duplicate” means any accurate and unabridged copy of a record or series of records.

“Non-records” means duplicates or other copies of records made solely for convenience or reference; working papers such as rough notes, calculations or drafts assembled or created and used in the preparation or analysis of other documents; appointment logs; stocks of blank forms or publications; or library or museum material intended solely for reference or exhibit.

“Official record” means the copy of the record designated as the official copy.

“Permanent” as applied to records means there is no termination or end point to the value of maintaining the records, and that they or their appropriate surrogate are intended to be available indefinitely.

“Records” means all papers, maps, plans, photographic films and prints, microfilm or other micro-formats, electronic data, audio and visual materials, and other

**COUNTY OF RIVERSIDE, CALIFORNIA**  
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documents, regardless of physical form or characteristics, which are produced, received, owned, used, or retained by a department in the regular course of transacting official county business.

“Reformatting” means to copy the content, structure, and context of records to another medium, whether analog or digital, in such a way that the copy may act as a satisfactory surrogate for the original. This requires meeting accepted national standards for particular processes and media and applicable laws and regulations.

“Retention period” means the length of time a record must be retained to fulfill its administrative, fiscal and/or legal function.

“Retention schedule” means a list of all categories of records produced or maintained by a department, and the required and Board of Supervisors approved actions to be taken with regard to those records, including establishing their retention period.

“Temporary” as applied to records means there is a termination or end point to the value of maintaining the records, and that they are intended to be disposed of at that point.

"Trusted system" means a combination of techniques, policies, and procedures within which there is no plausible scenario in which a document retrieved from or reproduced by that system could differ substantially from the document as originally stored.

**Reference:**

Minute Order 3.12 of 04/16/1991  
Minute Order 3.4 of 01/28/2003  
Minute Order 3.36 of 01/13/2004  
Minute Order 3.8 of 06/8/2004  
Minute Order 3.5 of 1/23/2007  
Minute Order 3.8 of 2/5/2008  
Minute Order 3.12 of 12/16/2008  
Minute Order 3.6 of 7/21/2009  
Minute Order 3.11 of 12/01/2009  
Minute Order 3.19 of 4/20/2010  
Minute Order 3.4 of 12/17/2010  
Minute Order 3.2 of 11/08/2011  
Minute Order 3.10 of 12/12/2011  
Minute Order 3.10 of 1/10/2012  
Minute Order 3.20 of 08/28/2012  
Minute Order 3.2 of 11/27/2012

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Minute Order 3-18 of 02/26/2013  
Minute Order 3-12 of 07/14/2013  
Minute Order 3-18 of 08/20/2013  
Minute Order 3-15 of 11/05/2013  
Minute Order 3-9 of 12/10/2013  
Minute Order 3-19 of 09/09/2014  
Minute Order 3-7 of 04/07/2015  
Minute Order 3-8 of 06/30/2015

END OF ATTACHMENT A43



### 3.21 Attachment A58- Riverside County Enterprise Security Policy

<b><u>Subject:</u></b>	<b><u>Number:</u></b>	<b><u>Page</u></b>
Information Security Policy	A-58	1 of 1

It is the policy of Riverside County to protect Riverside County information in accordance with all applicable laws, governmental regulations and accepted best practices to minimize

information security risk; ensuring the right information is available to the right people at the right time.

To achieve this goal, the Riverside County Board of Supervisors authorizes the Riverside County Chief Information Security Officer (CISO) to develop and maintain the Riverside County Information Security Program and requires all Riverside County Departments to comply.

The Information Security Program consists of the Program Framework, the Information Security Risk Management Methodology and Information Security Standards:

- The Program Framework defines the program's Vision, Mission and Roles & Responsibilities.
- The Information Security Risk Management Methodology defines the processes for assessing, accepting and mitigating information security risk.
- The Information Security Standards define the specific controls and processes required to mitigate information security risks. The Information Security Office (ISO) will develop Information Security Standards as necessary.

The Riverside County Chief Information Security Officer is further authorized to assist the state and federal governments in drafting security and privacy legislation to ensure that the best interests of the constituents of Riverside County are represented.

**Reference:**

Minute Order 3.39 of 07/29/2003

Minute Order 3.7 of 11/07/2006

Minute Order 3.33 of 04/07/2009

END OF ATTACHMENT A58

## 4 APPENDICES

*(The remainder of this page has been left intentionally blank)*

## 4.1 Appendix A – Acceptance Actions / Change Log

Log #	Date	Specification / Milestone	Revision #	Action / Change Description	Current Owner	Status	Notes, Resolution, Decision	Target Close	Close Date	Approved By:
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

## 4.2 Appendix B – Development Acceptance Certificate

### Development Acceptance Certificate

Project Name	DAARC-028 CMS	Reference Number	
Priority		Date Requested	
Requestor		Date Required	

Summary of Development Required

Deliverables Control	Status
1. Business Specification Completed Date:	
2. Technical Specification Completed Date:	
3. Development Completed (includes unit testing) Date:	
4. User Acceptance Testing Completed Date:	
5. Development Review Meeting Date:	
6. Roll Back Plan Reviewed Date:	

Schedule Impact & Scope of Work			
		Date Approved	Implementation Phase
Business Owner Name			
Business Owner Name			

Business Sponsor Name			
Comments:			

Decision			
	Approved		Rework Required
	Approved with Changes		Other

By: Aeon Project Manager \_\_\_\_\_ Date: \_\_\_\_\_

By: DA Project Manager \_\_\_\_\_ Date: \_\_\_\_\_

By: DA Delivery Manager \_\_\_\_\_ Date: \_\_\_\_\_

### 4.3 Appendix C – Milestone Acceptance Certificate

#### Milestone Acceptance Certificate

Project Name	DAARC-028 CMS	Reference Number	
Milestone/Phase #		Date Requested	
Requestor		Date Required	

This certificate confirms acceptance of the following Milestones as defined in the Statement of Work executed as part of the CMS Contract <Date>.

<Milestone Description>

Approved deliverables included in this milestone	
Please list each deliverable	
1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.

13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

Decision			
	Approved		Not-Approved

By: Aeon Project Manager \_\_\_\_\_ Date: \_\_\_\_\_

By: DA Project Manager \_\_\_\_\_ Date: \_\_\_\_\_

By: DA Delivery Manager \_\_\_\_\_ Date: \_\_\_\_\_

#### 4.4 Appendix D – Change Request Form

<b>Project Name</b>	DAARC-028 CMS	<b>Reference Number</b>	
<b>Priority</b>		<b>Date Requested</b>	
<b>Requestor</b>		<b>Date Required</b>	

<b>Change Request Description</b>		
1.		
2.		
3.		
<b>Reason for Request</b>		
<b>Business Requirements</b>		
1.		
2.		
3.		
<b>Recommended Change</b>		
1.		
2.		
3.		
<b>Impact Analysis (to be completed by Aeon)</b>		
<b>Estimated Cost:</b>	<b>Estimated Hours:</b>	<b>Deliverable Date:</b>



**Describe Impact to any other project deliverable:**

**Decision**

**Approved**

**Rejected**

**Approved with modifications**

**Deferred**

**Approvals**

**Business Owner:**

**DA Project Manager:**

**Aeon Project Manager:**

**DA Project Manager:**

**DA Project Manager:**

**DA Delivery Manager:**

## 4.5 Appendix G1 – Riverside County User Agreement

**Riverside County Enterprise  
Information Systems Security Policy  
User Agreement**

I have read, understand and am fully aware of the County of Riverside Enterprise Information Systems Security Policy; and I agree to comply with the terms of this policy.

I also agree to remain informed of and comply with future revisions to this policy.

As a user of the County's information systems, you will have access to sensitive resources that are connected through the County network. To assure security throughout the entire County network, it is critical that all users actively support and fully comply with the measures described in the Enterprise Information Systems Security Policy. Failure to comply can place the entire County network at serious risk; and users who fail to comply will be subject to disciplinary action.

Users of the County's information systems shall at all times act in accordance with all applicable laws and County policies, rules or procedures. Users shall not use County information systems in an improper or unauthorized manner.

**User Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Responsible Manager Approval Authority**

**Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This form shall be retained by the DA.**

## 4.6 Appendix G2 – Riverside County Remote Access Agreement

**Riverside County Enterprise  
Information Systems Security Policy  
Remote Access Agreement**

I have read, understand and am fully aware of the terms of the County of Riverside Enterprise Information Systems Security Policy, especially as applied to remote users of the County's information systems; and I agree to comply with the terms of this policy. I also agree to remain informed of and comply with future revisions to this policy.

As a remote user of the County's information systems, you will have unique access to sensitive resources that are connected through the County network. To assure security throughout the entire County network, it is critical that all remote users actively support and fully comply with the measures described in the Enterprise Information Systems Security Policy. Failure to comply can place the entire County network at serious risk; and remote users who fail to comply will be subject to disciplinary action.

Remote users of the County's information systems shall at all times act in accordance with all applicable laws and County policies, rules or procedures. Remote users shall not use County information systems in an improper or unauthorized manner.

**Remote User Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Responsible Manager Approval Authority**

**Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This form shall be retained in department, district or agency files.**

#### 4.7 Appendix H1 – Hardware Configuration Details Worksheet

(Aeon to review and recommend any changes required)

	<b>Hardware Description</b>	<b>Model</b>	<b>Version</b>	<b>Qty</b>	<b>Environment</b>	<b>Other Details</b>
1	Dell PowerEdge Servers	FC630		3	Hyper-V Clustered Hosts	Dual E5-2660 v3 10C 2.6GGHz CPUs with 128GB RAM, with qty 2 400GB SSDs
2	<u>Compellent SAN Storage</u>	SC200		1	In an SC4020 Enclosure utilizing Flash Optimization	
3						
4						
5						
6						

(The remainder of this page has been left intentionally blank)

#### 4.8 Appendix H2 – Solution Configuration Details Worksheet

	<b>Solution Description</b>	<b>Vendor</b>	<b>Version</b>	<b>Qty</b>	<b>Environment</b>	<b>Other Details</b>
1	<b><u>Microsoft Dynamics</u></b>	Microsoft	2016		Hyper-V Virtualized On-Premise	Microsoft Dynamics CRM servers can be deployed in a virtualized environment by using Windows Server 2008 or Windows Server 2012 with Hyper-V or virtualization solutions.
2	<b><u>SQL Server (SSRS compatible)</u></b>	Microsoft	2014 Enterprise or Standard		Hyper-V Virtualized On-Premise	2016 will be reviewed.
3	<b><u>SharePoint</u></b>	Microsoft	2013		Hyper-V Virtualized On-Premise	
4	<b><u>Windows Server</u></b>	Microsoft	2012 R2			
5	<b><u>Exchange</u></b>	Microsoft	2013 / 2016			Not required for email tracking but recommended for full email, calendaring functionality.
6	<b><u>Office</u></b>	Microsoft	2016			Required for office integration features

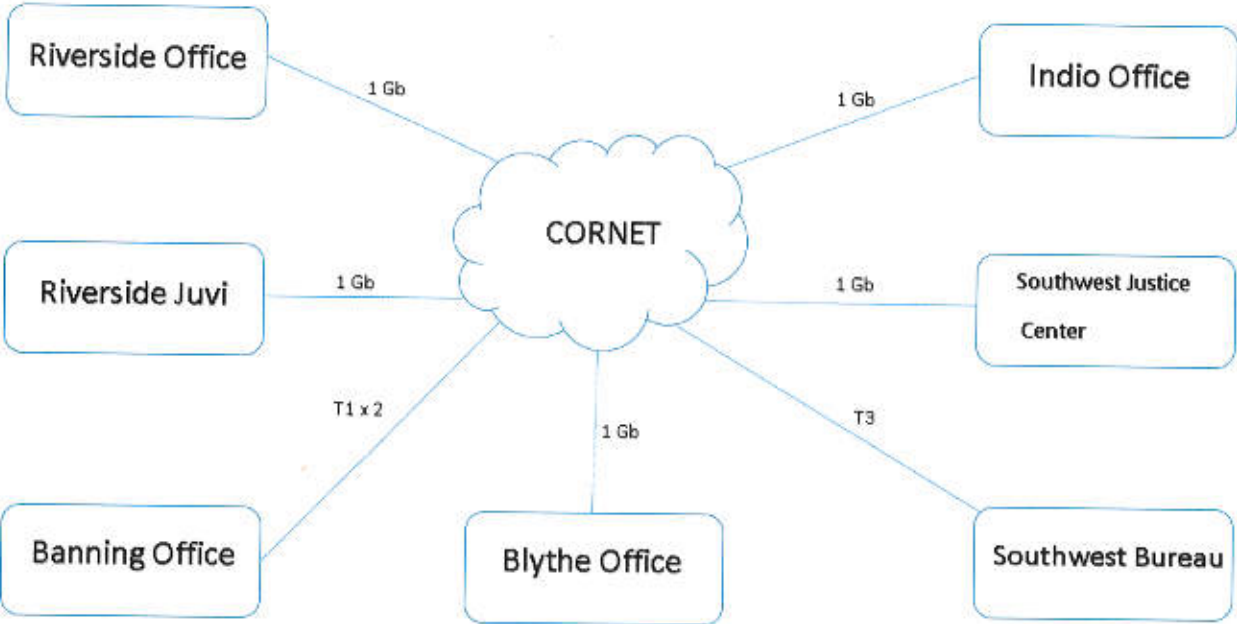
#### 4.9 Appendix H3 – Peripherals Configuration Details Worksheet

(Aeon to review and recommend any changes needed)

	Peripheral Description	MFG/Vendor	Model	Quantity	Other Details
1	Scanner	Cannon	DR-7550 (15), DR-6010 (3), DR-G1100 (10)	28	
5	Barcode Scanner	Symbols Technologies Inc.	LS2208-SR20007R-UR, LS2208-SR20001		
9	Tablet	Apple	IPAD 2 or Greater	6	
		Surface Pro	3 and 4	Up to 300	
10	Windows Laptop	HP or Dell	Windows 7 and higher		



### 4.11 Appendix I – DA Network Design Diagram





## 4.12 Appendix J – DA Background Check Package

### PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE – RIVERSIDE DISTRICT ATTORNEY'S OFFICE

Page 1 of 24

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#### Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Public Safety Employee**, in accordance with POST Regulation 1018.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 24) and identify the additional information by the question number.

**If you do not have telephone numbers (home, business and cell phone), addresses (home and business), and or e-mail addresses, it is your responsibility to call the individuals and get the information. Failure to do so could be the basis for disqualification.**

#### Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: Be as complete, honest and specific as possible in your responses.***

#### Disclosure of Medical Information

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

Initial this page to indicate that you have read the instructions: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 1: PERSONAL**

<b>1 YOUR FULL NAME</b>			
LAST	FIRST	MIDDLE	
<b>2 OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY</b>			
<b>3 ADDRESS WHERE YOU RESIDE</b>			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
<b>4 MAILING ADDRESS, IF DIFFERENT FROM ABOVE</b>			
<b>5 CONTACT NUMBERS</b>			
HOME ( )	WORK ( )	EXT	OTHER ( )
		<input type="checkbox"/> CELL	<input type="checkbox"/> FAX <input type="checkbox"/> PAGER
<b>6 EMAIL ADDRESS</b>			
HOME		BUSINESS	
<b>7 Are you legally authorized for permanent employment in the United States?.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain fully:			
<b>8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>		<b>9. BIRTH-DATE</b>	<b>10. SOCIAL SECURITY NUMBER</b>
		-	-
<b>11 DRIVER'S LICENSE</b>		<b>12. PHYSICAL DESCRIPTION</b>	
NO.	STATE	EXP. DATE	HEIGHT
			WEIGHT
			HAIR COLOR
			EYE COLOR

**SECTION 2: RELATIVES AND REFERENCES**

**13. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 24.

<input type="checkbox"/> N/A <b>A. Father</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>B. Step-father</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

<input type="checkbox"/> N/A <b>C. Mother</b>					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

IS THIS AN IMMEDIATE FAMILY MEMBER?

N/A **D. Step-mother**

NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

N/A **E. Spouse / Registered Domestic Partner**

NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

N/A **F. Father-in-law**

NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET)	(CITY)	(STATE / ZIP)	
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

N/A **G. Mother-in-law**

NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		

N/A **H. Former Spouse(s) / Former Registered Domestic Partner(s)**

NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

**I. IMMEDIATE FAMILY *continued***

N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F	WORK PHONE ( )	CELL PHONE ( )	EMAIL		
<input type="checkbox"/> UNDER AGE 18					

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

**13. IMMEDIATE FAMILY (Section 1.1.1.1) *continued***

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )	EMAIL

**14. REFERENCES**  
List 5–7 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP	
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP	
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP	
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP	
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP	
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP	
WORK PHONE ( )		CELL PHONE ( )	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 2: RELATIVES AND REFERENCES *continued***

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

**SECTION 3: EDUCATION**

**NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims.**

15 Do you have a high school diploma, GED, or California High School Proficiency Certificate? .....  Yes  No

16 List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17 List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 3: EDUCATION** *continued*

17. List all colleges or universities attended *continued*

B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended a POST Public Safety Dispatcher Basic Course?  Yes  No

If yes, provide the following information:

A) TRAINING PRESENTER	FROM	TO	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY/STATE)			
B) TRAINING PRESENTER	FROM	TO	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY/STATE)			

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?  Yes  No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action occurred, name of school, and explanation of circumstances.

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**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 4: RESIDENCE**

**24. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 15. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 24.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO
				Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you live:				
B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

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**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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SECTION 4: RESIDENCE <i>continued</i>				
LIST OF RESIDENCES <i>continued</i>				
E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
H) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

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**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 4: RESIDENCE** *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. **DO NOT** list anyone for whom you have already provided contact information.

A) NAME		CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY)		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
B) NAME		CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY)		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
C) NAME		CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY)		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
D) NAME		CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY)		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
E) NAME		CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY)		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
F) NAME		CONTACT NUMBER ( )
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY)		STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

23. Have you ever been evicted or asked to leave a residence? .....  Yes  No

24. Have you ever left a residence owing rent? .....  Yes  No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**

25. JOB EXPERIENCE
- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 24.)
  - If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
  - List **ALL** periods of unemployment in **excess of 30 days**.

A) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS		REASON FOR WANTING TO LEAVE	
1)	2)		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	

B) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

C) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS		REASON FOR LEAVING	
1)	2)		

D) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

E) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS		REASON FOR LEAVING	
1)	2)		

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**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

25. JOBEXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

29	Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30	Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32	Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33	Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34	Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36	Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

.....

.....

.....

37	In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?			
38	Has your work performance ever been affected by your use of alcohol or drugs? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WHEN?	NAME OF EMPLOYER
-------	------------------

38	In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	------------------------------	-----------------------------

WHEN?	NAME OF EMPLOYER
-------	------------------

40	Have you ever applied to any other law enforcement agency (city, county, state or federal)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).</li> <li>• All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li> </ul>			

A) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER / STREET )			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	STATE	ZIP	CONTACT NUMBER ( )
POSITION APPLIED FOR		EMAIL	
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS			
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer			
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

46. Have you ever applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
POSITION APPLIED FOR		EMAIL	
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS			
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer			
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

C) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ( ) EXT
POSITION APPLIED FOR		EMAIL	
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS			
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer			
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

**SECTION 6: MILITARY EXPERIENCE**

41. Are you required to register for the Selective Service? .....  Yes  No  
 If yes, have you registered? .....  Yes  No  
 If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 7: FINANCIAL**

**48. INCOME AND EXPENSES**

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?..... \$ \_\_\_\_\_ per month

B) Do you have income other than from your salary or wages? .....  Yes  No

If yes, fill in amount:..... \$ \_\_\_\_\_ per month

Explain:

C) How much do you spend each month? ..... \$ \_\_\_\_\_ per month

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....  Yes  No

50. Have any of your bills ever been turned over to a collection agency? .....  Yes  No

51. Have you ever had purchased goods repossessed? .....  Yes  No

52. Have your wages ever been garnished? .....  Yes  No

53. Have you ever been delinquent on income or other tax payments? .....  Yes  No

54. Have you ever failed to file income tax or cheated/fled on an income tax form? .....  Yes  No

55. Have you ever had an employment bond refused? .....  Yes  No

56. Have you ever evaded paying any lawful debt by moving away? .....  Yes  No

57. Have you ever defaulted on (failed to pay) a loan? .....  Yes  No

58. Have you ever borrowed money to pay for a gambling debt? .....  Yes  No

If yes, do you currently have any outstanding debts as a result of gambling? .....  Yes  No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....  Yes  No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....  Yes  No

61. Have you written three or more bad checks in a one-year period? .....  Yes  No

If you answered yes to any of Questions 49–61, explain (include when, where, and why; indicate corresponding number):

.....

.....

.....

.....

.....

.....

.....

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 8: LEGAL**

**Disclosure of Convictions**

You are required to disclose any criminal conviction(s) which has not been sealed or expunged by a court pursuant to law. As an applicant for government employment, you are also required to disclose a criminal conviction expunged under Penal Code Section 1203.4. Consult with an attorney before failing to disclose a criminal conviction, as deliberate or significant omissions will result in disqualification. If more space is needed, continue on page 24.

62. Have you ever been convicted of any misdemeanor or felony in this or any other state or country? .....  Yes  No

If yes, list all offenses, including those punishable under the Uniform Code of Military Justice:

If yes, explain each incident.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
D) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

63. Have you ever been placed on court probation as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by the juvenile court.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 8: LEGAL** *continued*

- 65. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....  Yes  No
- 66. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....  Yes  No
- 70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No
- 71. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**72. UNDETECTED ACTS – PART 1**

Within the past seven years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- A) Annoying / obscene phone calls .....  Yes  No
- B) Battery (use of force or violence upon another) .....  Yes  No
- C) Brandishing a weapon (any type of weapon) .....  Yes  No
- D) Carrying a concealed weapon without a permit .....  Yes  No
- E) Contributing to the delinquency of a minor .....  Yes  No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) .....  Yes  No
- G) Driving under the influence of alcohol and/or drugs .....  Yes  No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....  Yes  No
- I) Hit & run collision (no injuries) .....  Yes  No
- J) Hunting/fishing without a license .....  Yes  No
- K) Illegal gambling .....  Yes  No
- L) Impersonating a peace officer (pretending to be a police officer) .....  Yes  No
- M) Indecent exposure (including flashing or mooning) .....  Yes  No
- N) Joyriding (using a car or other vehicle without owner's permission) .....  Yes  No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags) .....  Yes  No
- P) Possession of alcohol as a minor .....  Yes  No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 8: LEGAL** *continued*

**72. UNDETECTED ACTS - PART 1** *continued*

- D) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....  Yes  No
- R) Possession of stolen property (including vehicles) .....  Yes  No
- S) Prostitution or soliciting a prostitute.....  Yes  No
- T) Resisting arrest (including running from the police).....  Yes  No
- U) Trespassing.....  Yes  No
- V) Vandalism (including "tagging," malicious mischief and/or property damage).....  Yes  No
- W) Intentionally writing a bad check .....  Yes  No
- X) Filing a false police report.....  Yes  No
- Y) Any other act amounting to a misdemeanor within the past seven years.....  Yes  No

If you answered yes to any item(s) in Question 72, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

\_\_\_\_\_

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\_\_\_\_\_

**73. UNDETECTED ACTS - PART 2**

At any time in your life have you **ever** committed any of the following?

- A) Arson (intentionally destroying property by setting a fire) .....  Yes  No
- B) Assault with a deadly weapon.....  Yes  No
- C) Theft of a vehicle and/or vehicle parts.....  Yes  No
- D) Burglary (entering a structure or vehicle to commit theft or other crime).....  Yes  No
- E) Child molestation (performing unlawful acts with a child) .....  Yes  No
- F) Accessing and/or possessing child pornography.....  Yes  No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 8: LEGAL** *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- |   |   |                              |
|---|---|------------------------------|
| - Amphetamines / Methamphetamines<br>(Uppers, Speed, Crank, etc.) | - Glue                                      | - Mescaline                  |
| - Barbiturates (Downers)  | - Hallucinogens<br>(Peyote, LSD, Mushrooms) | - Morphine                   |
| - Cocaine / Crack Cocaine   | - Hashish / Hashish Oil                     | - PCP / Angel Dust           |
| - Designer Drugs<br>(Ecstasy, Synthetic Heroin, etc.)             | - Heroin / Opium                            | - Quaaludes                  |
| - GHB (Date Rape Drug)  | - Marijuana                                 | - Steroids                   |
|   |   | - Tetrahydrocannabinol (THC) |

74. **Within the past six months**, have you used any drug(s) as indicated above? .....  Yes  No

If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

75. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I used drugs on a **regular** basis (from one to several times a week or more).

If checked, ONLY indicate the time period(s) of drug use. DO NOT include the drug(s) used or frequency of use.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?  YES  NO

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated                  |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 9: MOTOR VEHICLE OPERATION**

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of Issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state? .....  Yes  No

If yes, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

80. Has your driver's license ever been suspended or revoked? .....  Yes  No

If yes, explain (include when, where, and circumstances):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**81. List all traffic citations, excluding parking citations, you have received within the past seven years.**

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear     Failed to complete traffic school     Failed to pay the required fine

If checked, explain circumstances:

\_\_\_\_\_

82. Have you ever driven a vehicle without auto insurance, as required by law? .....  Yes  No

If yes, give reason:

\_\_\_\_\_

DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month	Year			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

83. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes  No

If yes, give reason: \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_

DATE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month Year				

Use this space for additional information you would like to include regarding your driving record.

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**SECTION 10: OTHER TOPICS**

84. Have you ever been refused a permit to carry a concealed weapon? .....  Yes  No

85. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes  No

86. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes  No

87. Since the age of 18, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes  No

88. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes  No

If you answered yes to any of Questions 84–88, give details including dates and circumstances; indicate corresponding number.

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**SECTION 11: CERTIFICATION**

89. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – PUBLIC SAFETY EMPLOYEE**

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**ADDITIONAL SPACE**

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

Lined area for providing additional information.

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



## 5 Functional Requirements

### Core Product Requirements

#### 5.1 FUNCTIONAL REQUIREMENTS

Function No.	Functionality Description
GN1001	Make sections/information of records “read only” depending on authorization to prevent unauthorized edits, deletes, etc. (example – Victim Advocate’s case notes, scanned letters from victims, Investigator reports).
GN1002	System needs to have flexibility to change/adjust fields for input and/or track depending on new requirements.
GN1003	Robust search function that would allow searching on various fields including phone number, address, Name, DOB, etc.
GN1004	Ability to scan/save various documents and file types into the CMS and make content searchable when possible.
GN1005	User customizable homepage/dashboard.
GN1006	Have requests generated with notification to the appropriate division once the request is made.
GN1007	Ability to filter/sort assigned cases by case type/grant type/active/closed etc.
GN1008	Ability to populate the forms, briefs, filings, motions and work requests
GN1009	A button to generate various templates with pertinent/case specific information automatically filled in (i.e. Transport Orders Jury Instructions, Personal Service Sub Forms, Complaint Amendment, Witness Lists on pleading paper, Exhibit List, CalCrim Forms, Verdict Forms).
GN1010	Approval mechanism built into the system for transportation requests, travel requests, witness fees, etc.
GN1011	Document sharing/sending within Department.
GN1012	Document sharing/sending to outside entities/partner agencies.
GN1013	Ability to track and manage statistics.
GN1014	Ability to easily create, and modify statistical and activity reports for grant and other reporting needs - could be used to track billable hours as well.
GN1015	Supports the use of multiple pointing devices, hot keys, key combinations, buttons, and hyperlinks.
GN1016	Ability to track caseloads – assigned/pending/opened/stage of case, etc. – in a manner that provides a picture of that particular user’s productivity.
GN1017	Customizable workflows.
GN1018	Work order tracking.
GN1019	Function for Supervisors to assign cases – ability to sort by crime type/Office location/DDA assigned.
GN1020	Tag metadata for searching via topics.
GN1021	Ability to scan/add/publish documents and files directly into a specific case.
GN1022	Event Reminders within the CMS and pushed to Outlook calendars.



<b>GN1023</b>	The Solution supports the sending of e-mails using Simple Mail Transfer Protocol (SMTP) especially Microsoft Exchange integration.
<b>GN1024</b>	Special Security Controls - Confidential Flags – limiting access to case and/or documents to specific users (because of Contracts, Confidential Informants, Confidential Notes, Attorney Wall, etc.).
<b>GN1025</b>	A calendar function for groups and individual users that also integrates with Exchange 2013 or higher.
<b>GN1026</b>	Remote access to information from mobile devices.
<b>GN1027</b>	Ability to package different types of files in a format that can easily be sent as an e-mail attachment.
<b>GN1028</b>	Mobile Device recognition/screen scaling.
<b>GN1029</b>	Ability to create pre-filing tasks or record work even on cases that have not been filed or for grand jury type of assignments independent of potential filing.
<b>GN1030</b>	Dashboard Checklist that re-directs to the specific area of the system that will accomplish that checklist task.
<b>GN1031</b>	Ability to subscribe to notifications specific to a case or person.
<b>GN1032</b>	Previously entered Case or record information re-populates forms; e.g. if case number entered, defendant's name, investigator's name and charge populates automatically and are editable.
<b>GN1033</b>	Being able to track all changes made on a case, service request, etc., automatically date/time stamping all changes including the user name of who made the change.
<b>GN1034</b>	Import photos, diagrams, voice recordings, etc. into the database.
<b>GN1035</b>	Eliminate duplicate entries, by warning the user of existing information.
<b>GN1035b</b>	Eliminate duplicate entries by auto populating fields that have already been entered.
<b>GN1036</b>	A case, service request or record automatically shows if there are any attached documents such as investigator reports, narratives, etc.
<b>GN1037</b>	Be able to copy text or entries from a page.
<b>GN1038</b>	One button printing.
<b>GN1039</b>	The Solution supports integrations to federal, state, and local applications. It supports real-time data transfer, as well as batch mechanisms for data transfer, including file transfer protocol (FTP).
<b>GN1040</b>	Be able to know what assignments are finished/completed during any given month.
<b>GN1041</b>	Events and documents are not deleted if an officer, witness, or DA employee status changes; e.g. retires, leaves office, changes positions, etc.
<b>GN1042</b>	Notification of pending work order requests. If there is a RUSH request, a way to mark requests as "urgent".
<b>GN1043</b>	Ability to highlight a field and change it without using backspaces.
<b>GN1044</b>	The CMS and supporting hardware is available for use 24 hours per day, 7 days per week.
<b>GN1045</b>	Ability to distinguish type of phone number, i.e., Home, Cell, Work, Contact, Fax, etc.
<b>GN1046</b>	No one can alter or delete event entries unless authorized and if so this action is logged.



<b>GN1047</b>	Ability to link family members, or other pertinent groupings or relationships.
<b>GN1048</b>	Ability to track multiple/previous addresses, phone numbers, etc.
<b>GN1049</b>	The solution allows authorized users, groups, or roles to make corrections when a data entry error occurs.
<b>GN1050</b>	The Solution supports the output of reports in a variety of formats, including MS Word, Excel, or Access; XML; and PDF.
<b>GN1051</b>	The Solution provides the ability to compile and retrieve robust statistical reports.
<b>GN1052</b>	The Solution provides complex query functionality by which queries can be combined and nested.
<b>GN1053</b>	The Solution provides query and ad hoc reporting capabilities for every element within the database.
<b>GN1054</b>	The Solution provides the ability to produce summary reports of the user roster and access rights.
<b>GN1055</b>	The Solution allows individuals and/or groups to request and receive specific information as it becomes available or as events occur.
<b>GN1056</b>	The Solution provides automatic distribution of information to individuals, roles, or defined groups based on established rule sets.
<b>GN1057</b>	The Solution provides the ability to display, update, and manage static information, such as manuals, study guides, codified laws, Web site links, and contact information.
<b>GN1058</b>	The Solution has the ability to provide summary data capabilities to specifically authorized users in order to extract information from defined query sets for external analysis. It is expected that this capability will initially involve gathering and presenting such information in predefined reports but will increase to include an access capability for various analysis needs.
<b>GN1059</b>	The Solution supports the ability for authorized users to mine data from log, transaction, and activity files.
<b>GN1060</b>	Create Record# for cases that are not yet a criminal case (still investigating, Victim Services, Civil, etc.)
<b>GN1061</b>	Robust ability to create templates and forms.
<b>GN1062</b>	Automatic display/notification that subject (defendant, witness, victim, etc.) has or is a part of multiple cases current or closed.
<b>GN1063</b>	Support for OneNote files for collaboration including remote syncing.
<b>GN1064</b>	Provide E-R Diagrams for each business function and report.
<b>GN1065</b>	Solution provides ability to create reports and templates.
<b>GN1066</b>	Ability to enforce a records retention policy.
<b>GN1067</b>	Ability to facilitate records retention by generating reports/alerts/database actions - based on charge codes, statute of limitations, and or departmental records retention schedules.
<b>GN1501</b>	Barcode system compatibility for digital and physical evidence scanning (e.g. EvidenceOnQ).
<b>GN2001</b>	Validate US mailing addresses for correctness (including Street, City, State, and Zip)

<b>GN2002</b>	Map to addresses in the Database
<b>GN2003</b>	Handle International mailing addresses
<b>GN2004</b>	Generate an Officer Sub and integrates with Court Notify
<b>GN2005</b>	Generate a Mail Sub with Group Generation
<b>GN2006</b>	Identify Assets for Forfeiture
<b>GN2007</b>	Accounts for Forfeited Assets
<b>GN2008</b>	Set calendar entries, reminders, emails, ticklers, and deadlines
<b>GN2009</b>	OCR a document
<b>GN2010</b>	Modify a document template
<b>GN2011</b>	Indicates a "Gang" member and/or the "Gang"
<b>GN2012</b>	Brady identification and usage in documents and reports
<b>GN2013</b>	Pull CalJIC text
<b>GN2014</b>	Pull CalCrim text
<b>GN2015</b>	Merge people
<b>GN2016</b>	Merge cases
<b>GN2017</b>	Set a records retention schedule
<b>GN2018</b>	Peace Officer and agency maintenance
<b>GN2019</b>	Re-label screen field names
<b>GN2020</b>	Produce daily and/or weekly calendar report for DDA's and VS Advocates
<b>GN2021</b>	Collect discovery fees and produce accounting records
<b>GN2022</b>	Demonstrate evidence "Chain of Custody"
<b>GN2023</b>	Demonstrate "Trial Stats"
<b>GN2024</b>	Print complaint documents to be presented to Courts for their Approval/Acceptance
<b>GN2025</b>	Search thru the system
<b>GN2026</b>	Show a CLETS search
<b>GN2027</b>	Show integration with the Courts
<b>GN2028</b>	Show integration with Agencies
<b>GN2029</b>	Show a DMV search
<b>GN2030</b>	Show possible data conversion exception reporting and possible fixes
<b>GN2031</b>	Demonstrate Court interface both ways with and without error reporting
<b>GN2032</b>	Demonstrate a JUVI Petition request thru Probation
<b>GN2033</b>	Demonstrate a "Workflow" creation and execution for Clerical, DDA, VS, and INV
<b>CL1001</b>	Prompts when changes are made to default entries.
<b>CL1002</b>	See all related /associated cases by suspect name.
<b>CL1003</b>	Consolidated areas to see all generate documents, notes, etc. on a case.
<b>CL1004</b>	Broaden search parameters to include all potential spellings (i.e. Gonzalez, Gonzales) using 'Wildcard' and 'fuzzy logic' searches.
<b>CL1005</b>	Ability to send specific documents to a default printer type.
<b>CL1006</b>	Tickler to indicate when a case or person is no longer on Probation or any other type of program or status.
<b>CL1007</b>	Customizable screens.



<b>CL1008</b>	Identify and locate all of a defendant's cases from his name.
<b>CL1009</b>	Consistent shortcut keys to navigate the system.
<b>CL1501</b>	California Department of Correction (CDC) search field.
<b>CL1502</b>	Folder Tracking Function – track when sending files to other office locations.
<b>CL1503</b>	General public viewing information screen (a screen or tab that shows just the information approved for public consumption)
<b>CL2001</b>	Enter New Case (including add/searching suspect & victim)
<b>CL2002</b>	Generate a New Complaint
<b>CL2003</b>	Do an Event/Hearing Update
<b>CL2004</b>	Generate a Subpoena (or other available documents)
<b>CL2005</b>	Close Out a Case (including Charge dispositions)
<b>CL2006</b>	Scan in Agency Report (or where it would be located...) / other documents
<b>CL2007</b>	Run an Individual Stats report (i.e. # of new cases entered for the day)
<b>CL2008</b>	Run a Unit Stat Report (i.e. # of new cases entered for the month)
<b>DA1001</b>	Drop down boxes for charges, priors, defendants, etc.
<b>DA1002</b>	A discovery page that has all the pertinent information filled out (i.e. case number agency information, etc.) and check boxes for commonly requested items (i.e. photos, interview tapes, etc.)
<b>DA1003</b>	Ability to enter status updates of discovery or other requests.
<b>DA1004</b>	Notification of when discovery tasks are completed
<b>DA1005</b>	A screen which has a witness list with check boxes indicating whether to mail personal service witnesses and dates and automatically generating by pulling pertinent information from the system.
<b>DA1006</b>	Link defendants with multiple cases.
<b>DA1007</b>	Brady icon or designation allowing for a search of law enforcement personnel either by last name or badge number. Or have the name of a law enforcement witness change color allowing the DDA to automatically know there is Brady and the issue needs to be addressed.
<b>DA1008</b>	When there is particular information needed for the charges [i.e. name of victim; location of burglary, date for multiple different crimes etc.] a box appears requesting that information.
<b>DA1009</b>	Ability to visually flag a person (i.e. Brady, Marsy's Law, Sideways, Defendant with multiple active cases, etc.)
<b>DA1010</b>	Ability to restrict access to specific contact information based on case or role.
<b>DA1011</b>	Reminder to verify/flag status at specific intervals.
<b>DA1012</b>	Work order status triggered by case status changes (i.e. case closed, work orders cancelled, Rap Sheets at filing/1381/etc., 969b at Information)
<b>DA1013</b>	Cancellation of work orders and Call Offs when case changes to closed or sentencing.
<b>DA1014</b>	Case status changes triggers DOJ scientific testing cancellations (Drug, DNA, GSR, etc.).
<b>DA1015</b>	Attorney Dashboard contains work request status.
<b>DA1016</b>	Automatic Defendant Priors tracking.



<b>DA1017</b>	Attachments searchable via full document or file including CaseAlerts.
<b>DA1018</b>	Search all attorney work product in document text.
<b>DA1019</b>	Victim Availability flags.
<b>DA1020</b>	Automated 'Offer Alerts' to Managers/Attorney of Offers, Staffings, and signatures.
<b>DA1021</b>	Case Timeline feature that allows for at a glance view of activity done on a case Including investigations view.
<b>DA1022</b>	Defined work requests such as RAP sheet request automatically generated for all wits / defendants.
<b>DA1023</b>	Officer contact information maintained, including those who are retired.
<b>DA1024</b>	Link to Exposure reference guides or other reference guides like CrimeTime.
<b>DA1025</b>	Centralized area for recording information about experts that have testified on cases, including transcript copies. Collect transcript bank of experts; an 'Expert Bank'.
<b>DA1026</b>	Keyword and tag word search for cases in the database for later research. Data clearinghouse searches for topics for later cases.
<b>DA1027</b>	Implement best practice alerts. e.g. attorney and advocate gets a pop up message that this case hasn't had victim contact in 6 weeks, RAP sheet older 12 months, etc.
<b>DA1027</b>	Updateable sentencing table.
<b>DA1501</b>	Ability to track out-of-county subject related info; i.e. Brady info
<b>DA1502</b>	Able to share info with other laws enforcement offices.
<b>DA1503</b>	Sentencing Calculator calculates all possibilities and ranges.
<b>DA1504</b>	Automated Sentencing Calculator.
<b>DA1505</b>	Link to LEO vacation logs, training dates, Attorney vacation, etc.
<b>DA1506</b>	Victim, Witness, Attorney calendar availability built into court date selection tool.
<b>DA1507</b>	Electronic faxing to and from CMS.
<b>DA1508</b>	Native configurable Bates Stamping with digital evidence scanning process.
<b>DA1509</b>	Witness access in to see if their case is going to prelim.
<b>DA1510</b>	Web based call off interface.
<b>DA1511</b>	Secure ID sent with subpoena for logging into website for info.
<b>DA1512</b>	Case status changes triggers Removal of discovery packages from e-Discovery clearinghouse upon closed case.
<b>DA1513</b>	Automated receipts, logs and tracking of eDiscovery.
<b>DA1514</b>	Sentencing exposure calculated based on total charged crimes.
<b>DA2001</b>	Complete a filing process, especially an integration with LEO showing the automation capability.
<b>DA2002</b>	Integration with CLETS and auto population of filings and pleadings with criminal history
<b>DA2003</b>	Walk us through the life of a file in their system.
<b>DA2004</b>	Mobile access and touch interface options and scalability.
<b>DA2005</b>	Brady flags and workflow reminders.



<b>BI1001</b>	Ability to search for information other than name or court number. For example: vehicle, gangs, monikers, etc.
<b>BI1002</b>	Ability to search all cases by a specific task, i.e. search all search warrants an investigator has served, or search for all activity by user name.
<b>BI1003</b>	Ability to search based on activity; e.g. run a search for a specific activity like Fingerprinting.
<b>BI1004</b>	Ability to tag a person as being dangerous, a threat, 3rd strike, etc.
<b>BI1005</b>	Ability to send email with basic case information without having to retype it.
<b>BI1006</b>	Attorneys can see the events that the investigators are inputting, but make them read only.
<b>BI1007</b>	Ability to track requests including who it is assigned to, date, and time.
<b>BI1501</b>	A link on case info that shows all evidence that has been booked into our office. Link with property/evidence.
<b>BI1502</b>	Connect the software with CLETS by highlighting a Driver's License number and pulling up the DMV records.
<b>VS1001</b>	Ability to keep information related to Family Justice Center services separate/confidential.
<b>VS1002</b>	Ability to email saved documents from the case management system (example: email restitution documentation and statement of loss to Probation Dept.)
<b>VS1003</b>	From assigned cases – date of next hearing and type of next hearing automatically populates to the advocate's calendar.
<b>VS1004</b>	Ability to receive a "task" assignment within the case management system.
<b>VS1005</b>	Ability to document the amount of time that was spent on a specific task/service.
<b>VS1006</b>	Notification generated when a specified status changes (e.g. WARRANT case becomes active again).
<b>VS1007</b>	Generate reports related to each advocate's caseload and the status of cases – assigned/attempted contact/open/closed; ARR/FSC/Prelim/TRC/JT etc.
<b>VS1008</b>	Notification to advocate of subpoenas issued and whether they were personal service or mailed.
<b>VS1009</b>	Ability to identify who 'personal service subpoena requests' are assigned to in the Bureau.
<b>VS1010</b>	Ability to verify whether 'personal service subpoenas' are served or pending.
<b>VS1011</b>	Any updates made to victim or witness contact information automatically updates the information accessed by other divisions (example – IT's serving subs have access to same address/phone info).
<b>VS1012</b>	Data entry/Statistical record keeping – mandated services list are drop down and editable (i.e. in addition to mandated and optional services per PC 13835.4 and 13835.5 include entries for presentations/community education and outreach, VRW preparation/participation, eliminate codes that are not used).
<b>VS1013</b>	Crime type codes used by Victim Services match criminal codes.
<b>VS1014</b>	Ability to open/work/track cases that are not attached to a criminal case yet.
<b>VS1015</b>	Ability to track Direct Victim Restitution & VCGCB Restitution.

VS1016	Ability to track amounts and to which victim/victims the DDA should order restitution for.
VS1017	Ability to create/identify relationships between victims/witnesses linked to a specific case (and relationship history).
VS1018	When a victim/witness case is opened, any additional victims/witnesses attached to the criminal case are automatically linked and there is a mechanism to notify the advocate there are additional people to contact.
VS1019	A function to flag a victim (e.g. potential speakers/recipients for Victim Services/DA Office events, DV Awareness month, Victim Rights Week, Giving Tree, etc.).
VS1020	Ability to generate and evaluate stats related to victim services provided even when not attached to a criminal case.
VS1021	Ability to generate reports for partner agencies at defined stages of a case that will be sent automatically when requisite data is recorded into the CMS.
VS2001	Run an adhoc report for Grant Reporting
VS2002	Show how data/searches/reports are pulled
VS2003	Open and close a VS case
VS2004	Enter Grant codes on a VS case

## 5.2 TECHNICAL REQUIREMENTS

Tech No.	Functionality Description
IT1001	Solution based on virtualize-able architecture or cloud hosted.
IT1002	The Solution has a Web-based client interface.
IT1003	Utilizes SQL- or Oracle-Based Robust Database
IT1004	N-tier architecture solutions based on MS .NET or Java 2 Platform, Enterprise Edition (J2EE).
IT1005	Windows based Server 2012 r2 or higher or Cloud based
IT1006	The client interface runs on MS Windows 7 or newer
IT1007	An import/export mechanism for database updates, reporting, and data sharing
IT1008	The client interface operates on browser-enabled platforms, including desktop PCs, mobile computers, smartphones, and tablets.
IT1009	A Data Access Layer (DAL) for simplified database usage
IT1010	The client is optimized for MS Internet Explorer 10 and above.
IT1011	Certification that system it meets or exceeds HIPPA, CJIS or other security standards
IT1012	The Solution utilizes 'best-of-breed' Web format design.
IT1013	Two-tiers: Web, mobile, and desktop
IT1014	The CMS application utilizes a GUI that is intuitive and customizable for the end user.
IT1015	Two-factor authentication and/or security certificate for mobile access.



<b>IT1016</b>	When the server recovers from a sudden stop, the CMS application recovers itself without manual intervention.
<b>IT1017</b>	Robust audit trail and logging including client-specific tracking of update processes.
<b>IT1018</b>	The Solution provides system event logging.
<b>IT1019</b>	The Solution provides the ability to log all user transactions for audit purposes.
<b>IT1020</b>	Active Directory integration for authentication.
<b>IT1021</b>	The Solution writes error messages to the application log file.
<b>IT1022</b>	Document and data file reference capability for external and scanned documents.
<b>IT1023</b>	The CMS error messages are in plain English and meaningful.
<b>IT1024</b>	The Solution provides access to all functions through a logical set of menus or tabs.
<b>IT1025</b>	The Solution provides drop-down (admin) editable menus for valid values for fields.
<b>IT1026</b>	The Solution allows for updates via data exchanges with partner systems.
<b>IT1027</b>	The CMS integration with office productivity products supports the MS Office 2010 suite and newer versions.
<b>IT1028</b>	The Solution provides the capability to interface with a content/document management system that is separate from case processing (e.g., if the CMS Solution excludes content/document management capabilities but integrates with SharePoint).
<b>IT1029</b>	The Solution provides the capability to use the same content/document management system for imaging.
<b>IT1030</b>	The CMS database interfaces are accessible through Open Database Connectivity (ODBC), Java Database Connectivity, and/or ActiveX Data Objects (ADO) .NET.
<b>IT1031</b>	The Solution provides controls to ensure the referential integrity between related data elements in a multiuser environment, (e.g., cascading delete and ensuring that multiple users cannot make changes to the same file at the same time).
<b>IT1032</b>	The Solution provides a method for converting the existing data from the current CMS as well as ancillary systems for units within the DA's Office (e.g., Insurance Fraud, Victim Center).
<b>IT1033</b>	The Solution provides a method for consolidating related databases, including tools for cleansing converted data.
<b>IT1034</b>	The Solution provides master index capabilities, employing a database-indexing infrastructure that will optimize information searches while maintaining peak system performance.
<b>IT1035</b>	The Solution does not contain usernames or passwords in the database.
<b>IT1036</b>	Any integrations between the CMS and other systems uses standard messaging protocols and be sufficiently documented so the integrations can be used by future applications.

<b>IT1037</b>	The Solution provides the ability to move information in a structured XML format based on the National Information Exchange Model (NIEM).
<b>IT1038</b>	The Solution is adaptive and uses extensible architecture for future expansion and scalability without the need for major architectural modifications.
<b>IT1039</b>	The Solution utilizes a system architecture that is open, nonproprietary, and portable.
<b>IT1040</b>	The Solution complies with IP networking standards and provide network services to any TCP/IP-based client or requesting service.
<b>IT1041</b>	The operational production availability of the proposed Solution is at least 99.5 percent.
<b>IT1042</b>	The Solution configuration design provides internal redundancy.
<b>IT1043</b>	The Solution configuration design is capable of providing geographic redundancy.
<b>IT1044</b>	The Solution's storage systems includes sufficient redundancy to ensure the continued availability of data after the failure of any single component or interface in the system.
<b>IT1045</b>	The Solution provides robust system backup/archiving tools and strategies.
<b>IT1046</b>	The Solution has the capability to execute scheduled, unattended online system backups.
<b>IT1047</b>	The Solution has the ability to restore from system backups.
<b>IT1048</b>	The Solution is scalable to handle additional users, increased processing requirements, and increased data or index requirements.
<b>IT1049</b>	The Solution provider is able to remotely access the application for support purposes when authorized by the DA's Office.
<b>IT1050</b>	The Solution is sized to accommodate future growth for the next five years.
<b>IT1051</b>	The Solution supports Secure Sockets Layer (SSL) protocol, at a minimum, and password protection.
<b>IT1052</b>	The Solution provides the ability to accept authorized user information from certified partner Lightweight Directory Access Protocol (LDAP) repositories.
<b>IT1053</b>	The Solution enforces password complexity, in accordance with the DA's Office and Riverside County Security Policy.
<b>IT1054</b>	The Solution includes password controls that prevent multiple users from creating the same username/password.
<b>IT1055</b>	The Solution provides the ability for an authorized administrator to add, modify, and delete personnel and group or role authorizations.
<b>IT1056</b>	The Solution provides the ability to control access at the data element level.
<b>IT1057</b>	The Solution ensures that certain records cannot be modified without supervisor or administrator notification.
<b>IT1058</b>	The Solution requires client-side digital certificates for all Web interfaces with administrative access, which will be issued by a certificate authority.
<b>IT1059</b>	The Solution audits all activities via an audit service, including access, management, and security changes, and is based on an individual service definition level.



<b>IT1060</b>	The Solution provides for software upgrades and maintenance that do not result in extended downtime in the CMS application.
<b>IT1061</b>	The Solution has robust outage and disaster recovery capabilities, including the ability to recover in-process data.
<b>IT1062</b>	The Solution provides remote system administration and user management capabilities.
<b>IT1063</b>	The Solution minimizes any requirement to permanently store information locally (e.g., not utilizing the Web browser cache).
<b>IT1064</b>	The Solution's reporting model supports MS SQL Server reporting services.
<b>IT1065</b>	The Solution provides the ability to collect and provide statistical information about the performance, capacity, and accuracy of the data itself and the management operations of the CMS.
<b>IT1066</b>	Test and Development systems are environments similar to production.

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Final Page of Agreement

End of Agreement