DEAF SMITH COUNTY SHERIFF'S OFFICE

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

☐ Peace Officer PID #:

☐ County Jailer PID #:

☐ Telecommunicator PID #:

☐ Civilian Employment

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

Personal History Statement Instructions

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

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

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases*). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary*.
   - ☐ Completed Personal History Statement
   - ☐ Copy of your Social Security card
   - ☐ Original certified copy of your birth certificate (no photo copy)
   - ☐ Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)
   - ☐ Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service
   - ☐ Sealed original certified copy of your college transcript (no photo copy)
   - ☐ Photocopy of your college diploma
   - ☐ Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)
   - ☐ Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)
   - ☐ Copy of your DD-214 and/or other military discharge documents (if applicable)
   - ☐ Original certified copy of your Naturalization papers, if applicable (no photo copy)
   - ☐ Copy of current proof of automobile liability insurance
   - ☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months
10. If you have questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

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

Instructions to the Applicant

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

- ☐ I am a citizen of the United States of America.
- ☐ I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- ☐ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.
- ☐ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- ☐ I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

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SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

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

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? ☐ Yes ☐ No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? ☐ Yes ☐ No

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

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

☐ Yes ☐ No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency: Position Applied For:

Date Applied: Address:

City: State: Zip:

Background Investigator's Name (if known):

Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B. Name of Agency: Position Applied For:

Date Applied: Address:

City: State: Zip:

Background Investigator's Name (if known):

Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C. Name of Agency: Position Applied For:

Date Applied: Address:

City: State: Zip:

Background Investigator's Name (if known):

Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

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SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

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

☐ N/A **A.** Father's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **B.** Step-Father's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **C.** Mother's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **D.** Step-Mother's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

☐ N/A **E.** Spouse/Registered Domestic Partner's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A **F.** Father-in-Law's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **G.** Mother-in-Law's Name: D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **H.** Former Spouse/Cohabitant's Name(s):

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

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

☐ N/A **I.** Former Spouse/Cohabitant's Name(s):

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

---

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

☐ N/A **1.** Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **2.** Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **3.** Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

☐ N/A **4.** Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **5.** Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A **6.** Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

☐ N/A **1.** Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

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

☐ N/A **2.** Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A **3.** Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A **4.** Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A **5.** Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

☐ N/A **6.** Name: ☐ Male ☐ Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

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

2. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

3. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

4. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

5. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

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

6. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

7. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

8. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

SECTION 3: EDUCATION

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

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

List high schools attended or where you obtained your GED:

1. Name: City: State:

From: To: Did you graduate? ☐ Yes ☐ No

2. Name: City: State:

From: To: Did you graduate? ☐ Yes ☐ No

List all colleges or universities attended:

1. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

2. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

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

3. Name: City: State:

From: To: Type of Degree Earned: Total Units Earned:

List any trade, vocational, or business schools/institutes attended:

1. Name: From: To:

Type of school or training: City: State:

Did you complete the course? ☐ Yes ☐ No

2. Name: From: To:

Type of school or training: City: State:

Did you complete the course? ☐ Yes ☐ No

3. Name: From: To:

Type of school or training: City: State:

Did you complete the course? ☐ Yes ☐ No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

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

4. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

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

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

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

Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered "**Yes**" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

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

1. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? ☐ Yes ☐ No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

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

3. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

4. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

---

5. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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6. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

---

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

7. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

8. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

---

9. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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10. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

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

11. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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12. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

---

13. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

14. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

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

15. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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16. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

---

17. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). ☐ Yes ☐ No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ Yes ☐ No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No

21. Have you ever resigned without giving two weeks-notice? ☐ Yes ☐ No

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

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? ☐ Yes ☐ No

24. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No

25. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

26. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

27. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

28. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "**Yes**" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

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

1. Are you required to register for the Selective Service? ☐ Yes ☐ No

2. If yes, have you registered? ☐ Yes ☐ No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

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

If you answered "**Yes**" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? ☐ Yes ☐ No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No

5. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

6. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

7. Have your wages ever been garnished? ☐ Yes ☐ No

8. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

9. Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No

10. Have you ever had an employment bond refused? ☐ Yes ☐ No

11. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

12. Have you ever defaulted on a loan, including a student loan? ☐ Yes ☐ No

13a. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? ☐ Yes ☐ No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No

16. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No

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

17. Are you in arrears on court-ordered child support? ☐ Yes ☐ No

If you answered "**Yes**" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

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

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

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

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

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

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

5. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
☐ Yes ☐ No

7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? ☐ Yes ☐ No

8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
☐ Yes ☐ No

9. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

10. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? ☐ Yes ☐ No

12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No

13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? ☐ Yes ☐ No

14. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered "**Yes**" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

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

15. Annoying/obscene phone calls ☐ Yes ☐ No

16. Assault (use of force or violence upon another) ☐ Yes ☐ No

17. Assault on a family member (use of force or violence upon a family member) ☐ Yes ☐ No

18. Brandishing a weapon (any type of weapon) ☐ Yes ☐ No

19. Carrying a concealed weapon without a permit ☐ Yes ☐ No

20. Contributing to the delinquency of a minor ☐ Yes ☐ No

21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No

22. Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No

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

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No

24. Hit and run collision (no injuries) ☐ Yes ☐ No

25. Hunting or fishing without a license ☐ Yes ☐ No

26. Illegal gambling ☐ Yes ☐ No

27. Impersonating a peace officer ☐ Yes ☐ No

28. Indecent exposure (including flashing or mooning) ☐ Yes ☐ No

29. Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

30. Arson (intentionally destroying property by setting a fire) ☐ Yes ☐ No

31. Assault with a deadly weapon ☐ Yes ☐ No

32. Theft of a vehicle and/or vehicle parts ☐ Yes ☐ No

33. Burglary (entering a structure or vehicle to commit theft or other crime) ☐ Yes ☐ No

34. Child molestation (performing unlawful acts with a child) ☐ Yes ☐ No

35. Accessing, producing, or possessing child pornography ☐ Yes ☐ No

36. Injury to a child, elderly, and/or disabled ☐ Yes ☐ No

37. Embezzlement (theft of money or other valuables entrusted to you) ☐ Yes ☐ No

38. Felony drunk driving (involving injuries) ☐ Yes ☐ No

39. Forcible rape or other act of unlawful intercourse/sexual activity ☐ Yes ☐ No

40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) ☐ Yes ☐ No

41. Hit and run (with injuries) ☐ Yes ☐ No

42. Hate crime ☐ Yes ☐ No

43. Insurance fraud ☐ Yes ☐ No

44. Theft (value of over $500 and/or any firearm) ☐ Yes ☐ No

45. Murder, homicide, or attempted murder ☐ Yes ☐ No

46. Perjury (lying under oath) ☐ Yes ☐ No

47. Possession of an explosive/destructive device ☐ Yes ☐ No

48. Robbery (theft from another person using a weapon, force, or fear) ☐ Yes ☐ No

49. Stalking ☐ Yes ☐ No

50. Blackmail or extortion ☐ Yes ☐ No

51. Any other act amounting to a felony ☐ Yes ☐ No

If you answered "**YES**" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

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

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

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

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

☐ I have never used any drug recreationally.

☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

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

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

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

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

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

List your current liability insurance on your vehicle(s):

4. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

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

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

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Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

☐ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No

If yes, give details:

11. Date: Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

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

Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

If yes, give reason:

Date: Location (Street, City, State, Zip):

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No

If yes, give reason:

Insurance Company: Date:

Location (Street, City, State, Zip):

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

---

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? ☐ Yes ☐ No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? ☐ Yes ☐ No

If you answered "**YES**" to **any** of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

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

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? ☐ Yes ☐ No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

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

SECTION 11: ADDITIONAL SPACE

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

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

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:

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