

STATEMENT OF PERSONAL HISTORY- EMPLOYEE INTERSTATE CARRIER PROGRAM (ICP)

In order to provide a high level of quality service and to maintain the trust and confidence of the public we serve, the California Department of Motor Vehicles (CADMV) has a pre-implementation screening process for employees interested in participating in the ICP. The screening may consist of inquiry to Law Enforcement agencies and personal interviews to determine suitability for participation in the ICP. The information required on the attached form pertains to eligibility for participation in the ICP. Failure to provide the information is cause for refusal to be a participant.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

Important—Read carefully: This form must be completed by each employee who will be involved in the ICP and have access to the CADMV's records. Before you submit the form, be sure that you have signed it and that you have fully answered each question. **Incorrect information is grounds for refusal to participate in the ICP.**

SECTION 1 — PERSONAL INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE)

RESIDENCE ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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TELEPHONE NUMBER (RESIDENCE)

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TELEPHONE NUMBER (BUSINESS)

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SECTION 2 — PHYSICAL DESCRIPTION

BIRTHDATE	SEX	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
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Do you hold a valid California Driver License or California Identification Card? ☐ Yes ☐ No

IF YES, ENTER LICENSE OR IDENTIFICATION NUMBER

Have you ever been known by or used any name other than the name appearing on this form? ☐ Yes ☐ No

IF YES, PRINT NAME USED

SIGNATURE USED

X

SECTION 3 — EMPLOYMENT HISTORY *(List your jobs for the last 3 years. Begin with your most recent job.)*

FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
BUSINESS ADDRESS	CITY	STATE ZIP CODE
DUTIES PERFORMED		

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
BUSINESS ADDRESS	CITY	STATE ZIP CODE
DUTIES PERFORMED		

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FROM (MO/DAY/YR)	TO (MO/DAY/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
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BUSINESS ADDRESS	CITY	STATE ZIP CODE
DUTIES PERFORMED		

REASON FOR LEAVING

SECTION 4 — PERSONAL HISTORYI. (a) Have you ever applied in California to be a registration service? ☐ Yes ☐ No

IF YES, OCCUPATIONAL LICENSE NUMBER

(b) Have you ever applied/received a Requester Code? ☐ Yes ☐ No

IF YES, REQUESTER CODE NUMBER

- (c) Have you ever had a business or occupational license issued by the CADMV or any application for such license refused, revoked, suspended or subjected to other disciplinary action?..... ☐ Yes ☐ No

IF YES, LICENSE NUMBER

TYPE OF LICENSE

DATE OF ACTION

DISCIPLINARY ACTION TAKEN

- (d) Were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by the CADMV, and the license was revoked, suspended or subject to other disciplinary action?..... ☐ Yes ☐ No

IF YES, LICENSE NUMBER

TYPE OF LICENSE

DATE OF ACTION

DISCIPLINARY ACTION TAKEN

- (e) Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities that was revoked or suspended for cause and was never reissued, or was suspended for cause and the terms of the suspension have not been fulfilled?..... ☐ Yes ☐ No

IF YES, LICENSE NUMBER

TYPE OF LICENSE

STATE LICENSE WAS ISSUED

II. Do you currently have any criminal charges pending against you in any State or Federal court?..... ☐ Yes ☐ No

III. Within the last three years have you ever:

- (a) Been dismissed, fired, demoted, had your salary or compensation reduced for cause or had any other adverse action taken against you for any reason?..... ☐ Yes ☐ No
- (b) Resigned from or quit a position while you were under investigation or after being informed disciplinary action would be taken against you, or during an appeal from a disciplinary action?..... ☐ Yes ☐ No
- (c) Been rejected or told you would not receive permanent or continued employment for cause during any type of probationary or trial period on the job?..... ☐ Yes ☐ No
- (d) If you answered yes on any of the above, provide details on a separate piece of paper.

IV. If the termination, demotion or other adverse action from employment involved any civil or administrative case, please provide the name of the court and the case number.

NAME OF COURT

CASE NUMBER

SECTION 5 — CERTIFICATION BY EMPLOYEE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME

EXECUTED AT (CITY, STATE)

SIGNATURE

X

EXECUTED ON (DATE)

SECTION 6 — EMPLOYING ICP PARTNER'S CERTIFICATION

☐ Owner

☐ Authorized Employee

I hereby certify that I am the authorized representative of the employing ICP Partner herein. It is my intention to employ the above named person when he/she receives authorization from the Department of Motor Vehicles.

PRINTED NAME

TITLE

SIGNATURE

X

DATE SIGNED