

Personal History Statement



Return By:

Name: _____

Position Applied For: Police Officer

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary.*

- Completed Personal History Statement
- Copy of your Social Security card.
- Original certified copy of your birth certificate. (No photo copy)
- Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
- Copy of your High School diploma or GED certificate
- Sealed original certified copy of your college transcript. (No photo copy)
- Photocopy of your college diploma.
- Copy of your Peace Officer Certificate from your police academy. (Certified Officer Applicants Only)
- Copy of your Texas peace officer license and all training certificates awarded to you. (Certified Officer Applicants Only)
- Copy of your DD-214 if applicable. Must possess an honorable discharge.
- Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- Copy of current proof of automobile liability insurance.
- Copy of a TCOLE approved Firearms Qualifications within the last 12 months. (Certified Officer Applicants Only)
- Copy of current credit report
- Marriage Certificate and Divorce documents if they apply

10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

Instructions to the Applicant

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, jailer or telecommunicator in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- 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 other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests 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 deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- 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 additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to

Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities 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.

Personal Identification:

Name: _____ Position applied for: _____
Last First Middle

Other names used: Maiden, Adoption, Etc. _____ Name by which you prefer to be addressed _____

Home Address: _____
Street Number & Name City State Zip

Home Telephone #: (_____) _____ Alternate Phone #: (_____) _____

Email Address: _____

Social Security Number: _____ - _____ - _____ U.S. Citizen? Yes No

Driver's License: _____
Number State of Issue Date Expires

Date of Birth: _____

Place of Birth (City, County, State, Country): _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Identifying Marks/Scars/Tattoos:

Telephone Number where you can be reached between 8:00 am and 5:00 pm: (_____) _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide name(s), and service provider.

NOTE: IT IS EXTREMELY IMPORTANT THAT THE CONTACT NUMBER YOU PROVIDE BE KEPT CURRENT. SHOULD IT CHANGE, PLEASE CONTACT THE *BACKGROUND INVESTIGATOR* IMMEDIATELY. FAILURE TO DO SO CAN RESULT IN THE REJECTION OF YOUR APPLICATION.

Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the PID you were assigned: _____			
A. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)		Name of Training Coordinator	Contact Number
B. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)		Name of Training Coordinator	Contact Number

Have you ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> • If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses). • All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. • If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to. 			
A. Name of Agency	Position Applied For		Date Applied
Address Street	City	State	Zip
Background Investigators Name (if know)	Contact Number Ext	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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____			
Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

B. Name of Agency	Position Applied For		Date Applied
Address Street	City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____			
Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

C. Name of Agency		Position Applied For		Date Applied
Address Street		City		State Zip
Background Investigators Name (if known)		Contact Number Ext	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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____				
Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

E. Name of Agency		Position Applied For		Date Applied
Address Street		City		State Zip
Background Investigators Name (if known)		Contact Number Ext	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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____				
Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

D. Name of Agency		Position Applied For		Date Applied
Address Street		City		State Zip
Background Investigators Name (if known)		Contact Number Ext	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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____				
Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

If needed photocopy this page to supply information on other agencies applied to.

RESIDENCES:

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month/year. Include military assignments (No TDY's)

FROM	TO	LENGTH OF RESIDENCY (yrs./mos.)	ADDRESS	NAME OF APARTMENT COMPLEX OR LANDLORD (Include Office Telephone)

If needed photo copy this page to supply information on other residences.

EMPLOYMENT HISTORY:

Beginning with your present or most recent job, list all of the jobs you have had since the age of sixteen (16). Include all part-time, temporary, and seasonal jobs.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF LENGTH OF EMPLOYMENT

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

Did you receive job evaluations while with this company: YES NO

Identify any disciplinary actions you received:

Are you eligible for rehire? YES NO

Name of final supervisor:

Reason for leaving this position:

Was notice given? YES NO

INVESTIGATOR'S NOTES:

PERIOD OF UNEMPLOYMENT 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	From	To
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EMPLOYMENT HISTORY (cont):

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

Did you receive job evaluations while with this company: YES NO

Identify any disciplinary actions you received:

Are you eligible for rehire? YES NO

Name of final supervisor:

Reason for leaving this position:

Was notice given? YES NO

INVESTIGATOR'S NOTES:

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		

EMPLOYMENT HISTORY (cont):

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

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PERIOD OF UNEMPLOYMENT	From	To
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Employer's Address: _____
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Employer's Telephone Number: (_____) _____

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Duties/Responsibilities:

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Was notice given? YES NO

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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		

EMPLOYMENT HISTORY (cont):

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

Did you receive job evaluations while with this company: YES NO

Identify any disciplinary actions you received:

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Name of final supervisor:

Reason for leaving this position:

Was notice given? YES NO

INVESTIGATOR'S NOTES:

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		

EMPLOYMENT HISTORY (cont):

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

Did you receive job evaluations while with this company: YES NO

Identify any disciplinary actions you received:

Are you eligible for rehire? YES NO

Name of final supervisor:

Reason for leaving this position:

Was notice given? YES NO

INVESTIGATOR'S NOTES:

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		

EMPLOYMENT HISTORY (cont):

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

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INVESTIGATOR'S NOTES:

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		

EMPLOYMENT HISTORY (cont):

Check appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer:

Employer's Address: _____
Street Number & Name City State Zip

Employer's Telephone Number: (_____) _____

Employment began on: ____ / ____ / ____ Ended on: ____ / ____ / ____ = Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____ Salary: _____

Duties/Responsibilities:

Time in position(s):

Co-worker's Name and Phone number:

Did you receive job evaluations while with this company: YES NO

Identify any disciplinary actions you received:

Are you eligible for rehire? YES NO

Name of final supervisor:

Reason for leaving this position:

Was notice given? YES NO

INVESTIGATOR'S NOTES:

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		

EMPLOYMENT (cont)

12. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions?)	Yes	No
13. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	Yes	No
14. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes	No
15. Have you ever resigned without giving two weeks-notice?	Yes	No
16. Have you ever resigned in lieu of termination?	Yes	No
17. 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?	Yes	No
18. Were you ever the subject of a written complaint at work?	Yes	No
19. Have you ever been counseled at work due to lateness or absences?	Yes	No
20. Did you ever receive an unsatisfactory performance review?	Yes	No
21. Have you ever sold, released, or given away legally confidential information?	Yes	No
22. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	Yes	No
23. If you answered yes to any of Questions 12-22, explain (include when, where and circumstances; indicate corresponding number)		

24. Has your work performance ever been affected by your use of alcohol or drugs? Yes No		
When?	Name of Employer	
25. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No		
When?	Name of Employer	

RELATIVES AND REFERENCES

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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	. Step-Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	Step-Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	Spouse		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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			

<input type="checkbox"/> NA	Father-in-Law Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	Mother-in-Law Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	Former Spouse(s) Cohabitant	1. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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			

<input type="checkbox"/> NA	Former Spouse(s) Cohabitant	2. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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			

<input type="checkbox"/> N A	Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.			
1. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

2. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

3. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

4. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

5. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

6. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

<input type="checkbox"/> N A	CHILDREN List all 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"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

: Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

3. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

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	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

B. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

C. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

D. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

E. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

F. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

G. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone		Work Phone		Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)						How long have you known this person?	

EDUCATION

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

26. Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

27. List High Schools Attended or where you obtained your GED.

A. Name		City	State
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Name		City	State
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. List all colleges or universities attended:

A. Name		City	State
From	To	Type of Degree Earned	Total Units Earned
B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned
C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

29. 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

EDUCATION *continued.*

30. 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(s) occurred, name of school(s), and explanation of circumstances.

MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)

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

32. Branch of Service	Date of Service From	To:
-----------------------	-------------------------	-----

33. Type of Discharge Entry Level Honorable General Other than Honorable
 Re-entry Code (1-4) if applicable; *refer to your DD-214*

34. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends:
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35. 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)? Yes No

36. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered YES to questions 35 and/or 36, Explain (Include dates and circumstances)

FINANCIAL OBLIGATIONS

Give the names and addresses of the individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include all debts owed by your spouse.

Name & Address of Creditors	Reason for Debt	Account Number	Total Balance	Monthly Payments	If Past Due # of Months
TOTALS					

LEGAL

Disclosure of Citations, Arrests, and Convictions

This section requires you to report detentions, arrest, and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, (including traffic warrants) whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) that you may have been detained and or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

52. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

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	

53. Have you ever been placed on court probation as an adult?	Yes	No
54. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	Yes	No
55. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	Yes	No
56. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes	No
57. Have the police ever been called to your home for any reason?	Yes	No
58. Have you or your spouse/partner ever been referred to Child Protective Services?	Yes	No
59. Have you ever been the subject of an emergency protective, restraining or stay-away order?	Yes	No
60. 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
61. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	Yes	No
62. Have you ever filed a false insurance or workers' compensation claim?	Yes	No
<p>If you answered yes to any of Questions 53-62, explain (include court case or document, dates, and circumstances; indicate corresponding number):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

CRIMINAL ACTIVITY – ILLEGAL DRUGS/POSSESSION

It is important that the department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

Identify exactly when you used a drug. You will be given an opportunity to explain the number of times that you used each drug and the last time you used each drug.

Explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page, explain your usage of each of the drugs mentioned; the number of times in your lifetime, the approximate last date (month / year) of the usage and how you used the drug. If you have never used the particular drug, then circle no. Prescription drugs of another person, even though legally prescribed, that you used should be listed in the ANY OTHER DRUG NOT LISTED SECTION. Attach additional sheets if necessary.

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the illegal use (ingestion, injection, snorting, etc.) of any of the listed types into a person's system. Drug use includes all types of experimentation. Please circle either YES or NO.

Have you ever used:			# of times In LIFE	Approx. Last Date:	Forms Used:
Marijuana	YES	NO			
Hashish	YES	NO			
Methamphetamines	YES	NO			
Amphetamines	YES	NO			
Cocaine	YES	NO			
LSD	YES	NO			
Ecstasy	YES	NO			
PCP	YES	NO			
Peyote	YES	NO			
Mushrooms	YES	NO			
Quaaludes	YES	NO			
Tranquilizers	YES	NO			
Barbiturates	YES	NO			
Heroin	YES	NO			
Any Other Drug Not Listed	YES	NO			

65. Have you ever sold any of the items specified above? YES NO

Which Drug _____ When: _____ # Times: _____

66. Have you ever illegally bought any of the items specified above? YES NO

Which Drug _____ When: _____ # Times: _____

67. Have you ever had an illegal drug injection? YES NO

If yes, of what: _____

68. Have you ever been involved, in any way, in the manufacturing of an illegal drug? YES NO

What drug? _____ How were you involved? _____

69. Have you ever inhaled or huffed any volatile chemical (paint, glue, Freon, aerosol products, correction fluid, etc.)?

YES NO

If yes, when was the last time? _____

70. Have you ever abused any prescribed medication? YES NO

If yes, how did you abuse?

71. Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer, etc.?

YES NO

If yes, explain:

72. Do others use drugs in your presence? YES NO

73. Have you ever been intoxicated in a public place? YES NO

If YES, when and where? _____

74. Have you ever been arrested for a DWI violation? YES NO

If YES, when and where? _____

75. Have you ever been arrested for public intoxication? YES NO

If YES, when and where? _____

MOTOR VEHICLE OPERATION

76. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
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77. 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

78. Have you ever been refused a driver's license by any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain (include when, where and circumstances)		

79. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain (include when, where and circumstances)		

80. List your current liability insurance on your vehicle(s)						
A. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			Vehicle Make		Year	Vehicle License
Insurance Company			Policy number			Expires
Address		City		State	Zip	Contact Number
B. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			Vehicle Make		Year	Vehicle License
Insurance Company			Policy Number			Expires
Address		City		State	Zip	Contact Number

If yes, give reason	
Date	Location Street, City, State, Zip
84. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give reason:	Insurance Company
Date	Location Street, City, State, Zip

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

86. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
87. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
88. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? <input type="checkbox"/> Yes <input type="checkbox"/> No
89. Have you ever hit or physically overpowered a spouse, romantic partner or family members? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of Question 86-89, give details and circumstances; indicate corresponding number.
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

SOCIAL MEDIA SITES

90. Have you ever had a social media site (i.e. Facebook, Twitter, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91. List all social media sites, blogs, or websites you have created. (Provide website URL and your username)	

CERTIFICATION

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 of Applicant _____	_____/_____/_____ Date
------------------------------	---------------------------

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary public in and for, State of _____ My commission expires _____/_____/_____	_____ Printed Name of Notary
Notary Seal or Stamp _____	_____ Signature of Notary

MURPHY POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Murphy Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; criminal records, including complaint, investigation, arrest, and/or conviction documentation, both as an adult and a juvenile, from any law enforcement agency, prosecuting or District Attorney, or local, Municipal, County, State, or Federal court of law; polygraph examination answers and results; 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 filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the Murphy Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the Murphy Police Department from all liability for supplying any information concerning my employment to any potential employer. I authorize the Murphy Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the Murphy Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the Murphy Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Murphy Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Applicant's Signature

STATE OF _____

Applicant's Address

SWORN AND SUBSCRIBED
BEFORE ME,

Date of Birth

This ____ Day of _____,
20__.

Social Security Number

NOTARY PUBLIC SEAL AND SIGNATURE