Addison Police Department

Applicant Personal History Statement

Full Name _____

Address _____

_____

Telephone _____

Primary Email _____

Date Completed _____

I am applying for:

- ☐ **Police Officer**
- ☐ **Detention Officer**
- ☐ **Telecommunicator**
- ☐ **Civilian Employment**

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 **TYPED** using the blanks provided. Do not print double sided.

2. Answer all questions truthfully and accurately. Any untruthfulness can result in immediate disqualification.

3. If a question is not applicable to you, enter "N/A" in the space provided.

4. Avoid errors by reading the directions carefully before making any entries on the form.

5. You are responsible for obtaining correct and full information including addresses, email addresses, and telephone numbers. If you are not sure of an address, personally verify before making that entry on this history statement; the police department will not be responsible for obtaining any information. Errors will not be viewed favorably.

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

7. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in **disqualification.**

8. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.

9. Any candidate submitting an incomplete application will not be considered for employment. Your application **will be evaluated on completeness and neatness.**

10. All documents requested must be submitted as soon as possible but no later than before the background investigation begins (photocopies are acceptable in most cases).

    - 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.
    - 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 current proof of automobile liability insurance.
    - Copy of your Texas peace officer license and all training certificates awarded to you, if applicable.
    - 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 your Peace Officer Certificate from your police academy, if applicable.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a police officer, detention officer, or telecommunicator in the State of Texas.

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

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

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

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

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

DISQUALIFICATION

There are very few automatic basis 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.

Applicant Identification Section

The information in this section is used for identification purposes.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Street Address: _____

City, State, and Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Primary Email: _____

Additional Emails: _____

Date of Birth: _____ Race: _____ Sex: _____

Drivers License Number and State: _____

Social Security No.: _____ Place of Birth: _____

Are you a US Citizen by Birth? ☐ Yes ☐ No Are you a naturalized US Citizen? ☐ Yes ☐ No

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

Texas Commission on Law Enforcement PID (if applicable): _____

Any additional names you've gone by: _____

Scars, identifying marks, and tattoos including description and location: _____

_____

_____

List all social networking sites you use: _____

_____

Marital History

Check your current status:

☐ Single ☐ Married ☐ Engaged ☐ Divorced ☐ Widowed ☐ Co-habiting

Spouse's/Co-habitant's Name (include maiden name): _____

Street Address_____

City, State, and Zip Code: _____

Date of Birth: _____ Date of Marriage_____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Primary Email: _____

Employer(s)_____

Employer Address_____

If you have been divorced, provide details below.

Former Spouse's Name (include maiden name): _____

Street Address_____

City, State, and Zip Code: _____

Date of Birth: _____ Date of Marriage_____

Home Telephone: _____ Cell Phone: _____

Primary Email: _____ Date of Divorce: _____

Court and State Where Divorce Issued: _____

Family History

Identify children related to you or your spouse (including natural, step-children, adopted, or foster children).

Name/Relationship	Date of Birth	Complete Address	Telephone	Email Address

Identify all immediate family members (including those related by marriage) including parents, step parents, brothers, and sisters.

Name/Relationship	Date of Birth	Complete Address	Telephone	Email Address

Residential History

Identify all residences where you have lived within the last ten (10) years beginning with the most recent (current) address. Include military assignments and apartment numbers.

From (Month/Year)	To (Month/Year)	Street Address	City, State, Zip Code
	Present		

Have you ever been evicted or asked to move from any place you lived? ☐ Yes ☐ No

Identify all non-family members you currently reside with.

Full Name	Date of Birth	Dates of Cohabitation	Telephone	Email Address

Personal References

List five (5) persons that can provide current information about you. Do not list relatives, spouses, girlfriends/boyfriends, past or present employers, or supervisors.

Reference 1

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Reference 2

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Reference 3

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Reference 4

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Reference 5

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone No.: _____

Alternate Phone No.: _____ Email: _____

Identify any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

_____

_____

_____

Traffic Record

Identify all vehicles that you currently own, lease, and/or operate:

Year	Make	Model and Body Style	Color	License Plate and State	Owner

What company carries your automobile insurance policy? _____

Policy Number: _____ Expiration: _____

Have you ever possessed a driver's license issued by any state other than Texas? ☐ Yes ☐ No

Other State Driver's License No.: _____ State: _____

Other State Driver's License No.: _____ State: _____

Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No

If yes, give reason, date, and length of suspension: _____

_____

Have you ever driven a motor vehicle while your driver's license was suspended or revoked? ☐ Yes ☐ No

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Cause of Accident	Police Report?	Your Fault?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

List all traffic citations you have received within the last 10 years, excluding parking tickets.

Date	Violation (include alleged speed an speed limit if applicable)	Issuing Agency	Disposition (e.g., defensive driving, dismissed)

Arrests, Detentions, and Litigation

Have you **ever** been arrested or detained by law enforcement? ☐ Yes ☐ No

If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have members of your immediate family or close relatives have ever been arrested? ☐ Yes ☐ No

If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

If you answer yes to any question in this section, include an explanation with date, charge, police agency investigating, disposition, and penalty.

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) ☐ Yes ☐ No

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) ☐ Yes ☐ No

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? ☐ Yes ☐ No

Have you **ever** been a party to a civil suit or action? ☐ Yes ☐ No

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? ☐ Yes ☐ No

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? ☐ Yes ☐ No

Do you anticipate being sued or named in any type of lawsuit or proceeding? ☐ Yes ☐ No

Have you ever been the respondent of a protective order? ☐ Yes ☐ No

Explanation for any "Yes" answers above, including dates: _____

_____

_____

_____

_____

_____

_____

Financial History

Your current net monthly income: _____ Spouse's current net monthly income: _____

Sources of Income for You or Spouse (indicate which)	Amount	Frequency

Do you have any accounts with a financial institution? ☐ Yes ☐ No

Name(s) of financial institution(s) and types of accounts: _____

_____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

If you answer yes to any question in this section, include a complete explanation to include dates.

Have you **ever** filed bankruptcy personally or on behalf of a business? ☐ Yes ☐ No

Have you **ever** had any personal or real property repossessed or foreclosed? ☐ Yes ☐ No

Have you **ever** failed to pay Federal, state, or other taxes? ☐ Yes ☐ No

Have you **ever** failed to file a tax return, when required by law? ☐ Yes ☐ No

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? ☐ Yes ☐ No

Have you **ever** had a judgment entered against you? ☐ Yes ☐ No

Have you **ever** defaulted on any type of loan? ☐ Yes ☐ No

Have you **ever** had bills or debts turned over to a collection agency? ☐ Yes ☐ No

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? ☐ Yes ☐ No

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? ☐ Yes ☐ No

Have you **ever** been delinquent on court-imposed alimony or child support payments? ☐ Yes ☐ No

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? ☐ Yes ☐ No

Are you currently more than sixty (60) days delinquent on any debts? ☐ Yes ☐ No

Have you **ever** applied for unemployment compensation? ☐ Yes ☐ No

Have you **ever** received unemployment compensation? ☐ Yes ☐ No

Explanation for any "Yes" answers above, including dates: _____

_____

_____

_____

_____

_____

_____

_____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	**Type of Debt (e.g., student loan, automobile)**	**Number of Days Late**	**Reason**

Employment History

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? ☐ Yes ☐ No

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

1. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

2. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

3. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

4. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

5. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

6. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

7. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

Check Appropriate Job Type(s): ☐ Full ☐ Part ☐ Temporary ☐ Seasonal ☐ Volunteer ☐ Internship

8. Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Work Schedule: _____ Name of Supervisor: _____

Supervisor Phone No.: _____ Supervisor Email: _____

Name of co-worker: _____ Co-worker Phone No._____

Co-worker Email: _____ Eligible for Rehire? ☐ Yes ☐ No ☐ Unknown

Duties: _____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

List any period of unemployment since the age of 18 (a period of unemployment is any time you did not have a job).

From (Month/Year)	To (Month/Year)	Reason

If you answer yes to any question in this section, include a complete explanation to include dates.

Have you ever been terminated from employment for any reason? ☐ Yes ☐ No

Have you ever resigned in lieu of termination? ☐ Yes ☐ No

Have you ever resigned because you suspected you were going to be terminated or disciplined? ☐ Yes ☐ No

Have you ever collected unemployment or welfare benefits, including food stamps, when you were not entitled to them? ☐ Yes ☐ No

Have you ever failed to report to work without contacting your employer? ☐ Yes ☐ No

Have you ever quit a job without 2 weeks notice? ☐ Yes ☐ No

Have you ever taken money, merchandise, materials, equipment, etc. from an employer without their direct permission? ☐ Yes ☐ No

Explanation for any "Yes" answers above, including dates: _____

_____

_____

_____

_____

_____

_____

Educational History

Check highest grade completed: ☐ High School Diploma ☐ GED

Check all education earned: ☐ Some College ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Ph.D.

Identify all high schools you have attended:

High School(s) Attended	Address	Dates Attended From-To	Graduated
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Identify all colleges, universities, or technical schools you have attended regardless if you earned a degree:

Name	City & State	Dates Attended	Hours Completed	Degree/Major

Were you **ever** expelled from school? ☐ Yes ☐ No

If yes, give details: _____

_____

List any awards, honors, or other academic achievements related to your education: _____

_____

Military Obligation

Have you ever served in the U.S. Armed Forces or State Military? ☐ Yes ☐ No

Have you ever been rejected by any branch of the U.S. Armed Forces or State Military? ☐ Yes ☐ No

Branch of Service: _____ Unit: _____

Service Dates: _____ Highest Rank held: _____

Job Title(s): _____ Duty Stations: _____

_____

Discharge: ☐ Honorable ☐ General ☐ Other than Honorable ☐ Bad Conduct ☐ Dishonorable

Are you actively serving in a Reserve Unit (including State Military Forces)? ☐ Yes ☐ No

Service Dates: _____ Current Rank Held: _____

Branch of Service: _____ Unit: _____

Job Title(s): _____ Duty Stations: _____

_____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) ☐ Yes ☐ No

If "Yes," provide dates, charges, military courts or authorities, and outcomes. _____

_____

_____

_____

_____

Special Qualifications and Skills

Identify any special licenses you hold (e.g., pilot, radio operator, concealed handgun): _____

_____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair).

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? ☐ Yes ☐ No

Explain your experience with firearms including what weapons systems you are familiar with: _____

_____

_____

Memberships and Organizations

Name & Address	Type (e.g., social, fraternal, professional)	From (Month/Year)	To (Month/Year)

If you answer "Yes" to any of the below questions, please include a detailed explanation, including dates of involvement.

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. ☐ Yes ☐ No

Have you ever been involved with, funded or supported a terrorist cell or organization designated a terrorist group by the United States or any other government? ☐ Yes ☐ No

Law Enforcement Applications and Service

List all law enforcement agencies that you have applied for (to include municipal, county, state, federal, other governmental, or private law enforcement agency). In addition, list position you applied for, the steps in the application process you have complete, and the status of the application. Attach an additional page if you need to list more agencies.

Date Applied	Law Enforcement Agency and Position	Steps Completed						Application Status		
		Written Test	PT Test	Oral Board	Background	Polygraph	Psychological	Hired	On List	Disqualified

Are you currently a licensed as a Texas peace officer by TCOLE? ☐ Yes ☐ No

Are you currently a licensed peace officer in another state? ☐ Yes ☐ No

Has your TCOLE license ever been denied or revoked? ☐ Yes ☐ No ☐ N/A

Have you ever attended a police academy? ☐ Yes ☐ No

Police Academy Name: _____

Police Academy Address: _____

Police Academy Dates: _____

Personal Declarations

If you answer yes to any question in this section, include a complete explanation to include dates.

Have you provided alcohol to a minor (under 21) who was not your child? ☐ Yes ☐ No

Have you ever operated a motor vehicle while intoxicated on alcohol or drugs? ☐ Yes ☐ No

In the past five years, what it the maximum number of times you have operated a motor vehicle while

intoxicated on drugs or alcohol? _____ times

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Complete the following chart regarding drug usage. Usage includes ingestion of the drug into your system by any means (regardless if it had any effect) including: snort, sniff, inject, smoke, oral, or absorbed through any means. When asked for the maximum number of times you have used the drug, give the absolute maximum number of times you might have used the drug.

Type of Drug	Ever Used?	Maximum Times Used	Date First Used (Month/Year)	Date Last Used (Month/Year)	Ever Sold, Manufactured, or Transported?
Any prescription drug not prescribed to you: _____	☐ Yes ☐ No				☐ Yes ☐ No
Any prescription drug not prescribed to you: _____	☐ Yes ☐ No				☐ Yes ☐ No
Marijuana	☐ Yes ☐ No				☐ Yes ☐ No
Hashish, Hash Oil, THC	☐ Yes ☐ No				☐ Yes ☐ No
K2, Synthetic Marijuana	☐ Yes ☐ No				☐ Yes ☐ No
Cocaine, Crack	☐ Yes ☐ No				☐ Yes ☐ No
Heroin, Black Tar, Cheese	☐ Yes ☐ No				☐ Yes ☐ No
Methamphetamine, Amphetamine, Ecstasy	☐ Yes ☐ No				☐ Yes ☐ No
PCP	☐ Yes ☐ No				☐ Yes ☐ No
Hallucinogens, LSD, Acid, Mushrooms	☐ Yes ☐ No				☐ Yes ☐ No
Barbiturates, Quaaludes, Benzodiazepines, Xanax, GHB	☐ Yes ☐ No				☐ Yes ☐ No
Inhalants	☐ Yes ☐ No				☐ Yes ☐ No
Anabolic Steroids	☐ Yes ☐ No				☐ Yes ☐ No
Any illegal drug not listed here: _____	☐ Yes ☐ No				☐ Yes ☐ No

Do you consume alcohol? ☐ Yes ☐ No

If "Yes", how often? _____

In 200-500 words, why do you think you should be considered for the position you have applied for?

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

_____
Signature of Applicant

_____
Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, 20_____.

SEAL

_____
Signature of Notary
My Commission Expires: _____

Background Release Form/Consumer Report Authorization
Town of Addison

I hereby authorize the Town of Addison and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Town of Addison or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Town of Addison, Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires one year from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Name: _____
First Middle Last Maiden

Former Name(s) and Dates Used: _____

Current Address: _____
Street City State/Zip

Soc. Sec Number: _____ Date of Birth: _____

Driver License Number and State: _____ Telephone No.: _____

Signature: _____ Date: _____

Sworn and subscribed before me, a Notary Public, in the County of _____ and for the State of

Texas on this, _____ day of _____, 20_____.

Printed Name of Notary: _____ Commission Expiration: _____

Signature: _____ NOTARY SEAL

Equal Opportunity Employment Data
Town of Addison, Texas

The commitment of the Town of Addison to a policy of Equal Opportunity Employment requires that certain information be obtained and filed for statistical purposes only. This data does not remain attached to your application and is not used in any way in the selection process. Your voluntary cooperation is greatly appreciated.

Name: _____
First Middle Last

Sex: ☐ Male ☐ Female

Address: _____
Street City State/Zip

Telephone No.: _____ Date of Birth: _____

Position Sought: _____ Date of Application: _____

Please check one:

☐ White (not of Hispanic origin)

☐ Black (not of Hispanic origin)

☐ Hispanic

☐ Asian/Pacific Islander

☐ American Indian/ Alaskan Native

The Town of Addison is an Equal Opportunity Employer. To qualify for employment with the Town of Addison, applicants must meet the minimum job requirements for the specific position for which application is made. Applicants will be chosen for employment based on their qualifications and fitness for the position without regard to race, age, color, gender, religion, national origin, or veteran status. The Town of Addison makes reasonable accommodations for qualified applicants with known disabilities.