



**STATEMENT OF PERSONAL HISTORY
 PRE-IMPLEMENTATION SCREENING PROCESS
 BUSINESS PARTNER AUTOMATION PROGRAM
 Privacy Statement and Instructions to Applicant**

**TO: Business Partner Automation Program
 Administrative Manager**

DATE

APPLICATION FOR:

Business Partner Owner Employee

In order to provide a high level of quality service and to maintain the trust and confidence of the public we serve, the Department of Motor Vehicles has a pre-implementation screening process for individuals interested in participating in the Business Partner Automation Program. The screening may consist of inquiry to Law Enforcement agencies and personal interviews to determine suitability for participation in the Business Partner Automation Program. Section 432.7(d) of the Labor Code allows the Department of Motor Vehicles to require you to provide information regarding convictions and arrests for which you may be out on bail or on your own recognizance pending trial.

The information required on the attached form pertains to eligibility for participation in the Business Partner Automation Program. 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.

The Registration Policy and Automation Branch, P.O. Box 825393, Sacramento, CA 94232-5393, is responsible for maintaining information.

Important -- Read carefully: This questionnaire must be completed by each person who will be involved in the Business Partner Automation Program, both employer and employee whom will have access to the Department of Motor Vehicles' records. Before you submit this questionnaire, 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 Business Partner Automation Program.***

1. NAME (PLEASE PRINT) LAST	FIRST	MIDDLE		
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	COUNTY	STATE	ZIP CODE
TELEPHONE NUMBER (BUSINESS) ()	TELEPHONE NUMBER (HOME) ()			

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, show license or identification number _____

Have you ever been known by or used any name other than the name appearing
on this questionnaire? Include the different way you sign your name..... Yes No
If yes, what name? _____

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

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

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

4. (a) Have you previously been or are you licensed or have you ever applied in California to be a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, verifier lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor, or Requester Code? Yes No
 If yes, show license number or Requester Code _____
- (b) Have you ever had a business or occupational license issued by this department or an application for such license refused revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? Yes No
 If yes, show license number, type of license, action by the department, date of action _____
- (c) Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause and the terms of suspension have not been fulfilled?..... Yes No
 If yes, describe type of license, license number, and state where license was issued _____
5. Do you currently have any criminal charges pending against you in any state or federal court? Yes No
 If yes, please state the court, case number, and the nature of the charges. _____
6. Have you ever in the last 3 years: (If "Yes", give details on a separate piece of paper and refer to the instructions for further details.)
- (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 discipline 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 the termination, demotion or other adverse action from employment involved any civil or administrative case, please state court or agency and case number _____
7. Excluding traffic offenses, have you ever been **convicted, placed on probation, or released from incarceration following conviction** for any crime or offense, **either felony or misdemeanor, in ANY Federal or State** jurisdiction, within the last 10 years?..... Yes No
 (See notice on next page.)

IMPORTANT NOTICE**IMPORTANT NOTICE****IMPORTANT NOTICE**

Describe "Yes" answer to any of the prior questions by listing each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns.

FOR EACH CONVICTION DISCLOSED, YOU MUST SUBMIT THIS APPLICATION, A COPY OF THE ARRESTING AGENCY REPORT AND CERTIFIED COPY OF THE COURT DOCUMENTS.

Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out of country may result in the disapproval of your participation in the program. Listing all conviction information may not necessarily preclude you from participating in the Business Partner Automation Program.

Applicant initials _____

FAILURE TO INITIAL CAN BE CAUSE FOR DENIAL OF PARTICIPATION IN THE BUSINESS PARTNER AUTOMATION PROGRAM.

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

Any falsification, withholding, or failure to answer all questions completely and accurately may be grounds for disqualification from the Business Partner Automation Program.

CERTIFICATION BY APPLICANT

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

EXECUTED AT (CITY, STATE)

ON (DATE)

APPLICANT (SIGNATURE)


EMPLOYING BUSINESS PARTNER'S ACKNOWLEDGMENT

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

DATE

TITLE (I.E., CORPORATE OFFICER, OWNER, OPERATOR)

PRINTED NAME

SIGNATURE

