LINDALE POLICE DEPARTMENT

105 BALLARD DRIVE LINDALE, TX 75771 PH. 903-882-3313 FAX 903-882-1054

AUTHORIZATION RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	DOB

Address	City	County	State	Zip Code

This release, when presented by a duly authorized representative of the Lindale Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. This includes whether the records are public, private or confidential. THIS AUTHORIZATION DOES NOT INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKER'S COMPENSATION CLAIMS.

Specifically, I authorize the release of the following data or records to the Lindale Police Department: Employment and Pre-employment records; including background reports, efficiency ratings, complaints or grievances filed by or against me, records of recollections of attorneys at law or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have, or have had an interest, excluding any medical malpractice cases or worker's compensation claims. Also included are Educational records, Selective Service, Police and Criminal, Motor vehicle and Driving, Financial and Credit, and Polygraph Examinations.

This authorization is given in connection with a background investigation being conducted relative to my application for or continued employment with the Lindale Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Lindale Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Lindale Police Department. I understand that all materials pertaining to this background investigation become the property of the Lindale Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature_____

Street Address_____

City, State, Zip Code_____

State of _____:

County/City of_____:

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

My commission expires _____, (Signature of Notary)_____.

Initial this page to indicate that you have provided complete and accurate information:_____

LINDALE POLICE DEPARTMENT

105 BALLARD DRIVE LINDALE, TX 75771 PH. 903-882-3313 FAX 903-882-1054

Last Name	First Name	Middle Name	Sex	Race	DOB

Address	City	County	State	Zip Code

Position(s) Applied For:	Telecommunicator

PERSONAL HISTORY STATEMENT INSTRUCTIONS

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to property 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 Persona 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** 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 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 the list as necessary.*

- ☐ Completed Personal History Statement.
- ☐ Copy of your Social Security Card.
- ☐ Original certified copy of your birth certificate. (No photocopy)
- ☐ 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 employment.
- ☐ Copy of your high school diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty four months of active service.
- ☐ Sealed original certified copy of your college transcript. (No photocopy)
- ☐ Photocopy of your college diploma.
- ☐ Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
- ☐ Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicant Only)
- ☐ Copy of your DD-214 if applicable. Must Possess an honorable discharge with an RE-1 or RE-2 equivalent enlistment code.

 Initial this page to indicate that you have provided complete and accurate information:_____

☐ Original certified copy of you Naturalization papers N-550 or Certificate of Citizenship N-600, if applicable.
☐ Copy of current proof of automobile liability insurance.
☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months.

10. If you have any questions, please contact your assigned background investigator or agency contact.
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator or agency contact.

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 or telecommunicator in Texas and our agency.

☐ I am a citizen of the United States of America and can legally be employed.
☐ 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 of active service.
☐ I have never been convicted, plead guilty (nolo contender), not 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 contender), 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 arrest are usually not, in and of themselves, automatically disqualifying. Hover, deliberate misstatements or omissions can and often will results 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 sheet as needed. Be sure to indicate what question number and page this refers to.

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

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.

 Initial this page to indicate that you have provided complete and accurate information:_____

SECTION 1: PERSONAL

1. Last Name	First	MI	Suffix
2. Other Names, including nicknames, you have used or been known by.			
3. Street Address, (Apt, Unit)	City	State	Zip
4. Address if different from above.			

5. Phone #. Home	Cell	Work Ext.	Fax	Other
6. Email: Home	Business	Other		
7. Birth Place (City, County, State, Country)	8. DOB	9. Social Security Number		

10. Drivers License #		11. Physical description			
		HT.	WT.	Hair Color	Eye Color
State:	Exp:				

12. Have you ever attended a basic licensing course? ☐ YES ☐ NO If yes, did you graduate: ☐ YES ☐ NO			
A. Academy Name	From:	To:	PID#:
Location (City/State)	Name of Training Coordinator	Contact Number	
B. Academy Name	From:	To:	PID#:
Location (City/State)	Name of Training Coordinator	Contact Number	

13. Have you **ever** applied to any other law enforcement agency in the last ten years (City, County, State or Federal)?

- 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 sheet as needed. Be sure to indicate what question number and page this refers to.

A. Name of Agency	Position Applied For	Date Applied	
Address Number and 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: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral Interview ☐ Conditional Job Offer ☐ Psychological Examination Date _____ ☐ Medical Exam Date_____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

 Initial this page to indicate that you have provided complete and accurate information:_____

B. Name of Agency	Position Applied For	Date Applied	
Address Number and 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: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral Interview
☐ Conditional Job Offer ☐ Psychological Examination Date _____ ☐ Medical Exam Date_____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C. Name of Agency	Position Applied For	Date Applied	
Address Number and 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: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral Interview
☐ Conditional Job Offer ☐ Psychological Examination Date _____ ☐ Medical Exam Date_____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

 Initial this page to indicate that you have provided complete and accurate information:_____

SECTION 2: RELATIVES AND REFERENCES

14. Immediately 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 you answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

☐ N/A	A. Father Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ N/A	B. Step-Father Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ N/A	C. Mother Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ N/A	D. Step-Mother Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ N/A	E. Spouse/ Domestic Partner Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

 Initial this page to indicate that you have provided complete and accurate information:_____

☐ N/A	F. Father-in-Law Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ N/A	G. Mother-in-Law Name			DOB
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ N/A	H. Former Spouse(s)/ Cohabitant	Name		DOB
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, emergency protective order or protective order in effect at any time for this individual? ☐ YES ☐ NO			
If yes, please explain. _____ _____ _____				

☐ N/A	I. Former Spouse(s)/ Cohabitant	Name		DOB
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, emergency protective order or protective order in effect at any time for this individual? ☐ YES ☐ NO			
If yes, please explain. _____ _____ _____				

 Initial this page to indicate that you have provided complete and accurate information:_____

☐ N/A	J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc…				
1. Name			DOB	☐ Male ☐ Female	
Home Address			City	State	Zip
Work Address ☐ N/A			City	State	Zip
Home Phone	Cell	Work Phone ☐ N/A		Email	

☐ N/A

2. Name			DOB	☐ Male ☐ Female	
Home Address			City	State	Zip
Work Address ☐ N/A			City	State	Zip
Home Phone	Cell	Work Phone ☐ N/A		Email	

☐ N/A

3. Name			DOB	☐ Male ☐ Female	
Home Address			City	State	Zip
Work Address ☐ N/A			City	State	Zip
Home Phone	Cell	Work Phone ☐ N/A		Email	

☐ N/A

4. Name			DOB	☐ Male ☐ Female	
Home Address			City	State	Zip
Work Address ☐ N/A			City	State	Zip
Home Phone	Cell	Work Phone ☐ N/A		Email	

☐ N/A

5. Name			DOB	☐ Male ☐ Female	
Home Address			City	State	Zip
Work Address ☐ N/A			City	State	Zip
Home Phone	Cell	Work Phone ☐ N/A		Email	

 Initial this page to indicate that you have provided complete and accurate information:_____

☐ N/A	K. Children List all of 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 of guardian, if other than you.			
1. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

2. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

3. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

4. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

5. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

6. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

7. Name			Custodial Guardian/Parent (If other than you.)	
☐Male ☐Female	Home Address	City	State	Zip
DOB	Home or Cell Phone	Email		

 Initial this page to indicate that you have provided complete and accurate information:_____

15. REFERENCES
List 7-10 people who you know 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 Phone	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 Phone	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 Phone	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 Phone	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 Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)		How long have you known this person?		

 Initial this page to indicate that you have provided complete and accurate information:_____

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

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

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

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

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

 Initial this page to indicate that you have provided complete and accurate information:_____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.			
16. Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed service with 2 years active duty			
17. List High Schools Attended or where you obtained your GED.			
A. Name		City	State
From	To	Did you graduate? ☐ Yes ☐ No	
B. Name		City	State
From	To	Did you graduate? ☐ Yes ☐ No	
C. Name		City	State
From	To	Did you graduate? ☐ Yes ☐ No	

18. 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

19. List any trade, vocational, or business schools/ institutes attended.			
A. Name	From	To	Did you complete the course? ☐ YES ☐ NO
Type of School or training		City	State
B. Name	From	To	Did you complete the course? ☐ YES ☐ NO
Type of School or training		City	State
C. Name	From	To	Did you complete the course? ☐ YES ☐ NO
Type of School or training		City	State

SECTION 3: EDUCATION *continued.*

20. 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 education institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

 Initial this page to indicate that you have provided complete and accurate information:_____

SECTION 4: RESIDENCE

21. LIST OF RESIDENCE

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number.) Do no use P. O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- 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. Current residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you live				

B. Former Residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you lived				
Reason for Moving					

C. Former Residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you lived				
Reason for Moving					

D. Former Residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you lived				
Reason for Moving					

 Initial this page to indicate that you have provided complete and accurate information:_____

E. Former Residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you lived				
Reason for Moving					

F. Former Residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you lived				
Reason for Moving					

G. Former Residence (Number and street)			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City, State, Zip		Email	
☐ N/A	Names of those with whom you lived				
Reason for Moving					

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for you answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name			Contact Number	
Current Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemates only)			Email	

B. Name			Contact Number	
Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemates only)			Email	

 Initial this page to indicate that you have provided complete and accurate information:_____

C. Name		Contact Number	
Address	City	State	Zip
Nature of relationship (friend, relative, landlord, housemates only)		Email	

D. Name		Contact Number	
Address	City	State	Zip
Nature of relationship (friend, relative, landlord, housemates only)		Email	

E. Name		Contact Number	
Address	City	State	Zip
Nature of relationship (friend, relative, landlord, housemates only)		Email	

F. Name		Contact Number	
Address	City	State	Zip
Nature of relationship (friend, relative, landlord, housemates only)		Email	

23. Have you ever been evicted or asked to leave a residence? ☐ YES ☐ NO
24. Have you ever left a residence owing rent? ☐ YES ☐ NO
If you answered yes to Questions 23 and/ or 24, please explain (include when, where and circumstances).

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer or Telecommunicator in another state OR another country?
  ☐ YES ☐ NO
  If YES, list below
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. IF more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

 Initial this page to indicate that you have provided complete and accurate information:_____

A. Name of employer or military unit				From	To
Address or Base	City	State		Zip	
Supervisor	Contact Number Ext.		Email		
Job Title		Reason for leaving			
Duties/ Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer			
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers			
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain			
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other				From	To

B. Name of employer or military unit				From	To
Address or Base	City	State		Zip	
Supervisor	Contact Number Ext.		Email		
Job Title		Reason for leaving			
Duties/ Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer			
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers			
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain			
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other				From	To

C. Name of employer or military unit				From	To
Address or Base	City	State		Zip	
Supervisor	Contact Number Ext.		Email		
Job Title		Reason for leaving			
Duties/ Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer			
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers			
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain			
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other				From	To

 Initial this page to indicate that you have provided complete and accurate information:_____

D. Name of employer or military unit			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.		Email	
Job Title		Reason for leaving		
Duties/ Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer		
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers		
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain		
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other			From	To

E. Name of employer or military unit			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.		Email	
Job Title		Reason for leaving		
Duties/ Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer		
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers		
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain		
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other			From	To

F. Name of employer or military unit			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.		Email	
Job Title		Reason for leaving		
Duties/ Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer		
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers		
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain		
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other			From	To

 Initial this page to indicate that you have provided complete and accurate information:_____

G. Name of employer or military unit				From	To
Address or Base	City	State		Zip	
Supervisor	Contact Number Ext.		Email		
Job Title		Reason for leaving			
Duties/ Assignments			☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer		
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers			
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain			
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other				From	To

H. Name of employer or military unit				From	To
Address or Base	City	State		Zip	
Supervisor	Contact Number Ext.		Email		
Job Title		Reason for leaving			
Duties/ Assignments			☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer		
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers			
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain			
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other				From	To

I. Name of employer or military unit				From	To
Address or Base	City	State		Zip	
Supervisor	Contact Number Ext.		Email		
Job Title		Reason for leaving			
Duties/ Assignments			☐ F-T ☐ P-T ☐ Temp ☐ Self-Employed ☐ Volunteer		
Name(s) of Co-Workers		Co-Worker(s) Phone Numbers			
Would there be a problem if we contact your current employer? ☐ YES ☐ NO		If yes, explain			
PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other				From	To

 Initial this page to indicate that you have provided complete and accurate information:_____

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?	☐ YES	☐ NO
27. Have you ever been fired, released from probation or asked to resign from any place of employment?	☐ YES	☐ NO
28. Were you ever involved in a physical/ verbal altercation with a supervisor, co-worker, or customer?	☐ YES	☐ NO
29. Have you ever resigned without giving two weeks notice?	☐ YES	☐ NO
30. Have you ever resigned in lieu of termination?	☐ YES	☐ NO
31. 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
32. Were you ever the subject of a written complaint at work?	☐ YES	☐ NO
33. Have you ever been counseled at work due to tardiness or absences?	☐ YES	☐ NO
34. Did you ever receive an unsatisfactory performance review?	☐ YES	☐ NO
35. Have you ever sold, released, or given away legally confidential information?	☐ YES	☐ NO
36. Have you ever called in sick when you were neither sick not 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
37. If you answered yes to any of Questions 26-36, explain (include when, where, and circumstances; indicate which question this refers to.		

38. Has you work performance ever been affected by your use of alcohol or drugs?			☐ YES	☐ NO
When?	What intoxicant were you using?	Name of Employer		
39. 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		

SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)

40. Are you required to register for the Selective Service? If yes, have you registered If no, explain: _____	☐ YES ☐ YES	☐ NO ☐ NO	
41. Branch of Service	Date of Service From	To	
42. Type of Discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable Re-Entry Code listed on your DD-214			
43. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard	If checked, date obligation ends:		
44. 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
45. 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 44 and/or 45, explain the circumstances and include dates			

 Initial this page to indicate that you have provided complete and accurate information:_____

SECTION 7: FINANCIAL

46. INCOME AND EXPENSES For each of the following questions fill in the amounts to the nearest dollar.
A. From your employer(s), what is your take home monthly income? $_____
B. Do you have income other than from your salary or wages? ☐ YES ☐ NO If yes, fill in amount: $_____ per month Explain:_____
C. Approximately how much do you spend each month? $_____ Estimate your monthly living expenses, including housing, utilities, credit cards or other load payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11,or 13)?	☐ YES	☐ NO
48. Have any of your bills ever been turned over to a collection agency?	☐ YES	☐ NO
49. Have you ever had purchased goods repossessed?	☐ YES	☐ NO
50. Have your wages ever been garnished?	☐ YES	☐ NO
51. Have you ever been delinquent on income or other tax payments?	☐ YES	☐ NO
52. Have you ever failed to file income tax or cheated/ lied on an income tax form?	☐ YES	☐ NO
53. Have you ever had an employment bond refused?	☐ YES	☐ NO
54. Have you ever avoided paying any lawful debt by moving away?	☐ YES	☐ NO
55. Have you ever defaulted on a loan, including a student loan?	☐ YES	☐ NO
56. Have you ever borrowed money to pay for a gambling debt? If, yes, do you currently have any outstanding debts as a result of gambling?	☐ YES ☐ YES	☐ NO ☐ NO
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	☐ YES	☐ NO
58. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	☐ YES	☐ NO
59. Have you written three or more bad checks in a one-year period?	☐ YES	☐ NO
60. Are you in arrears on court ordered child support?	☐ YES	☐ NO
If you answered YES to any of the questions 47-60, explain the circumstances and include dates		

 Initial this page to indicate that you have provided complete and accurate information:_____

SECTION 8: 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, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) where you may have been detained and/ or received a Class C citation 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.

61. Have you EVER been detained for investigation (not including traffic stops for traffic violations), 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
Criminal Charge	
Disposition or Penalty	

If yes, explain each incident.	
B. Approximate Date	Arresting or detaining Agency
Criminal Charge	
Disposition or Penalty	

If yes, explain each incident.	
C. Approximate Date	Arresting or detaining Agency
Criminal Charge	
Disposition or Penalty	

If yes, explain each incident.	
D. Approximate Date	Arresting or detaining Agency
Criminal Charge	
Disposition or Penalty	

 Initial this page to indicate that you have provided complete and accurate information:_____

62. Have you ever been placed on court probation as an adult?	☐ YES	☐ NO
63. Have you ever been convicted of any charge that would prevent you from legally possession a firearm or ammunition?	☐ YES	☐ NO
64. 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
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	☐ YES	☐ NO
66. Have the police ever been called to your home for any reason?	☐ YES	☐ NO
67. Have you or your spouse/partner ever been referred to Child Protective Services?	☐ YES	☐ NO
68. Have you ever been the subject of an emergency protective, restraining or ex-parte order?	☐ YES	☐ NO
69. 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
70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	☐ YES	☐ NO
71. Have you ever filed a false insurance or worker's compensation claim?	☐ YES	☐ NO

If you answered YES to any of the questions 62-71, explain the circumstances and include dates, court case, document, etc…

72. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A. Annoying/ obscene phone calls	☐ YES	☐ NO
B. Assault (use of force or violence upon another) (not while performing duties of a LEO)	☐ YES	☐ NO
C. Assault (use of force or violence upon a family member)	☐ YES	☐ NO
D. Brandishing a weapon (any type of weapon) (not while preforming duties of a LEO)	☐ YES	☐ NO
E. Carrying a concealed weapon without a permit	☐ YES	☐ NO
F. Contributing to the delinquency of a minor	☐ YES	☐ NO
G. Committing a theft of service (not paying for food or a room)	☐ YES	☐ NO
H. Driving under the influence of alcohol and/or drugs	☐ YES	☐ NO
I. Drunkenness in public (intoxicated to the point you could not care for yourself or others)	☐ YES	☐ NO
J. Hit and Run accident (no injuries)	☐ YES	☐ NO
K. Hunting or fishing without a license	☐ YES	☐ NO
L. Illegal gambling	☐ YES	☐ NO
M. Impersonating a peace officer	☐ YES	☐ NO
N. Indecent Exposure (including flashing or mooning)	☐ YES	☐ NO
O. Unauthorized Use of a Motor Vehicle (without owner's permission)	☐ YES	☐ NO
73. UNDETECTED ACTS – PART 2 At any time in your life have you **ever** committed any of the following?		
A. Arson (Intentionally destroying property by setting a fire)	☐ YES	☐ NO
B. Assault with a Deadly Weapon (not while performing duties of a LEO)	☐ YES	☐ NO
C. Theft of a vehicle and/ or vehicle parts	☐ YES	☐ NO
D. Burglary (entering a structure or vehicle to commit a theft, assault, or felony)	☐ YES	☐ NO

 Initial this page to indicate that you have provided complete and accurate information:_____

E. Sexual Assault of a Child/ Molestation	☐ YES	☐ NO
F. Accessing, producing or possessing child pornography	☐ YES	☐ NO
G. Injury to a child/elderly/disabled person	☐ YES	☐ NO
H. Theft of Property (any form)	☐ YES	☐ NO
I. Intoxication Assault (with injuries)	☐ YES	☐ NO
J. Sexual Assault or sexual activity without consent of a person	☐ YES	☐ NO
K. Forgery (documents, checks, currency, money, etc.)	☐ YES	☐ NO
L. Hit and run accident (with injuries)	☐ YES	☐ NO
M. Hate Crime	☐ YES	☐ NO
N. Insurance Fraud	☐ YES	☐ NO
O. Theft any value over $750 or Firearm	☐ YES	☐ NO
P. Murder, homicide, or attempted murder	☐ YES	☐ NO
Q. Perjury	☐ YES	☐ NO
R. Possession, manufacturing, transporting of an explosive device	☐ YES	☐ NO
S. Robbery (Theft involving a weapon, force or fear)	☐ YES	☐ NO
T. Stalking	☐ YES	☐ NO
U. Blackmail/ Extortion	☐ YES	☐ NO
V. Any other Felony not listed	☐ YES	☐ NO

If you answered YES to any of the questions in section 72-73, fully explain the circumstances and include dates, person(s) involved, resolution, etc… (Indicate the corresponding #/Letter for each explanation. Example 73 C)

Questions about your current and past recreational drug use that will cover the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/ Methamphetamines (Uppers, Speed, Crank, etc.)
Barbiturates (Downers)
Cocaine/ Crack Cocaine
Designer Drugs (Ecstasy, MDMA)
GHB (Date Rape Drug)
Glue/ Inhalants
Hallucinogens (Peyote, LSD, Mushrooms)
Hashish
Heroin/ Opium
Marijuana
Mescaline
Morphine
PCP/ Angel Dust
Quaaludes
Steroids
K2

 Initial this page to indicate that you have provided complete and accurate information:_____

74. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? If yes, give details, including drug(s) used and circumstances:

75. Prior to the past three years (check all that apply):

☐ **I have never used any drug recreationally**

☐ **I have tried or used one or more drugs listed above, but only under limited circumstances**
(for example, experimentation, at parties, concerts, special events, etc.).
If, checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

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

78. List other states where you have been licensed to operate a motor vehicle.		
State of Issue	Type of License	Name on granted license

79. Have you ever been refused a driver's license by any state?	☐ YES	☐ NO
If yes, explain (Include when, where and circumstances):		

 Initial this page to indicate that you have provided complete and accurate information:_____

80. Has your driver's license ever been suspended or revoked?	☐ YES	☐ NO
If yes, explain (Include when, where and circumstances):		

81. List your current liability insurance on your vehicle(s).				
A. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number		Expires	
Address	City	State	Zip	Contact Number

B. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number		Expires	
Address	City	State	Zip	Contact Number

C. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number		Expires	
Address	City	State	Zip	Contact Number

D. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number		Expires	
Address	City	State	Zip	Contact Number

82. List all traffic citations, excluding parking citations, you have received within the past seven years:			
A. Nature of Violation		Location Street, City, State, Zip	
Date Occurred	Agency Issuing Citation	Action Taken ☐ Not Guilty ☐ Guilty ☐ Deferred/ Defensive Driving ☐ Dismissed	
B. Nature of Violation		Location Street, City, State, Zip	
Date Occurred	Agency Issuing Citation	Action Taken ☐ Not Guilty ☐ Guilty ☐ Deferred/ Defensive Driving ☐ Dismissed	
C. Nature of Violation		Location Street, City, State, Zip	
Date Occurred	Agency Issuing Citation	Action Taken ☐ Not Guilty ☐ Guilty ☐ Deferred/ Defensive Driving ☐ Dismissed	
D. Nature of Violation		Location Street, City, State, Zip	
Date Occurred	Agency Issuing Citation	Action Taken ☐ Not Guilty ☐ Guilty ☐ Deferred/ Defensive Driving ☐ Dismissed	

 Initial this page to indicate that you have provided complete and accurate information:_____

E. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply) ☐ Failed to appear ☐ Failed to complete conditions of court ☐ Failed to pay at required time
If checked, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? If yes, give details.			☐ YES	☐ NO
A. Date	Location (Street, City, State, Zip)			
Police Report ☐ YES ☐ NO	Law Enforcement Agency	☐ Injury ☐ At Fault	☐ Non- Injury ☐ Not At Fault	
B. Date	Location (Street, City, State, Zip)			
Police Report ☐ YES ☐ NO	Law Enforcement Agency	☐ Injury ☐ At Fault	☐ Non- Injury ☐ Not At Fault	
C. Date	Location (Street, City, State, Zip)			
Police Report ☐ YES ☐ NO	Law Enforcement Agency	☐ Injury ☐ At Fault	☐ Non- Injury ☐ Not At Fault	
D. Date	Location (Street, City, State, Zip)			
Police Report ☐ YES ☐ NO	Law Enforcement Agency	☐ Injury ☐ At Fault	☐ Non- Injury ☐ Not At Fault	
E. Date	Location (Street, City, State, Zip)			
Police Report ☐ YES ☐ NO	Law Enforcement Agency	☐ Injury ☐ At Fault	☐ Non- Injury ☐ Not At Fault	

84. Have you ever driven a vehicle without auto insurance, as required by law?		☐ YES	☐ NO
If yes, give reason			
Date	Location (Street, City, State, Zip)		
85. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled?		☐ YES	☐ NO
If yes, give reason	Insurance Company		
Date	Location (Street, City, State, Zip)		

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

87. 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? ☐ YES ☐ NO

 Initial this page to indicate that you have provided complete and accurate information:_____

88. 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?	☐ YES ☐ NO
89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	☐ YES ☐ NO
90. Have you ever hit or physically overpowered a spouse, romantic partner or family member?	☐ YES ☐ NO

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

SECTION 11: MEDIA SITES

91. Have you ever had a social media site (i.e. Facebook, Myspace, Twitter, LinkedIn, etc.)?	☐ YES ☐ NO
92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)	

SECTION 12: CERTIFICATION

93. 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 _____

_____

Printed Name of Notary

My commission expires _____/_____/_____

Notary Seal or Stamp

_____

Signature of Notary

 Initial this page to indicate that you have provided complete and accurate information:_____

ADDITIONAL SPACE
• Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.) • Identify the corresponding question and specific items being referenced.

 Initial this page to indicate that you have provided complete and accurate information:_____