BASTROP POLICE DEPARTMENT

APPLICANT

PERSONAL HISTORY STATEMENT

NAME______________________________________________________________

DATE ISSUED_______________________________________________________

COMPLETE AND RETURN BY__________________________________________

I am applying for:

[ ] Peace Officer PID#______________ [ ] Civilian Employment
Personal History Statement Instructions

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

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

1. Your application must be 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).
   - 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.

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.

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<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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<th>Street Address</th>
<th>Apt. No.</th>
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<tr>
<th>City</th>
<th>State &amp; Zip Code</th>
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<th>Mailing Address (if different from residence)</th>
<th>State &amp; Zip Code</th>
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<tr>
<th>Date of Birth</th>
<th>Social Security No.</th>
<th>Drivers License No. &amp; State</th>
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Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

______________________________________________________________________________________________

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)_____________________________________________________________________

______________________________________________________________________________________________
**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:

<table>
<thead>
<tr>
<th>Date of Marriage</th>
<th>City &amp; State</th>
<th>Date of Marriage</th>
<th>City &amp; State</th>
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<tbody>
<tr>
<td>Separated_______</td>
<td>Date________</td>
<td>Separated_______</td>
<td>Date________</td>
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<td>Divorced_______</td>
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<td>Widowed_______</td>
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<td>Annulled_______</td>
<td>Date________</td>
<td>Annulled_______</td>
<td>Date________</td>
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Court or State issued______________________________________________________
Ex-spouse’s Name__________________________________________________________
Date of Birth_____________________________________________________________
Telephone No.______________________________________________________________

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

<table>
<thead>
<tr>
<th>Relation</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Address</th>
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Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Complete Address</th>
<th>Phone Number</th>
<th>DOB</th>
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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)*

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Address</th>
<th>City</th>
<th>State &amp; Zip code</th>
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</table>
# 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.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Years known</th>
<th>Address</th>
<th>Home Telephone</th>
<th>Alternate Telephone</th>
<th>Nature of Relationship</th>
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Identify below any employees of the City of Bastrop with whom you are acquainted:

______________________________  ______________________________
______________________________  ______________________________
______________________________  ______________________________
______________________________  ______________________________


Bastrop Police Department

Personal History Statement

________________________________________________________________________

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>License Plate No.</th>
<th>Owner</th>
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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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Police Report: Yes/No</th>
<th>Cause of Accident (e.g., ran red light, failed to control speed)</th>
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Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Violation</th>
<th>City &amp; State</th>
<th>Disposition (e.g., defensive driving, dismissed)</th>
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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:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Offense</th>
<th>Date</th>
<th>Location</th>
<th>Outcome</th>
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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:

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Charge/Offense</th>
<th>Outcome</th>
<th>Year</th>
<th>Agency</th>
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**FINANCIAL HISTORY**

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

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<th>Source</th>
<th>Amount</th>
<th>Frequency</th>
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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.

<table>
<thead>
<tr>
<th>Name of Creditor (e.g., Sears, Citi financial)</th>
<th>Type of Debt (e.g., student loan, automobile)</th>
<th>Monthly Payment</th>
<th>Approx Balance</th>
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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.

<table>
<thead>
<tr>
<th>Name of Creditor (e.g., Sears, Citi financial)</th>
<th>Type of Debt (e.g., student loan, automobile)</th>
<th>Number of Days Late</th>
<th>Reason</th>
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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: __________________________________________
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: ________________________________________________________________

________________________________________________________________________
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: ___________________________________________________________________________________________

_____________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

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: __________________________________________________________________

_________________________________________________________________________________________________
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: ___________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

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: ________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________
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: __________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

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: __________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________
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: __________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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: ________________________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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: _____________________________________________________________________________

_________________________________________________________________________________________________
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: ______________________________________________________________________________________________
**EDUCATIONAL HISTORY**

<table>
<thead>
<tr>
<th>High School(s) attended</th>
<th>Address</th>
<th>Dates attended</th>
<th>Graduated</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>City &amp; State</th>
<th>Dates attended</th>
<th>Hours completed</th>
<th>Major</th>
<th>Degree &amp; Date</th>
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**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 __________________ Type of discharge __________________

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)

<table>
<thead>
<tr>
<th>Language</th>
<th>Understanding</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
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</thead>
</table>

Do you have any experience with firearms? Yes_______ No_______

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Type (e.g., social, fraternal, professional)</th>
<th>From</th>
<th>To</th>
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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 been treated for drug or alcohol addiction? Yes_______ No_______

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:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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:

<table>
<thead>
<tr>
<th>Agency Name &amp; Address</th>
<th>Date Applied or Hired</th>
<th>Result</th>
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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

Signature of Notary

My Commission Expires: ____________________________