

GROVES POLICE DEPARTMENT

**APPLICANT’S SWORN PERSONAL HISTORY STATEMENT**

**NAME**

**DATE ISSUED**

**COMPLETE AND RETURN BY**

**I am applying for:**

**[ ] Peace Officer PID#­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ] Civilian Employment**

**Return the signed notarized pages and your required documents to:**

**Groves Police Department**

**4201 Main Avenue**

**Groves, TX 77619**

**(409) 962-0244**

**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 an additional sheet or 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).
   * 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.
   * 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 and all training certificates awarded to you. (Peace Officer Applicants Only)
   * 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 current proof of automobile liability insurance.
   * Copy of a TCOLE approved Firearms Qualifications within the last 12 months.
   * Copy of your credit report from Experian (All Pages)
10. If you have any 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.

**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 peace officer or jailer in 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**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | | First | Middle | Maiden |
| Street Address | | | Apt. No. | |
| City | | | State & Zip Code | |
| Mailing Address (if different from residence) | | | State & Zip Code | |
| Home Telephone No. | Work Telephone No. | | Cellular No.  Pager No. | |
| Date of Birth | Social Security No. | | Drivers License No. & State | |

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

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Place of Birth (City, County, State, Country) \_\_\_\_\_\_

Are you a U.S. Citizen by Birth? Are you a Naturalized Citizen?

Height Weight Eye Color Hair Color

Scars, Tattoos (description and location) or other distinguishing marks

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s).

List ALL E-Mail Addresses (S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTICE: While representing the department in an official capacity, no department personnel shall exhibit any visible tattoos, body art, or branding or earrings on the head, face, neck, scalp, hands or arms. The only acceptable methods for covering tattoos, body art, or brandings are with the official uniform or plainclothes apparel.**

**MARITAL & FAMILY HISTORY**

Single Married Engaged Co-habiting

Spouse’s/Co-habitant‘s name (include maiden name)

Address

Date of Birth Date of Marriage

Employer(s)

Employer & Address

Home Telephone No. Work Telephone No.

Roommate(s)(do not include parents or cohabitants)

Date(s) of birth

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage Date of Marriage

City & State City & State

Separated Date Separated Date

Divorced Date Divorced Date

Widowed Date Widowed Date

Annulled Date Annulled Date

Court or State issued Court or State issued

Ex-spouse’s Name Ex-spouse’s Name

Date of Birth Date of Birth

Telephone No. Telephone No.

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

|  |  |  |  |
| --- | --- | --- | --- |
| Relation | Name | Date of Birth | Address |
|  |  |  |  |
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Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

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| --- | --- | --- | --- | --- |
| Relationship | Name | Complete Address | Phone Number | DOB |
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**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent,** **including your present address.** List date by month/year. **Include military assignments. (No TDY’s)**

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| --- | --- | --- | --- | --- |
| From | To | Address | City | Sate & Zip code |
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**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name Years known

Address

Home Telephone Alternate Telephone

Nature of Relationship­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Years known

Address

Home Telephone Alternate Telephone

Nature of Relationship­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Years known

Address

Home Telephone Alternate Telephone

Nature of Relationship­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Years known

Address

Home Telephone Alternate Telephone

Nature of Relationship­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Years known

Address

Home Telephone Alternate Telephone

Nature of Relationship­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make | Model | Color | License Plate No. | Owner |
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Please list your current automobile insurance carrier: Expires:

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

If yes, give details below:

Driver’s License No. State Date issued

Driver’s License No. State Date issued

Have you **ever** had your driver’s license suspended or revoked? Yes No If yes, give reason, date, and length of suspension:

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

|  |  |  |
| --- | --- | --- |
| Date | Location | Police Report: Yes/No |
| Cause of Accident (e.g., ran red light, failed to control speed) | | |
| Date | Location | Police Report: Yes /No |
| Cause of Accident (e.g., ran red light, failed to control speed) | | |

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Violation | City & State | Disposition (e.g., defensive driving, dismissed) |
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**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes No If yes, complete the following table:

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| --- | --- | --- | --- | --- |
| Agency | Offense | Date | Location | Outcome |
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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) If yes, explain:

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) If yes, explain:

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:

Have you **ever** been a party to a civil suit or action? If yes, explain:

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? If yes, explain:

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? If yes, explain:

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

**FAMILY AND RELATIVES’ ARRESTS**

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 |
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**FINANCIAL HISTORY**

Your current net monthly income Spouse’s current net monthly income

Source Amount Frequency

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

Name(s) of financial institution(s)

Type(s) of account(s)

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 |
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**CREDIT INFORMATION**

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

If “Yes” to above, indicate type

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 When?

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

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

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

1. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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2. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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3. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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4. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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5. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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6. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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7. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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8. Employer From To

Address

Telephone No.

Job Title Beginning and Ending Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule

Name of supervisor Supervisor contact information­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of a co-worker Co-worker contact information

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify any disciplinary actions you received:

Reason for Leaving:

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EDUCATIONAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| High School(s) attended | Address | Dates attended  From-To | Graduated  Yes/No |
|  |  |  |  |
|  |  |  |  |

Do you have a G.E.D. Certificate?

Were you **ever** expelled from school? If yes, give details:

Identify all colleges, universities, or technical schools you have attended:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | City & State | Dates attended | Hours completed | Major | Degree & Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**MILITARY OBLIGATION**

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

Served from to Highest Rank held

Date Date

Branch of Service Unit

Job Title(s) (e.g., Rifleman, Security)

Type of discharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Duty Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Serving from to Current Rank held

Date Date

Branch of Service Unit

Job Title(s) (e.g., Rifleman, Security)

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.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL QUALIFICATIONS & SKILLS**

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

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

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address | Type (e.g., social, fraternal, professional) | From | To |
|  |  |  |  |
|  |  |  |  |

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\_\_\_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes No If “Yes”, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes No If yes, when last used?

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes No If yes how often\_\_\_\_\_\_\_\_\_\_\_ When last used\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide explanation:

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes No

If yes, give details:

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?

If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you **ever** been employed by or applied with any other law enforcement agency? Yes No

If yes, please identify to the best of your knowledge:

|  |  |  |
| --- | --- | --- |
| Agency Name & Address | Date Applied or Hired | Result |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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 ,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAL or STAMP Signature of Notary

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_