



FINANCIAL INSTITUTIONS DIVISION
Arizona Department of Insurance and Financial Institutions
 100 North 15th Avenue, Suite 261, Phoenix, AZ 85007-2630
 Phone: (602) 771-2800 | Web: <https://difi.az.gov>

Katie M. Hobbs, Governor
Barbara D. Richardson, Director

Personal History Statement

Section 6 Page 1 of 4

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable, use "None" or "N/A".

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL

1.					
	Position (Title/Owner)	Prefix	Last Name	First Name	Middle Name
2.					
	Address		City	State	Zip
3.					
	Social Security Number	Date of Birth		Place of Birth	
4.					
	Alias(es) Nicknames, or changes in name:				Maiden Name (if any)
5.					
	Driver License No. & State of Issue	(Attach a clear copy of your license)		Email Address	

6. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? Yes No

7. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. *If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page Yes No

8. Are you presently a member of a Military Reserve or National Guard Organization? Yes No
 If "Yes", complete the following.

Grade: Unit and Location:

B. CRIMINAL RECORD

Have you ever been:

- | | | |
|---|-----|----|
| 1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? | Yes | No |
| 2. convicted, fined or imprisoned or placed on probation? | Yes | No |
| 3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? | Yes | No |
| 4. detained, held or arrested for a traffic violation? | Yes | No |

*If the answer is "Yes" to any of the above questions, complete the following:

Date	Offense	Location of Offense	Disposition



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(Additional space available in "Remarks" Section "I" page 3)



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C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses.)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employments require a security clearance? Yes No
 2. Have you ever been refused Bond? Yes No
- If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



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F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Spouse (First and Maiden Name)		
Children (please indicate if they are a minor)		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

- Have you attached a legible copy of your drivers' license? Yes No
 - A letter of explanation and resolution of any past or current derogatory credit or criminal issues? N/A Yes No
- If No, why not? _____

I. REMARKS: (Furnish complete details and attach additional sheets if necessary)



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Read, sign and notarize both top and bottom portion of this document

Affidavit

STATE OF _____)
) ss.
 COUNTY OF _____)

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

 Date Signature

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My commission expires Notary Public

Affidavit (part 2)

STATE OF _____)
) ss.
 COUNTY OF _____)

I (print your name) _____ in connection with
 (print company name) _____ and pursuant to the provisions of
 the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of
 Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or
 any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency,
 relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize
 such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of
 Financial Institutions, the Attorney General of Arizona or their agents.

 Date Signature

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

 My commission expires Notary Public