

# Addison Police Department

## Applicant Personal History Statement



**Full Name**

**Address**

**Telephone**

**Primary Email**

**Date Completed**

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**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 police applicants must submit the applicable documents listed below at the time of their scheduled written test. Please contact 972-450-7100 for test scheduling.  
All civilian applicants must contact 972-450-7100 to submit the applicable documents below.
  - 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, if applicable. (No photo copy)
  - Photocopy of your college diploma, if applicable.
  - 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:

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## 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.

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

## 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: \_\_\_\_\_

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## **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:

<b>High School(s) Attended</b>	<b>Address</b>	<b>Dates Attended From-To</b>	<b>Graduated</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>Name</b>	<b>City &amp; State</b>	<b>Dates Attended</b>	<b>Hours Completed</b>	<b>Degree/Major</b>

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. \_\_\_\_\_

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## 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	Back-ground	Poly-graph	Psycho-logical	Hired	On List	Disqu-alfied

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 is 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.

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

Do you consume alcohol?

Yes  No

If "Yes", how often? \_\_\_\_\_



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: \_\_\_\_\_



