## **Addison Police Department**

## **Applicant Personal History and Polygraph Statement**



Full Name		 	<del></del>
Address		 	
Phone		 	· · · · · · · · · · · · · · · · · · ·
Email			
Date Completed		 	
I am applying for:			
□ Police Office			
☐ Civilian Emi	olovment		

#### **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.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. <u>It is</u> <u>essential that the information is accurate in all respects so please read all instructions carefully before proceeding.</u> The Personal History Statement will be use as a basis for a background investigation that will determine your eligibility for becoming an employee. This statement will also serve as the polygraph statement during this process.

- 1. Your application must be TYPED using the blanks provided. Do not print double sided and take care that all text is visible in the blank provided.
- 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 no 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. <u>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).</u>
  - Copy of your Social Security Card
  - Original birth certificate. Provide for viewing, and it will be returned immediately.
  - Copy of your valid Texas driver's license or a copy of another state's driver's license.
  - Copy of your high school diploma or GED certificate.
  - Sealed original certified copy of your college transcript, if applicable. (No photocopy)
  - 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 you DD-214, if applicable. Must possess an honorable discharge.
  - Original certified copy of your naturalization papers, if applicable. (No photocopy)
  - 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 the state requirements to qualify for licensure as a police officer 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), 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 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 marital that resulted in a dishonorable or bad conduct discharge.

#### **Disqualification**

There are very few <u>automatic</u> basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, <u>deliberate misstatements or omissions</u> 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.

First Name:		_
Maiden Name:		
		_
Cell Phone:		-
Primary Email:		-
		_
Place of B	irth:	_
No		
No		
Hair Color:	Eye Color:	_
applicable):		
		_
scription and location:		_
		_
ated names and security le	vels used:	_
		_
	Maiden Name: Cell Phone: Primary Email: Place of B  No  No  No  Hair Color: applicable): scription and location:	No Hair Color: Eye Color: applicable):

#### **Marital History**

Check your current status: Single Married Engaged Divorced Widowed Co-habitiating In a Relationship Spouse/Co-habitant/Significant Other's Name (including maiden Street Address: City, State, and Zip Code: \_\_\_\_\_ Date of Birth:\_\_\_\_\_\_ Date of Marriage (if applicable):\_\_\_\_\_ Home Telephone: Cell Phone: Work Telephone: Email: Employer(s): Employer Address: If you have been divorced, provide details below: Former Spouse's Name (including 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 was 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	<b>Complete Address</b>	Telephone	Email Address

Have members of your immediate family or close relatives ever been arrested? Yes No If yes, please complete this table:

Name/Relation	Charge/Offense	Outcome	Year	Agency

#### **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	To	Street Address	City, State, Zip Code
(Month/Year)	(Month/Year)		

Identify all non-family members you currently reside with.

Full Name	Date of Birth	<b>Dates Cohabitated</b>	Telephone	Email Address

Reference 1

## **Personal References**

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

Name:	Relationship:	
Occupation:	Years Known:	
Address:	Phone No.:	
Alternate Phone No.:	Email Address:	
Reference 2		
Name:	Relationship:	
Occupation:	Years Known:	
Address:	Phone No.:	
Alternate Phone No.:	Email Address:	
Reference 3		
Name:	Relationship:	
Occupation:	Years Known:	
Address:	Phone No.:	
Alternate Phone No.:	Email Address:	

#### Reference 4

Name:	Relationship:
Occupation:	Years Known:
Address:	Phone No.:
Alternate Phone No.:	Email Address:
Reference 5	
Name:	Relationship:
Occupation:	Years Known:
Address:	Phone No.:
Alternate Phone No.:	Email Address:
Identify any employees of the Texas	Commission on Law Enforcement with whom you are acquainted:

## **Vehicles and Licenses**

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

Year	Make	Model/Body	Color	License Plate/State	Owner
		Style			
What company	carries your auton	nobile insurance?			
Policy Number	:		Expiration:		
Have you ever	possessed a driver	's license issued by	any state other tha	n Texas? Yes	No
Other State Dri	ver's License No.:		State	e:	
Other State Dri	ver's License No.:		Stat	e:	
Identify all veh	icle accidents you	have been involved	l in during the last	10 years.	
Date	Locati	on (	Cause of Accident	Police Report?	Your Fault?

Date	Location	Cause of Accident	Police Report?	Your Fault?

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

Date	Violation	Issuing Agency	Disposition (Defensive Driving, etc.)

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

#### **Financial History**

Your current monthly income:	Spouse's current monthly income:				
Source of Income (Indicate you or spouse)	Amount	Frequency			
Do you have any open accounts with financial institution	ons? Yes	No			

Identify any persons or entities 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 ongoing payments.

Name of Creditor (e.g. Ford	Type of Debt (student,	Monthly	Approx. Balance
Financial)	vehicle, etc)	Payment	

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 late payments.

#### **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 co	ontact your p	resent employer	? Yes	s No	)
1. Check Appropriate Job Type:	Full	Part	Temporary	Se	asonal
Volunteer Internship					
Employer:			From:	To:	
Employer's Full Address:					
Job Title:		Employer	Phone No.:		
Beginning Salary:		Ending Sa	lary:		
Work Schedule:					
Name of Supervisor:					
Supervisor Phone No		Superviso	r Email:		
Name of Coworker:		Coworker	Phone No.:		
Coworker Email:		Eligible fo	or Rehire:	Yes	No
Duties:					
Disciplinary Action Received:					
Reason for Leaving:					

2. Check Appropriate J	ob Type:	Full	Part	Temporary	Sea	sonal
Volunteer	Internship					
Employer:				From:	To:	
Employer's Full Address:_						
Job Title:			Employe	r Phone No.:		
Beginning Salary:			Ending S	alary:		
Work Schedule:						
Name of Supervisor:						
Supervisor Phone No						
Name of Coworker:			Coworke	r Phone No.:		
Coworker Email:			Eligible	for Rehire:	Yes	No
Duties:						
Disciplinary Action Receiv						
Reason for Leaving:						

3. Check Appropriate	Job Type:	Full	Part	Temporary	Sea	asonal
Volunteer	Internship					
Employer:				From:	To:	
Employer's Full Address:						
Job Title:			Employe	r Phone No.:		
Beginning Salary:			Ending S	alary:		
Work Schedule:						
Name of Supervisor:						
Supervisor Phone No						
Name of Coworker:			Coworke	r Phone No.:		
Coworker Email:			Eligible	for Rehire:	Yes	No
Duties:						
Disciplinary Action Receiv						
Reason for Leaving:						
S						

4. Check Appropriate	Job Type:	Full	Part	Temporary	Sea	sonal
Volunteer	Internship					
Employer:				From:	To:	
Employer's Full Address:						
Job Title:			Employe	er Phone No.:		
Beginning Salary:			Ending S	Salary:		
Work Schedule:						
Name of Supervisor:						
Supervisor Phone No			Supervis	or Email:		
Name of Coworker:			Coworke	er Phone No.:		
Coworker Email:			Eligible	for Rehire:	Yes	No
Duties:						
Disciplinary Action Recei						
Reason for Leaving:						

5. Check Appropriat	e Job Type:	Full	Part	Temporary	Sea	isonai
Volunteer	Internship					
Employer:				From:	To:	
Employer's Full Address	s:					
Job Title:			Employe	er Phone No.:		
Beginning Salary:			Ending S	alary:		
Work Schedule:						
Name of Supervisor:						
Supervisor Phone No						
Name of Coworker:			Coworke	er Phone No.:		
Coworker Email:			Eligible	for Rehire:	Yes	No
Duties:						
Disciplinary Action Rec	eived:					
Reason for Leaving:						

6. Check Appropriate	Job Type:	Full	Part	Temporary	Sea	asonal
Volunteer	Internship					
Employer:				From:	To:	
Employer's Full Address:	:					
Job Title:			Employe	er Phone No.:		
Beginning Salary:			Ending S	Salary:		
Work Schedule:						
Name of Supervisor:						
Supervisor Phone No			Supervis	or Email:		
Name of Coworker:			Coworke	er Phone No.:		
Coworker Email:			Eligible	for Rehire:	Yes	No
Duties:						
Disciplinary Action Rece						
Reason for Leaving:						

List any period of unemployment since the age of 18. This includes any period in which you did not have a job.

To (Month/Year)	Reason

## **Educational History**

Highest Grade Level Completed:	High Scho	ol GED	) Some	College	
Associate's	Bachelor's	Bachelor's Master's		Ph.D.	
Identify all High Schools Attended	1:				
High School Attended	Addres	S	Dates Attend		
Identify all colleges, universities, o	or technical schools y	ou have attended  Dates	l regardless of if	You earned a degree:  Degree/Major	
		Attended	Completed		
Have you ever been expelled?	Yes	No			
Why?					
Academics Awards, Honors, Achi-	evements:				

## **Military History**

Have you ever applied for military service?	Yes	No
Have you ever been a member of any military service?	Yes	No
Have you ever been rejected by any military branch?	Yes	No
How long did you serve in an active-duty status?		
Branch of Service:	Unit:	
Service Date:	_ Highest Rank He	ld:
Job Titles:	Duty Station:	
Discharge Classification/Status:		
Are you currently serving in a reserve unit?		
Branch of Service (Reserve):	Current Ra	ank Held:
Unit: Job Ti	tle:	
Duty Station:		
Have you <b>ever</b> been subject to court martial of other disc Military Justice? Please explain in detail.		
<u> </u>		
List all medals, commendations, awards, or honors:		

## **Special Qualifications and Skills**

icate any foreign l	languages you know, and	l classify your fluency	y as excellent, good, or	fair:
Language	Understanding	Speaking	Reading	Writing
you have any exp	perience with firearms?	Yes	No	
nlain vour experier	nce with firearms includi	no what weapons sys	stems vou are familiar v	with:
xplain your experier	nce with firearms includi	ng what weapons sys	stems you are familiar v	with:
plain your experier	nce with firearms includi	ing what weapons sys	stems you are familiar v	with:
xplain your experie	nce with firearms includi	ing what weapons sys	stems you are familiar v	with:
			stems you are familiar v	with:
lease list any membe	erships in any organization	ons:		with:
ease list any membe	erships in any organization	ons:	From (Month/Year)	To (Month/Year
ease list any membe	erships in any organization	ons:	From	То
ease list any membe	erships in any organization	ons:	From	То

#### **Law Enforcement Applications and Service**

List **ALL** law enforcement agencies that you have applied for to include municipal, county, state, federal, or private agencies. In addition, list the position you applied for, the steps you have completed, and the status of your application. Make sure to list them all.

Date	Agency and Position	(Mai	Status rk with 'x')	an	Steps Completed (Mark with an 'x')					
	rigency and rosition	Hired	On- list	DQ	Written	PT	Oral Board	Back- ground	Poly- graph	Psych.

Addison Police Department		Personal History Statement
Are you currently licensed as a Texas Peace Officer with TCOLE?	Yes	No
Are you currently licensed as a peace officer in another state?	Yes	No
Has your peace officer license ever been denied or revoked?	Yes	No
If yes, explain:		
Have you ever attended a police academy?	Yes	No
Police Academy Name:		
Police Academy Address:		

Police Academy Dates:

## **History of Drug Usage**

Complete the following table regarding drug usage. Usage includes ingestion of the drug into your system by any means.

Type of Drug	Ever Used? (Y or N)	First Used (Month/Year)	Last Used (Month/Year)	Ever Sold, Manufactured, Transported? (Y or N)
Prescription drugs not prescribed to you				
Marijuana				
Hashish, hash oil, THC				
K2, Synthetic Marijuana				
Cocaine, Crack				
Heroine, Back Tar, Cheese				
PCP				
Hallucinogens, LSD, Acid, Mushrooms				
Barbiturates, Quaaludes, Benzodiazepines,				
Xanax, GHB Anabolic Steroids				
Meth, Amphetamine, Ecstasy				
Illegal Drugs not Listed here: (Under Texas Health and Safety				
Code)				

#### **Drug Usage**

(Continued)

1.	Have you illegally possessed a drug with the intent to sell?	Yes	No	
2.	Have you transported drugs from one location to another for profit?	Yes	No	
3.	Have you manufactured drugs?	Yes	No	
4.	Have you financed a drug transaction?	Yes	No	
5.	Have you ever laundered any drug money?	Yes	No	
6.	Have you ever been paid by a drug dealer for services rendered?	Yes	No	
7.	Have you ever been a member of a drug cartel?	Yes	No	
8.	Have you ever used a prescription drug for alternate reasons than intended by medical physicians?	Yes	No	
9.	Have you furnished alcohol to a minor?	Yes	No	
10	. Have you ever operated a motor vehicle while intoxicated on drugs or alcohol?	Yes	No	
If yes	to any of the above questions, please explain:			

## **Law Violations**

1. Have you ever committed any felony criminal law violations?	Yes	No
2. Have you ever committed a murder?	Yes	No
3. Have you ever committed a robbery?	Yes	No
4. Have you ever committed a burglary?	Yes	No
5. Have you ever committed a theft of anything over the value of \$1,500.00?	Yes	No
6. Have you ever committed aggravated assault?	Yes	No
7. Have you ever committed a motor vehicle theft?	Yes	No
8. Have you ever committed arson?	Yes	No
9. Have you ever committed fraud?	Yes	No
10. Have you ever committed forgery?	Yes	No
11. Have you ever possessed stolen property?	Yes	No
12. Have very even illegally necessary a weenen (i.e. machine and evenlosive		
12. Have you ever illegally possessed a weapon (i.e. machine gun, explosive weapons, armor piercing ammunition, short-barrel firearm, chemical dispensing device, zip gun, tire deflation device, or firearm silencer)?	Yes	No
weapons, armor piercing ammunition, short-barrel firearm, chemical	Yes Yes	No No
weapons, armor piercing ammunition, short-barrel firearm, chemical dispensing device, zip gun, tire deflation device, or firearm silencer)?  13. Past or present, have you been a member of an organization that advocates		
<ul> <li>weapons, armor piercing ammunition, short-barrel firearm, chemical dispensing device, zip gun, tire deflation device, or firearm silencer)?</li> <li>13. Past or present, have you been a member of an organization that advocates non-compliance with any city, county, state, or federal laws?</li> <li>14. Past or present, have you been a member of an organization that advocates</li> </ul>	Yes	No
<ul> <li>weapons, armor piercing ammunition, short-barrel firearm, chemical dispensing device, zip gun, tire deflation device, or firearm silencer)?</li> <li>13. Past or present, have you been a member of an organization that advocates non-compliance with any city, county, state, or federal laws?</li> <li>14. Past or present, have you been a member of an organization that advocates violence and terrorism?</li> <li>15. Did you ever commit or threaten to commit an act of violence, assault, or</li> </ul>	Yes Yes	No No
<ul> <li>weapons, armor piercing ammunition, short-barrel firearm, chemical dispensing device, zip gun, tire deflation device, or firearm silencer)?</li> <li>13. Past or present, have you been a member of an organization that advocates non-compliance with any city, county, state, or federal laws?</li> <li>14. Past or present, have you been a member of an organization that advocates violence and terrorism?</li> <li>15. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against anyone?</li> <li>16. Did you ever commit or threaten to commit an act of violence, assault, or</li> </ul>	Yes Yes Yes	No No

19. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against a spouse, child, or member or your family?	Yes	No
20. Did you ever plead guilty, no contest, or were you ever found guilty in a court of law to an allegation that you committed an act of family violence?	Yes	No
21. Have you ever been the respondent of a protective order?	Yes	No
22. Did you ever plan with anyone to commit an act of violence or terrorism?	Yes	No
23. Have you ever intentionally damaged property belonging to another?	Yes	No
24. Have you ever used a credit card without the credit card holder's permission?	Yes	No
25. Have you illegally used an electronic listening/viewing device?	Yes	No
26. Have you ever committed a sexual assault?	Yes	No
27. Have you ever committed an aggravated sexual assault?	Yes	No
28. Have you ever caused the death of a person?	Yes	No
29. Have you amputated or disfigured any part of a person's body?	Yes	No
30. Have you had sexual contact with a child?	Yes	No
31. Have you intentionally exposed your genitals to a person in a public place?	Yes	No
32. Have you ever illegally peeped through windows?	Yes	No
33. Have you illegally engaged in a sex act with a member of your own family?	Yes	No
34. Have you engaged in a sexual act with an unconscious person?	Yes	No
35. Have you engaged in a sexual act with an intellectually disabled person?	Yes	No
36. Have you illegally touched a person for sexual reasons that was not aware of your motives?	Yes	No
37. Are you registered as a sex offender with any city, county, or state?	Yes	No
38. Have you engaged in a sexual act while involved in an occult ritual?	Yes	No
39. Did you ever stalk a person?	Yes	No
40. Have you married a person while still legally married to another?	Yes	No

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41. Have you illegally engaged in a sexual act with a prostitute?	Yes	No
42. Have you ever forced anyone to have sex with you against their will?	Yes	No
If yes to any of the above, please explain:		

#### **Arrests**

1.	Have you ever been involved in any incident (not including a vehicle accident) in which a police report was made?	Yes	No
2.	Other than crimes that would have been sealed by juvenile records, have you ever committed or assisted in the commission of a felony or crime involving moral turpitude that went undetected by law enforcement?	Yes	No
3.	Have you ever been arrested or detained by law enforcement?	Yes	No
4.	Have you ever been notified that a warrant has been issued for your arrest?	Yes	No
5.	To your knowledge, has a warrant ever been issued for your arrest?	Yes	No
6.	Have you ever been arrested?	Yes	No
7.	Have you ever been incarcerated?	Yes	No
8.	Have you ever been taken to a police station and questioned with regard to committing a criminal offense?	Yes	No
9.	Are you presently wanted for questioning by any city, county, state, country, or federal authorities?	Yes	No
10.	Are you presently wanted for questioning under an alias or assumed name?	Yes	No
11.	Has a criminal charge against you ever been filed with a city, county, or district attorney?	Yes	No
12.	Has a criminal charge against you ever been presented to a grand jury?	Yes	No
13.	Have you ever been convicted of anything in any U.S. federal court?	Yes	No
14.	Have you ever been convicted of anything in any state district court?	Yes	No
15.	Have you ever been convicted of anything in any county court or county court of law?	Yes	No
16.	Other than paying fines for committing Class "C" type traffic violations, have you been convicted in any justice of peace court or city court?	Yes	No
17.	Have you ever been tried, but not convicted, in any court of law?	Yes	No

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18. Were you placed on an adjudicated probation?	Yes	No
19. Have you ever been placed on a non-adjudicated probation?	Yes	No
20. Have you ever been placed on any kind of probation?	Yes	No
21. Have you ever been sentenced to confinement in a city, county, state, or federal detention facility?	Yes	No
If yes to any of the above, please explain:		

## **Traffic and Driving Record**

1.	Has your driver's license ever been suspended or revoked?	Yes	No
2.	Have you ever driven a motor vehicle with a suspended/revoked driver's license?	Yes	No
3.	Have you ever been arrested or convicted for driving while intoxicated?	Yes	No
4.	Have you been arrested or convicted for driving under the influence of drugs?	Yes	No
5.	Have you ever failed to appear in court on a traffic ticket you were issued?	Yes	No
6.	Do you have required liability insurance on all your vehicles?	Yes	No
7.	Did you ever run from the police to evade an arrest?	Yes	No
8.	Did you ever commit a hit and run motor vehicle accident?	Yes	No
9.	Is there any action pending against you that may cause your driver's license		
	to be suspended?	Yes	No
10	. Whether you were arrested or not, during the last 5 years have you driven a motor vehicle on a public highway while under an illegal blood alcohol concentration level or while drunk?	Yes	No
If yes	to any of the above, please explain:		

## **Work Record**

1.	Did you ever knowingly falsify a job application of personal history statement?	Yes	No
2.	Did you falsify Addison's job application?	Yes	No
3.	Have you ever been fired, terminated, or forced to resign by an employer?	Yes	No
4.	Have you ever resigned from a job due to suspicion of being terminated?	Yes	No
5.	Have you ever been suspended from work by an employer?	Yes	No
6.	Have you been issued a written letter of reprimand by an employer?	Yes	No
7.	Have you ever failed to report to work without notice?	Yes	No
8.	Have you ever been disciplined regarding use of a credit card by an employer?	Yes	No
9.	Have you consumed alcohol in violation of an employment policy?	Yes	No
10	. Have you ingested drugs in violation of an employment policy?	Yes	No
11	. Have you stolen money or anything of fiscal value where you were employed?	Yes	No
12	. Have you stolen property or merchandise where you were employed?	Yes	No
13	During the last two years, have you violated an employment policy regulating vacations, days off, sick leave, or compensation benefits?	Yes	No
14	Have you ever falsified a claim of injury to receive worker's compensation benefits?	Yes	No
15	. Did you ever knowingly fail to execute a sworn duty?	Yes	No
16	Did you ever knowingly falsify any official document or records?	Yes	No
17	. Did you ever change, alter, or destroy computer data without permission?	Yes	No
18	Did you ever knowingly violate a person's constitutional rights?	Yes	No
19	Did you ever collect unemployment when you were not entitled?	Yes	No
20	During any internal affairs investigation did you lie, make false statements, or knowingly withhold information for the purpose of concealing truths?	Yes	No

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21. Have you ever committed perjury?	Yes	No
22. During the performance of your duty, did you ever use excessive force?	Yes	No
23. Did you ever engage in unlawful sexual activity with a person in your custody?	Yes	No
24. Did you ever blackmail anyone?	Yes	No
25. Did you ever bribe anyone?	Yes	No
26. Did you ever accept a bribe?	Yes	No
27. Without proper authority and consent, did you inform a person of a pending police action?	Yes	No
28. Are you related (by blood or marriage) to a member of the Addison Police Department?	Yes	No
29. Are you related (by blood or marriage) to a former member of the Addison Police Department?	Yes	No
If yes to any of the above, please explain:		

#### **Debts**

1.	Will you be able to meet your current financial obligations with the salary advertised by the Addison Police Department?	Yes	No
2.	Do you presently owe a debt to any member of the Addison Police Department, the Town of Addison, or any person employed by the Town of Addison?	Yes	No
3.	Do you currently owe any city, county, state or federal taxes?	Yes	No
4.	Have you ever failed to pay any taxes?	Yes	No
5.	Have you ever had anything repossessed or foreclosed?	Yes	No
6.	Are there any judgements or civil matters pending against you as a result of a civil lawsuit?	Yes	No
7.	Have you ever been party to a civil suit/action?	Yes	No
8.	Have you ever filed for bankruptcy?	Yes	No
9.	Have you ever defaulted on any type of loan?	Yes	No
10	Have you had a check bounce that you did not pay before it was turned into a county or district attorney for collection?	Yes	No
11	. Have you ever had a debt turned over to collections?	Yes	No
12	. Have you ever been evicted for a residence for non-payment of rent?	Yes	No
13	. Have you intentionally evaded or avoided paying a debt that you legally owe?	Yes	No
14	. Did you ever have a lien placed against you for failing to pay a debt?	Yes	No
15	Have you been employed by a government agency and your employment was terminated in part of in whole because of a financial matter?	Yes	No
16	. Have you ever been delinquent on child support?	Yes	No
17	Are you in arrears on any court ordered child support payments?	Yes	No
18	Did you ever have a credit account suspended or cancelled due to non-payment?	Yes	No
19	. Did you ever write a check that was returned for non-sufficient funds?	Yes	No
20	. Have you ever applied for or received unemployment?	Yes	No

20. Have you ever applied for or received unemployment?	Yes	No
If you wish to explain anything about your financial history, please use the space below:		

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 an	d
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 appearedits intent was explained to him/her that he/she has fu instrument of his/her free will and accord.	who statul who statul who statul who who statul who who statul who will knowledge of its purpose and that it	ted this document and he/she executed this
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:				
Name: First	Middle	e	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 subscribe	d before me, a Notary I	Public, in the Cou	inty of	and for the State of
Texas on this,	day of	, 20	<u>_</u> .	
Printed Name of Notary:			Commission Expira	ation:
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:		lication:	
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.