

Montgomery County Pct. 5 Constable's Office



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

APPLICANT'S NAME: _____

PHONE: _____

POSITION APPLYING FOR: _____

This document contains confidential information.

Below is for Office use ONLY

Received Application from Admin. _____ on _____

Returned Application to Admin. _____ on _____



Texas Commission on Law Enforcement Officer Standards and Education

www.tcole.state.tx.gov

"Law enforcement services beyond reproach"

APPLICATION INSTRUCTIONS

It is essential that all information be accurate in all respects; so please read all instructions carefully before proceeding.

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 this agency. The information will be used as a basis for a background investigation that will determine your eligibility for employment with Constable Precinct 5. While 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, guarantee selection.

The attached minimum requirements are provided to assist you in properly completing your application. If you fail to meet any one of these requirements, your application will be rejected. All applicants must be licensed by the Texas Commission on Law Enforcement (TCOLE). If you meet all the minimum requirements, please continue and complete the application for employment.

- Application must be typed, or printed legibly in **BLACK INK**.
- Answer all questions truthfully, completely and accurately. Be sure your information is accurate and in proper sequence before you begin.
- Avoid errors by reading the directions carefully before making any entries on the form.
- If a question is not applicable to you, enter **N/A** in the space provided.
- Application for all law enforcement positions must be 21 years of age at the time of hire.
- Must possess a High School diploma or GED equivalency test.
- Must be a resident of the State of Texas.
- Must possess a valid Texas Driver's License.
- If a veteran, shall not have been discharged from any military service with less than an Honorable Discharge.
- Must possess a good credit history.
- Previous employment information will be thoroughly verified.
- You are responsible for obtaining 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 INCLUDING ZIP CODES.**
- If you need additional space for your answers, attach an additional sheet(s) as needed. Be sure to indicate what question number and page this refers to.
- An accurate and complete application will help expedite your investigation. Omissions or falsifications will result in **disqualification or immediate discharge should you become employed.**
- Applicants must pass all testing which may be required for the position being sought.
- You are responsible for furnishing any changes and/or updating your application in writing as needed, such as address or telephone changes should you become employed.
- Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.

REQUIRED DOCUMENTS

All documents requested below must be submitted with your applications. Required documents may vary according to position being sought and history of applicant. If you have any questions, please contact our office and speak with the assigned background investigator.

- Copy of valid Texas Driver license.
- Copy of Social Security card.
- Original Certificated copy of Birth Certificate.
- Copy of High School diploma or GED certificate.

- Copy of current proof of automobile liability insurance.

If applicable:

- Copy of Peace Officer Certificate from academy.
- Sealed Original Certified copy of College transcript.
- Copy of College Diploma.
- Copy of Texas Peace Officer License and all training certificates awarded to you.
- Copy of DD-214 if applicable. (Military Honorable Discharge Only)
- Original Certified copy of Naturalization papers.
- A completed L-2 (Declaration of Medical Condition) completed by a licensed physician stating the applicant is physically sound and able to perform the essential functions of certified peace officer.
- A completed L-3 (Declaration of Psychological and Emotional Health) completed by licensed psychologist or psychiatrist stating in writing the applicant is satisfactorily and emotionally competent to be appointed the position being sought.

QUALIFICATIONS SECTION

By initialing beside each statement below, you are verifying that you meet all five requirements for licensure as a peace officer or jailer in the State of Texas.

	I am a citizen of the United States of America.
	I have earned a high school diploma, GED or an honorable discharge from the armed services of the United States after at least two years active service.
	I have never been convicted, plead guilty (nolo contendere), nor have I been on court-order community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
	In the last ten years, I have not been convicted, plead guilty (nolo contendere), been on community service and/or 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 dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATION & DISCLOSURE OF MEDICAL INFORMATION

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" our background investigations is because they deliberately withhold or misrepresent job-relevant information from us, their prospective employer.

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

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected to require 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.

FAMILY VIOLENCE OFFENSE/RELEASE

Under the Texas Family Code, a "Family" includes individuals which are related by consanguinity (blood) or affinity (marriage), individuals who are former spouses, and individuals who are the biological parents of the same child without regard to marriage, and a foster child or parent, regardless of whether these Individuals reside together.

Under the Texas Code of Criminal Procedure, a "Household" means a unit composed of persons living together in the same dwelling, without regard to whether they are related to each other.

Family Violence includes an act by a member of a family or household against another member of family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault of 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; or abuse by a member of a family or household toward a child or the family or household.

The following questions pertain to your history as an adult (17 years or older), unless otherwise specified.

Yes

No

Have you ever committed an act of family violence?

Have you ever received a citation or been arrested for a family violence offense?

Signature

Printed Name

Date

STATE OF TEXAS, COUNTY OF MONTGOMERY

Before me, the undersigned authority, on this _____ day of _____, 20_____

Notary Public

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ (applicant name) do hereby authorize a review of and full disclosure of any and all records concerning me to any duly authorized agent of the Montgomery County Precinct 5 Constable, (known from here as CP5) whether the records are of public, private, or of confidential nature.

This authorization includes any and all records from educational institutions; financial or credit institutions (specifically credit reports and or ratings), in addition to, all other financial statements and records wherever filed. Records of medical and psychiatric treatment and or consultations if they affect my ability to perform essential functions in the position(s) which I am applying for. I authorize records for any and all employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me. Furthermore; all records and recollections of attorneys whether representing me or another person in any other case, either criminal or civil, in which I presently have or have had an interest.

I understand any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by CP5. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving such information; and do hereby release said person(s) from any and all liability which may be procured as a result of furnishing such information.

A photocopy of this release will be as an original to CP5; thereof, the said photocopy does not contain an original writing of my signature.

Signature

Printed Name

Date

STATE OF TEXAS, COUNTY OF MONTGOMERY

Before me, the undersigned authority, on this _____ day of _____, 20_____

Notary Public

CERTIFICATION AND ACKNOWLEDGEMENT

I _____(applicant name) having filed an application for employment with the Montgomery County Precinct 5 Constable, (known from here as CP5) hereby acknowledge in conjunction with the processing of my application; a comprehensive background investigation will be conducted. I signify and warrant all answers are true and correct to the best of my knowledge; as well as, authorize an investigation of all statements contained in this application and release CP5 from any and all liability resulting from such investigation. This investigation is designed to thoroughly explore my personal background and if hired will remain a part of my personnel file. It will be kept confidential and utilized only by authorized staff members of the CP5. It will be used to determine my suitability for employment and any such other purposes deemed appropriate. I further acknowledge and agree that the contents of this Investigation will not be divulged to me under any circumstances.

I confirm I am not on any court-ordered community supervision or probation for any criminal offense. I am not or never have been convicted of a felony offense; in addition to, I have not been convicted of a misdemeanor offense above grade Class C misdemeanor within the last five years. I've never been convicted of a misdemeanor or felony offense directly relating to duties and responsibilities of any office requiring a license issued by the Texas Commission on Law Enforcement Officer Standards and Education.

If hired, I understand omitting or providing any misleading information in my application or interview(s) will constitute basis for an immediate discharge. I understand if employed; I will be on a 180 days probationary basis (six months for civil service) or more from the date of employment. Furthermore, if employed by Magnolia ISD in a SRO position, I can be terminated at any point by CP5; as well as, Magnolia ISD. Upon my termination, I authorize release of reference information regarding my employment and work record. I also release CP5 from any and all liability resulting from the release of such information. I understand all foregoing information in which acknowledge by signing below acknowledge I have read and will comply with provisions as they may affect me.

Signature

Printed Name

Date

STATE OF TEXAS, COUNTY OF MONTGOMERY

Before me, the undersigned authority, on this _____ day of _____, 20_____

Notary Public

TEXAS OPEN RECORDS ACT

RELEASE WAIVER

I _____ (applicant name) understand that the Montgomery County Precinct 5 Constable will conduct a thorough investigation to determine my qualifications for employment and that, as part of this investigation, the Constable's office will obtain opinions and evaluations of me from many individuals with whom I had association. I understand that the candid response of such individuals are essential to an accurate determination by the Montgomery County Precinct 5 Constable of my qualifications for employment.

I further understand, Section 552.102(a) of the Texas Open Records Act provides, in relevant part that "all Information in the personnel file of an employee of a governmental body is to be made available to that employee or the employee's designated representative as public information under this Chapter". I hereby expressly waive and release any special right of access I may have, now or hereafter, under Section 552.102(a) of the Texas Open Records Act or any other statute or the common law to the statements of individuals contacted by the Montgomery County Precinct 5 Constable Office during its investigation to determine my qualifications for employment.

Signature

Printed Name

Date

STATE OF TEXAS, COUNTY OF MONTGOMERY

Before me, the undersigned authority, on this _____ day of _____, 20_____

Notary Public

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

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

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:

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

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: _____

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: _____

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?

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?

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:

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.

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:

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: []

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):

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

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):

6. Period of Unemployment

From: To:

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

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):

10. Period of Unemployment

From: To:

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

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):

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

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):

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):

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

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:

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

- 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:

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):

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

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

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:

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.

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.

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.

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: