

Stephenville Police



Department

***POLICE OFFICER / TELECOMMUNICATOR
PERSONAL HISTORY STATEMENT***

ATTENTION:
Recruiting and Training
Stephenville Police Department
356 N. Belknap
Stephenville, Texas 76401

THE STATE OF TEXAS
COUNTY OF _____

Authorization to Release
Personal Information
Covenant Not to Sue, and
Agreement of Assignment

KNOWN ALL MEN BY THESE PRESENT:

That I, the undersigned _____ for and in consideration of being extended the opportunity to apply at the Stephenville Police Department do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Stephenville Police Department, whether the said records are of a public, private, or confidential nature.

The intent of the authorization is to give my full consent for full and complete disclosure of the records of the educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit report and/or ratings), and other financial statements and records wherever filled medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filled by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. I understand that in doing so, the Stephenville Police Department is in no way obligated to provide me with a position within their Department.

I understand that any information obtained by a personal background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Stephenville Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. This information is confidential and the Department cannot reveal the reason, nor release information to applicants, as to why they were not accepted for employment.

I understand that I may be assigned to any duty upon initial employment or reinstatement as the needs of the department may require while employed with the Stephenville Police Department. I do fully understand that the need to submit to a polygraph examination may be required by the Department at various times, specifically when allegations of officer misconduct or criminality exist. I understand that refusal to take examinations as required could be cause for dismissal.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature (Include maiden name)

Date of Birth

Address

Social Security Number

City State Zip Code

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

Notary Public

Notice

While an investigator conducts your background investigation, facts may arise or events may occur that may not have been known or that were not anticipated by you at the time this packet is submitted. These facts or events may require revisions or amendments to this packet. All such revisions or amendments must be submitted immediately, in writing. I, _____, understand that if anything that might affect my background investigation occurs after I submit this packet, I must immediately notify the applicant investigation group. This includes changes of address, telephone number(s), employer(s), arrests, traffic citations or other significant event.

Signature/Date

INSTRUCTIONS

READ CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be **accurate** and **complete** in all respects. You are responsible for accurate and thorough completion of this document. Submission of an incomplete Personal History Statement will result in an applicant being discontinued from the application process. This information will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Avoid any errors by reading the directions carefully before making any entries on the form.
2. Be sure your information is correct and in proper sequence before you begin.
3. Begin your employment history with your most current position. Go back in your employment history for the last ten (10) years. If your place of employment did written evaluations please attach copies of the evaluations.
4. Your Personal History Statement must be printed legibly in **blue** ink, not typewritten, by you and no other person.
5. Answer all questions completely and accurately. If a question is not applicable to you, enter N/A in the space provided; do not leave any blanks. Deliberately omitting or misrepresenting facts will result in the rejection of your application.
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
7. You are responsible for obtaining correct names, address, and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application will be evaluated on completeness and neatness.
9. The Personal History Statement must be returned in neat and organized manner.
10. If you have any questions about the Personal History Statement contact the Professional Standards Division 254-918-1273.
11. This completed form must be returned to: the Stephenville Police Department, no later than the test date.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a Peace Officer, Telecommunicator or Jailer in Texas.

Initial:

_____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

_____ I have never been convicted of any Family Violence offense.

WARNING!

THIS DOCUMENT IS A GOVERNMENT RECORD.
KNOWINGLY MAKING A FALSE ENTRY ON A GOVERNMENT RECORD IS A
FELONY.

I, the undersigned, have read and understand all of the above instructions and the warning. I understand that any falsifications or omissions in this Personal History Statement will result in my application being terminated, as any such act would constitute a criminal act.

Applicant's Signature

Date

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

Notary Public

APPLICANT IDENTIFICATION – Information provided in this section is used for identification only.

1. Name: _____
Last First Middle

All other names ever used (i.e. Nicknames, Maiden, Married, Pre-adoption, etc.)

2. Home Address _____
Street # Street Name Apt. #

City State Zip Code
(Do not list any address other than your current residence.)

3. E-Mail Address _____

4. Home Telephone Number _____

5. Work Telephone Number _____

6. Mobile Telephone Number _____

7. Alternate Number _____

(Designate your best daytime contact number by circling the appropriate number.)

8. Place of Birth _____
City County State

9. Date of Birth _____

10. Are you a U.S. Citizen? Yes No

11. Social Security Number _____

12. Driver's License _____
State Number

13. Height _____ 14. Weight _____

15. Hair Color _____ 16. Eye Color _____

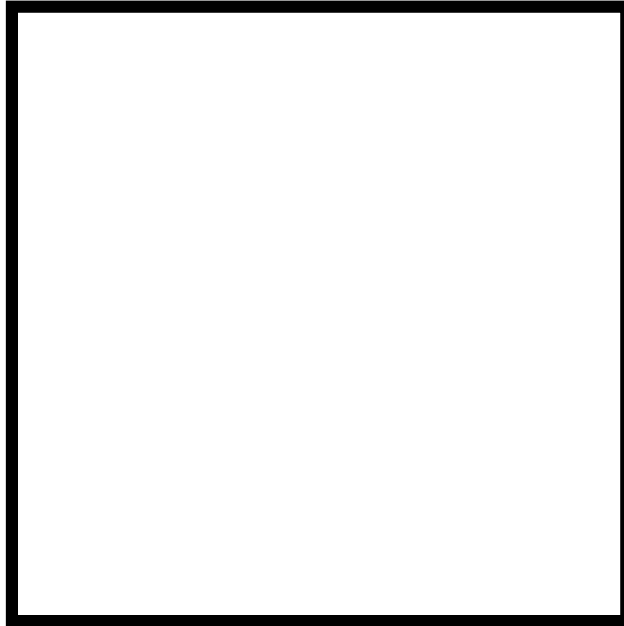
17. List Scars, Tattoos or Other Distinguishing Marks (please describe the mark and location): _____

18. List all visible piercings (Face, Ears, Tongue, etc.): _____

APPLICANT IDENTIFICATION – Information provided in this section is used for identification only.

Circle the appropriate answer.

18. Are you a U.S. Citizen? Yes No
19. Are you a Native Citizen? Yes No
20. Are you a Naturalized Citizen? Yes No



Attach a Passport Photograph of yourself taken within the last 90 days. Attach the photo above securely with paste or tape.

Name: _____
Last First Middle

Please indicate the method by which you became interested in the City of Stephenville Hiring Process:
(Circle one)

Newspaper Friend Relative City Website Stephenvillepolice.org SPD Social Media

S.P.D. Officer _____ Other _____

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment?
 Yes No If yes, explain: _____

2. Have you ever quit a job because you suspected you were about to be fired?
 Yes No If yes, explain: _____

3. Have you ever been fired from a job? Yes No If yes, explain:

4. Have you ever quit a job without giving notice? Yes No If yes, explain:

5. Have you ever used alcohol on the job? Yes No If yes, explain:

6. Have you ever used any illegal drugs on the job? Yes No If yes,
explain: _____

7. Have you ever missed work due to alcohol usage? Yes No If yes,
explain: _____

8. Have you ever missed work due to illegal drug usage? Yes No If yes,
explain: _____

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal
Reserve Position Internship Self-employed Other _____

Position(s) held with company/duties and responsibilities:
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

Did you receive any type of written performance evaluation (*Attach Copy*)? Yes No

Reason for leaving: _____

Nature of separation: Resigned (with notice) Fired
Resigned (without notice) Laid Off

If resigned with notice, how much was given? _____ Verbal Written

Was the amount of notice given in agreement with company policy? Yes No

If resigned, was it an alternative to termination or other disciplinary action? Yes No

If yes, explain. _____

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?
Yes No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers (*Complete this section only if this is your current employment or employment within the last three years*):

Name	Phone Number	E-mail Address

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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Month/Day/Year Month/Day/Year

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Job Title(s): _____

Duties: _____

Time in each position(s): _____

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If yes, explain. _____

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Yes No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers (*Complete this section only if this is your current employment or employment within the last three years*):

Name	Phone Number	E-mail Address

APPLICANTS WITH PRIOR POLICE/TELECOMMUNICATOR EXPERIENCE CIVILIAN OR MILITARY

I do not have prior Police or Telecommunicator experience: (If checked continue to next section)

1. Have you ever accepted money or a material object in return for not enforcing a law?

Yes No If yes, explain: _____

2. Have you ever made a false statement in any type of Police report or document?

Yes No If yes, explain: _____

3. Have you ever committed any crime while a Police Officer / Telecommunicator?

Yes No If yes, explain: _____

4. Have you ever been accused of brutality? Yes No If yes, explain: _____

5. Have you ever been accused of misconduct while a Police Officer /

Telecommunicator? Yes No If yes, explain:

6. Have you ever received any written reprimands or suspensions? Yes No If yes, explain: _____

APPLICANTS WITH PRIOR POLICE/TELECOMMUNICATOR EXPERIENCE CIVILIAN OR MILITARY

7. Have you ever been classified as ineligible for re-hire by a former Police department? Yes No If yes, explain: _____

8. Have you ever resigned under investigation? Yes No If yes, explain:

9. Did you ever resign from a law enforcement agency while enrolled in a remedial training program? Yes No If yes, explain in detail: _____

10. Have you ever drunk any type of alcoholic beverage while on-duty?

Yes No If yes, explain: _____

PERIODS OF UNEMPLOYMENT

Record any period of unemployment over the last ten (10) years.

A period of unemployment is any time you did not have a job.

If you were a full-time student or homemaker and did not hold a job, or held only seasonal/temporary jobs, indicate the beginning and ending dates, if applicable. In the column headed "Reason for Being Unemployed", indicate that you were a student, homemaker, etc.

Dates of Unemployment	Length of Unemployment	Reason for Being Unemployed
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EDUCATION HISTORY

List all high schools, colleges, police academies, technical or trade schools you have attended, regardless of whether you graduated and/or completed the prescribed course of study.

1. Did you graduate from a state-accredited high school? Yes No
 If not, give the date and institution through which you received your GED:

2.

Name/City & State	Dates attended From / To	Credit Hours/Degrees or Certificates Earned
High School(s)		
College(s)/University(ies)		
Trade/Vocational/Business School(s)		

3. CHECK THE APPROPRIATE BOX:

- I have listed all educational institutions where I have been enrolled.
- I needed more space and have continued to list all educational institutions where I have been enrolled on an attached page.

4. Indicate the highest degree you have earned (If you have multiple degrees at the same level, specify):

High School Associate Bachelor Masters PhD

5. Indicate the total amount of college credits you have earned: _____

6. List any foreign languages you speak:

Language	Degree of fluency			
	Read/Write	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
	Speak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
	Read/Write	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
	Speak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

ADDITIONAL EDUCATION AND SPECIAL QUALIFICATIONS

7. List all activities in which you participated. Include any positions of leadership, awards and any other recognition you received related to school activities.

School	Activity	School Year(s)	Awards/Leadership Role

8. Have you ever been expelled or suspended from any school? Yes No
 If so, provide the school(s), date(s), and reason(s) for each incident:

School	Date(s)	Reason

9. Have you ever been placed on academic/scholastic probation? Yes No
 If so, provide the school(s), date(s), and reason(s) for each incident:

School	Date(s)	Reason

SPECIAL QUALIFICATIONS

List any special licenses/certifications you hold (peace officer, concealed handgun, EMT, etc.)
 Indicate date of issue and expiration for each license/certification.

MARITAL & FAMILY HISTORY

1. Indicate your marital status: Single Engaged Married (including Common-law)
 Co-habiting Widowed Separated Divorced

2. If engaged or married (including Common-law), complete the following:

 SPOUSE/FIANCE (E)'S FULL NAME (INCLUDING MAIDEN/OTHER MARRIED NAMES) DATE OF BIRTH

 HOME ADDRESS HOME TELEPHONE #

 PLACE OF EMPLOYMENT OCCUPATION WORK TELEPHONE #

 DATE OF MARRIAGE (OR DATE COMMON-LAW MARRIAGE BEGAN) COUNTY/STATE OF MARRIAGE

3. If separated, divorced (including past common-law marriage(s) and annulment(s), or widowed, complete the following (Attach extra pages if you have more than one ex-spouse) :

 EX-SPOUSE OR ESTRANGED SPOUSE'S FULL NAME (INCLUDING MAIDEN/OTHER MARRIED NAME) DATE OF BIRTH

 PRESENT ADDRESS HOME TELEPHONE #

 DATE OF MARRIAGE COUNTY/STATE OF MARRIAGE

 DATE OF ORDER/DECREE OF DIVORCE COUNTY/STATE OF DIVORCE

4. List all children related to you or to your spouse (natural, step-children, adopted or foster.)

Child's Full Name	Date of Birth	Relationship	Home Address (if different than yours)

Check the appropriate box:

- I have listed any current spouse/fiancé (e), all previous spouses and all children. I have not been married (including common-law relationships) to any other person, nor do I have any children besides what I have listed.
- I needed more space and have continued to list all previous spouses and children on an attached page.

MARITAL & FAMILY HISTORY (CONTINUED)

5. List immediate family members of both you and your spouse (father, mother, brothers, and sisters). If deceased, indicate the month and year of death.

Full Name (Including Maiden Name)	DOB	Relationship	Occupation	Address/Telephone #

(Attach additional pages, if necessary.)

Check the appropriate box:

- I have listed all relatives as requested.
- I needed more space, and have continued on an attached page to list all relatives as requested. I have no other relations other than those I listed.

6. Has any member of your family (including in-laws) ever been summoned into court for a criminal act, arrested/charged/convicted of any crime:

Yes No

If yes, list each person's full name, date of birth, charge(s), date occurred, arresting agency and disposition.

NAME	D.O.B.	CHARGE(S)	DATE	AGENCY	DISPOSITION

MARITAL & FAMILY HISTORY (CONTINUED)

7. If you currently share a residence with anyone other than a family member, complete the following:

Full Name (Including Maiden Name)	DOB	Relationship	Occupation	Work Telephone #

(Attach additional pages, if necessary.)

8. Has any member of your household (related or unrelated) ever been summoned into court for a criminal act, arrested/charged/convicted of any crime?

Yes No

If yes, list every person's full name, date of birth, charges, date occurred, arresting agency and disposition.

NAME	D.O.B.	CHARGE(S)	DATE	AGENCY	DISPOSITION

(Attach additional pages, if necessary.)

List any additional Comments: _____

RESIDENTIAL HISTORY

List all addresses where you have lived during the past ten (10) years. Do not use a mailing address in place of an actual address.

Begin with your present address. Include temporary residences, military posts and military deployments. Please list residential history by month and year.

1.

From

(MM/YY)

_____ to _____ Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Apartment Complex Name: _____ Ofc. #: _____

Landlord's Name: _____ Contact #: _____

From

(MM/YY)

_____ to _____ Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Apartment Complex Name: _____ Ofc. #: _____

Landlord's Name: _____ Contact #: _____

From

(MM/YY)

_____ to _____ Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Apartment Complex Name: _____ Ofc. #: _____

Landlord's Name: _____ Contact #: _____

From

(MM/YY)

_____ to _____ Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Apartment Complex Name: _____ Ofc. #: _____

Landlord's Name: _____ Contact #: _____

From
(MM/YY)
_____ to _____ Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Apartment Complex Name: _____ Ofc. #: _____
Landlord's Name: _____ Contact #: _____

From
(MM/YY)
_____ to _____ Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Apartment Complex Name: _____ Ofc. #: _____
Landlord's Name: _____ Contact #: _____

From
(MM/YY)
_____ to _____ Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Apartment Complex Name: _____ Ofc. #: _____
Landlord's Name: _____ Contact #: _____

(Attach additional pages, if necessary.)

Check the appropriate box relating to the residential history listed:

- I have listed all my residences for the past ten (10) years, including temporary residences.
- I needed additional space, but have continued on an attached page to list all of my residences for the past ten (10) years, including temporary residences.

2. Have you ever been evicted or threatened with eviction? Yes No
If yes, give date(s), address(es) and reason(s) concerning all such incidents:

(Attach additional pages, if necessary.)

3. Have you ever moved out of a leased residence without proper notification?
Yes No

MILITARY HISTORY

1. Have you ever applied to serve in any branch of the armed forces?

Yes No (If no continue to the next section)

2. Have you ever served in the armed forces? Yes No

If your answer is yes, complete the following questions in this section.

If your answer is No, proceed to the next page.

If you served multiple enlistments or in different branches, photocopy this page and complete it for each branch.

3. Enlistment date or date applied: _____ Discharge date: _____

Monthly salary at enlistment: _____ Monthly salary at discharge: _____

Branch of Service: _____ Unit Designation: _____

Highest rank held: _____ Nature of Discharge: _____

If you originally received an "Other Than Honorable" discharge, give complete details:

_____ (Attach additional pages, if necessary.)

4. Did you ever receive any of the following, regardless of the final disposition?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Article XV |
| <input type="checkbox"/> | <input type="checkbox"/> | Court-martial |
| <input type="checkbox"/> | <input type="checkbox"/> | Captain's Mast |
| <input type="checkbox"/> | <input type="checkbox"/> | Company Punishment |
| <input type="checkbox"/> | <input type="checkbox"/> | Letter of Reprimand/Page 11/other written reprimands |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduction in rank, or any other disciplinary action |
| <input type="checkbox"/> | <input type="checkbox"/> | Confinement |

If you answered yes to any of the above, give complete details (including date, charge, circumstances, etc.) for each disciplinary incident:

(Attach additional pages, if necessary.)

Check the appropriate box:

- I did not receive any disciplinary action in the military.
 I have listed all disciplinary action I received in the military.

5. Are you currently a member of a U.S. Reserve, National or State Guard Organization?

Yes No

Check the appropriate box:

- I have listed my entire military history, including all reserve duties.
 I have served in more than one branch of the military, and have continued to list the remainder of my military history on an attached page. I have included ALL information requested for each branch of service.

INCIDENTS OF DETENTION/ARREST, CRIMINAL ACTS & LITIGATION

READ THESE DEFINITIONS THOROUGHLY!

“Law Enforcement Agency” includes not only municipal departments, state police and sheriff’s departments, but also transit police, college campus security/police, airport security/police, hospital security/police, Coast Guard, constable officers, local or national police in any foreign country, military police and any other local, state or federal entity whose purpose is to enforce the law and investigate violations.

A person is “detained” or “arrested” when his liberty is suspended for any amount of time, such as being “held for questioning”. The Texas Code of Criminal Procedure states a person has been arrested “when he has been actually placed under restraint or taken into custody by an officer or other person executing a warrant of arrest, or by an officer or person arresting without a warrant.” The following circumstances DO NOT DISQUALIFY an incident as an actual arrest: the person being arrested was not handcuffed; the person was allowed to be escorted to the jail facility rather than being taken in a squad car; the person was not physically placed in a cell; or the person was released with no formal charges filed.

A “conviction” not only includes being actually tried and found guilty in a court of law, but also includes pleading guilty or no contest to receive deferred adjudication, or non-adjudicated probation, or any other such disposition, which required probation or payment of fines, even if the charges were eventually dropped or expunged.

1. Have you **ever committed** or been a party to any act(s) that could be considered criminal acts, including, but not limited to criminal mischief, hit-and-run, DWI, public intoxication, assault, theft [e.g. shoplifting, giving/receiving illegal discounts], receiving stolen property, issuance of bad check/theft by check, failure to identify/using a fake or altered ID, obstruction, fleeing/resisting/evading arrest, purchase/possession/distribution of illegal drugs, burglary, criminal trespass, unlawfully carrying a weapon, insurance fraud, income tax evasion/fraud/, forgery, child abuse/neglect/endangerment, criminal non-support, harassment, failure to appear or answer court summons, contempt, etc.?
Yes No

If yes, list and explain: _____

DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)

Answer the following questions related to your criminal history, regardless of the final disposition (i.e. formal charges were never filed, charges were dropped, adjudicated probation was completed, record was expunged, conviction was successfully appealed, etc.).

2. Do you currently have any pending litigation (including divorce proceedings)?

Yes No *(If yes contact the Professional Standards Division)*

3. (a) Have you ever been arrested? Yes No

(b) Have you ever been investigated, detained or questioned by any law enforcement agency?

Yes No

(c) Have you ever been summoned into court for any offense (or court-martialed)?

Yes No

(d) Have you ever been charged with an offense or had a warrant issued for your arrest?

Yes No

3. (a) Have you ever been convicted of, or pled guilty/no contest to a misdemeanor?

Yes No

(b) Have you ever been convicted of, or pled guilty/no contest to a felony?

Yes No

If you answered **YES** to any of the above questions, complete the following (**exclude traffic offenses**):

Charge	Date	Law Enforcement Agency	Disposition (Include fines, probation, etc.)	Disposition Date (probation completed, fine paid, etc.)

4. Have you ever assaulted another person? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.)

Yes No If yes, Explain in detail. **(Attach additional pages, if necessary.)**

DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)

“Family Violence”- means an act by a member of a family or household (or former member) against another member of the family or household (or former member) that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself. (Texas Family Code Section 71.004) This definition also includes people who have or have had a “Dating Relationship”.

5. In answering the following questions, you are advised that an offense is “Family Violence” for purposes of this section when it meets the above definition.

(a) Have you ever committed the offense of “Family Violence” within the meaning of the definition set forth above, in Texas or elsewhere?

Yes No If yes, Explain in detail. **(Attach additional pages, if necessary.)**

(b) Have you ever been convicted of “Family Violence” within the meaning of the definition set forth above, in Texas or elsewhere?

Yes No

(c) If you answered yes to question (5a), provide all information below for each conviction: *If this information is a duplication of what you listed in the beginning of this section, list it again.

Date of Conviction:	
Offense/Charge:	
City/County & State of Conviction:	
Court where received	
Case Number	
Sentence imposed	
Is conviction currently on appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Attach additional pages, if necessary.)

(d) If you answered yes to question (5a), submit a certified copy of the judgments and offense reports relating to each conviction.

CHECK THE APPROPRIATE BOX:

- I have never been convicted of domestic violence.
- I have been convicted of domestic violence and have accurately listed all such incidents and details as required.

DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)

6. Possessing/using an illegal drug is not a social activity or experiment. It is a law violation and therefore a part of your history of criminal activity that you must disclose.

- **Drug use** means all descriptive terms used to describe the introduction of any illegal/controlled substance into your system in any manner, no matter how small the amount, regardless of the effects from the substance, or if you are/were uncertain of the true composition of the substance. **Include experimentation with drugs. Exclude prescription drugs legally issued to you, taken in the prescribed manner.**
- Illegal drug use includes (but is not limited to) the following:

Marijuana	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Crack/Cocaine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Heroin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
LSD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
PCP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Peyote	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Hashish	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Amphetamines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Methamphetamines (Speed, Ice, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Psilocybin (Mushrooms)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Steroids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Ritalin, Adderall, ADHD Meds.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Tranquilizers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Pain Relievers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Muscle Relaxers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Barbiturates	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Sleeping Pills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Stimulants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Codeine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Morphine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Hallucinogens (STP, MDA, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Quaaludes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Ecstasy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
GHB	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
GHL	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Rohypnol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Synthetic or Designer Drugs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Inhalants*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____

*Aerosol paints, nitrous oxide, glues or any gases ingested for the purposes of getting high.

List any other illegal drugs used that was not covered in the preceding section:

DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)

If you answer yes to any of the following questions, explain your answer in detail. **Attach extra pages if necessary.**

7. Have you ever sold any of the items specified on the previous page?

Yes No

8. Have you ever purchased or traded an item of value for any of the specified items?

Yes No

9. Have you ever purchased prescription medication over the internet or from another country without a prescription?

Yes No

10. Have you ever lied to a doctor about an illness/injury in order to get any type of prescribed drug? (i.e. tranquilizer, pain reliever, antidepressant, steroid)

Yes No

11. Have you taken any type of medication prescribed to another person?

Yes No

12. Have any of your acquaintances used any type of illegal substances in your presence?

Yes No

If so, identify the person(s) involved, the location of the use and the date of the incident.

13. Have you ever caused another person to ingest, drink or otherwise consume an illegal substance without their knowledge?

Yes No

CHECK THE APPROPRIATE BOX:

- I have never used an illegal/controlled substance or ingested any substance for the purpose of mood-altering.
- I have listed all my illegal/controlled substance use. I have not used any other illegal/controlled substance besides what I have listed AND any earlier/later/more frequently than what I have listed.

TRAFFIC/DRIVING HISTORY

1. List every entity that has issued you a driver's license, including state, federal, military, etc.: _____

2. Has your driver's license ever been suspended or revoked in any state?
 Yes No

If so, give the details of every suspension/revocation: _____

3. Have you ever driven a vehicle without financial responsibility/auto liability insurance?
 Yes No

If so, give the approximate dates and details of every incident: _____

4. With what company do you carry auto liability insurance?

Insurance company	
Insurance company's address	
Insurance company's phone no.	
Policy #	
Name(s) on policy	
Effective dates of the policy	

5. Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license?

Yes No

If so, give the approximate dates and details of every incident: _____

6. Have you ever been placed on an assigned risk for vehicle insurance?

Yes No

7. Have you ever been referred to a Medical Advisory Board? Yes No

8. Have you ever had your insurance policy revoked? Yes No

9. Have you ever been involved in a motor vehicle accident and left the scene without identifying yourself? Yes No
 If yes, were the police notified? Yes No

10. Have you ever had a hearing for probation/suspension? Yes No

TRAFFIC/DRIVING HISTORY (CONTINUED)

11. List all traffic citations (excluding parking tickets) you have ever received, regardless of the disposition.

***Do not list DWI, DUI, Failure to Leave ID or Failure to Stop and Render Aid charges here. Those are criminal charges.

DATE ISSUED	CHARGE(S)	ISSUING AGENCY	DISPOSITION

CHECK THE APPROPRIATE BOX:

- I have never received a traffic citation.
- I have received traffic citation(s), and have listed all of them (attaching extra pages if necessary.) I have not received any other traffic citations other than the ones I have listed.

12. List all traffic accidents in which you have ever been involved as a driver, regardless of whether the accident was reported or placed on your record.

Date	Location (City/State)	Police Report	Police Agency	# Vehicles Involved	Had you been drinking before the accident?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

CHECK THE APPROPRIATE BOX:

- I have never been the driver in a traffic accident.
- I have been the driver in traffic accident(s), and have listed all of them (attaching extra pages if necessary). I have not been involved in any other accident(s) other than those listed.

FINANCIAL HISTORY

1. What is your total monthly net (take home) income from your current job? \$_____

2. Do you have income from any other source(s), other than your principal occupation?
(i.e. income from other members of household, child support, alimony, dividends, rental property,
part-time jobs, your spouse)

Yes No

If so, list all sources.

Income Source	Amount (Net)	Frequency

3. Do you own any real estate? Yes No

Location	Type of Property	Value of Property	Mortgaged
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Do you own any bonds, IRAs or types of investments? Yes No

Type of Investment	Value

5. Do you have any banking accounts? Yes No

Bank Name/Address	Type of Account (checking/savings/overdraft protection, etc.)	Avg. Monthly Balance

FINANCIAL HISTORY (CONTINUED)

6. Have you ever filed for bankruptcy? Yes No

If yes, you must submit copies of the court records.

Date of Filing	Date of Discharge	Amount of Discharge	Type of Bankruptcy

7. Have you ever failed to fulfill any financial obligations? (i.e. failure to repay a loan; default on credit, loan or rent; delinquent child support or other court-ordered payment, etc.)

Yes No

8. List name and address of all individuals, companies, banks or businesses to whom you and your spouse owe/make payments (such as rent, mortgage, auto payment, insurance, charge accounts, child support, child care), including regular services for which you pay (utilities, pager/cellular phone, cable/satellite, alarm monitoring, etc.).

*****Include all unpaid debts or unfulfilled agreements, even if they were written off/charged off, relieved by bankruptcy or if you are paying them now.*****

Creditor/Address	Amount of Debt	Amount of Scheduled Payment	Amount Past Due (if applicable)	Date of Last Payment

(Continued on following page.)

FINANCIAL HISTORY (CONTINUED)

Creditor/Address	Amount of Debt	Amount of Scheduled Payment	Amount Past Due <small>(if applicable)</small>	Date of Last Payment

(Attach additional pages, if necessary.)

9. My total monthly debt is \$_____.

CHECK THE APPROPRIATE BOX:

- I have listed all debts and payments due by myself or my spouse. There are no others except what is listed.
- I needed extra space and have continued to list all debts and payments on an attached page. There are no other debts/payments owed by myself or my spouse, other than what is listed.

PERSONAL REFERENCES

1. List the full names of five persons who know you well enough to provide current personal information about you. List friends and others with whom you spend your personal time.

*****Do not list relatives, past/present employers or friends of your parents. Unless you socialize with the person, they are not a reference.*****

Name: _____ Relationship: _____ Years Known: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Contact #: _____ Email Address: _____

Name: _____ Relationship: _____ Years Known: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Contact #: _____ Email Address: _____

Name: _____ Relationship: _____ Years Known: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Contact #: _____ Email Address: _____

Name: _____ Relationship: _____ Years Known: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Contact #: _____ Email Address: _____

Name: _____ Relationship: _____ Years Known: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Contact #: _____ Email Address: _____

PERSONAL DECLARATIONS

1. Are there any circumstances that would prevent you from fully performing the duties of the position for which you have applied, including working Day Shift, Night Shift, Weekends or Holidays?

Yes No

If yes, explain: _____

2. Have you ever applied for any type of employment with any other law enforcement agency or fire department?

Yes No

Failure to list any law enforcement agency or fire department application is grounds for immediate rejection, regardless of the date of the application.

Agency	Position	Date of Application	Status

(Attach additional pages, if necessary.)

3. List all vehicles you own or drive:

Year Model	Make	Model	License Plate	Registered Owner

4. List your involvement in any organization, past or present (social, fraternal, professional, charitable, etc.) You are not obligated to list religious or political organizations, but you may list them voluntarily.

*Any affiliation with a police department as a reserve police officer must be listed in the Employment History Section.

Name/Address of Organization	Type of Organization	Dates of Membership

CERTIFICATION

On this _____ day of _____, _____ I certify that there are no misrepresentations, falsifications, or omissions in the foregoing statements and answers. ALL entries in this application are true, complete and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further state that I have personally written this application and that I have solely filled out this application without aid or assistance from any person or persons.

Full Signature

Made in Front of Notary
Not valid unless signed in presence of Notary Public

Subscribed and Sworn to before me

This _____ Day of _____, _____.

Notary Public