PERSONAL HISTORY STATEMENT

BACKGROUNDS DIVISION
SWORN PERSONNEL
PRE-EMPLOYMENT PACKET

FOR OFFICE USE ONLY			
Issued By:	_____	**On**	_____
Due By:	_____		
Received By:	_____	**On**	_____

PERSONAL HISTORY STATEMENT

TO: All Police Applicants

FROM: Laredo P.D. Backgrounds Division

THRU: Assistant Chief Ricardo Gonzalez

SUBJECT: Personal History Statement

This Personal History Statement is to be filled out and turned in within five (5) business days from the date of issuance to the Backgrounds Division between the hours of 8:00 A.M.to 5:00 P.M. at the Laredo Police Department located at 4712 Maher Ave.

This packet must be accompanied by copies of all the required documents stated in page five (5) of this form. If you cannot produce these documents by said date, attach a written explanation with this form, and ample time will be given to each applicant to comply. Failure to do so throughout the process will result in disqualification from the hiring process.

This form is very important, as it enables our department to initiate a background investigation for employment. If you presently have any questions, please contact a background officer. Once your application is submitted and under consideration for employment, your assigned Background Investigator/Officer will be your point of contact regarding the status of your application. The Background Investigator will furnish you an office number and cell phone number where he or she can be reached. **At no time are you to directly call the office of the Chief of Police to inquire about the status of your application**.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee termination, 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 Signature

Date

Printed Name

LAREDO POLICE DEPARTMENT
4712 MAHER AVE.
LAREDO, TEXAS 78041

TO: POLICE OFFICER APPLICANTS

The attached material must be completed before the next phase of the examination process.

Applicants must complete the material and return it to:

Laredo Police Department
4712 Maher Ave.
Laredo, Texas. 78041

ATTENTION: Backgrounds Division

If you have any questions, you may contact a background officer between the hours of 8:00 am – 5:00 pm from Monday through Friday.

PACKETS MUST BE RETURNED BY: Within five (5) business days from the date of issuance no later than 5:00 PM

If you cannot provide all the documentation requested (proof of payment on current debts, divorce decree, transcripts, neighbors' names and addresses, etc.), please turn in packet as is and indicate when the remaining items will be submitted.

These documents are necessary to conduct a background investigation. Incorporated into the background investigation will be a polygraph examination.

If you need additional space for your answers, attach an additional sheet or sheets as needed and state on the upper right-hand corner the following information:

- **Name of applicant**
- **Page Number on the packet of the question being answered**
- **Subsection**
- **Question Number**

(For example): **John Doe**
Page #23
Subsection B. Traffic Record
Question #4.

YOU ARE RESPONSIBLE FOR HAVING
THE "AUTHORIZATION TO RELEASE INFORMATION" FORM (PG. 4)
PROPERLY NOTARIZED BY A CERTIFIED NOTARY PUBLIC.
PAGE FOUR (4) MUST BE SIGNED IN THE PRESENCE OF NOTARY.
DO NOT SIGN IN ADVANCE.

LAREDO POLICE DEPARTMENT

Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Laredo Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Laredo Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Laredo Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, including without limitation; my educational records; records from financial or credit institutions, including records of loans; my medical, psychiatric, psychological, alcohol or drug abuse treatment, and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; my criminal history records, including any arrest records, any information contained in investigatory files, complaints or grievances filed by or against me; civil litigation records, property liens, military records, employment and pre-employment records, including reputation and background reports, efficiency ratings, complaints or grievances filed by or against me, achievement, attendance, personal history, and disciplinary records; the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest; , polygraph examinations, and any internal affairs investigations, including any files which are deemed to be confidential and/or sealed.

I hereby release you, as the custodian of such records for the organization, including its officers, employees, related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the Laredo Police Department regardless of any agreement I have made with you previously. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Laredo Police Department's acceptance and processing of my application for employment, I agree to hold you, your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Laredo Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5 United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to full disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Laredo Police Department in conjunction with employment procedures.

I hereby authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records (if applicable) to release to the Laredo Police Department information or photocopies from my military personnel records. This could include a photocopy of my DD214, Report of Separation, etc.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.
Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

Name _____ **DOB** _____

Address/City/State/Zip _____

Telephone Number _____ **Social Security Number** _____

Applicant's Signature _____

MUST INCLUDE SEAL
SUBSCRIBED to and sworn before me this _____ day of _____ 20_____

_____
Notary Public-State of Texas

REQUIRED DOCUMENTS TO BE RETURNED WITH PERSONAL HISTORY STATEMENT

***(Indicates that a legible copy of original document will suffice for processing.)**

1. *Birth Certificate or Naturalization papers
2. * High School Diploma or G.E.D.
3. *Sealed Official High School Transcript
4. *College Diploma
5. *Sealed Official College Transcript
6. *Special Qualifications Certificates
7. *Recent Credit Report from one of the three major reporting agencies **(Experian Preferred)**
8. *Copy of Current Bill Payments or Canceled Checks
9. *Vehicle Insurance (Copy of Proof) if you own or operate a vehicle
10. *Marriage Certificate (s)
11. *Divorce Decree (s)
12. *A complete copy of DD 214 (If Military Service) must indicate type of discharge
13. *Selective Service Registration (If NO Military Service) ***Female applicants exempt***
14. *(Signed/notarized) Authorization to Release (Page 4)
15. *If Applicable – Proof of up-to-date Child Support payments
16. *Copy of Social Security Card
17. *Copy of Current Driver's License

LAREDO POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: **Save Personal history Statement to computer to be able to type** and answer all questions. If a question does not apply to you, write N/A. If the space available is insufficient, use an additional sheet and precede each answer with the number of the referenced block; **DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment. False or misleading statements are cause for rejection or dismissal**. Answer all questions completely and accurately. You are responsible for obtaining correct addresses and telephone numbers. Print out and return to the backgrounds division.

Be sure you read and understand ALL the above instructions!

A. APPLICANT IDENTIFICATION

1.Name (last, first, middle): _____

(If female and married) Maiden name: _____

2.Address (number, street): _____

(City, state, zip code) _____

3.Telephone numbers: (Work)

(Home) _____ _____

(Cell Phone) _____

4.Email Address: _____

5.Social Network Account & Profile Name: (i.e. Facebook, Twitter, My Space, My Life, etc...

_____ _____

_____ _____

_____ _____

6.Nickname(s), maiden name, or other names by which you have been known:

_____

7.Date of Birth: _____ Social Security Number: _____

8.Place of Birth: (City, County, State) _____

9.Are you a United States Citizen? ☐Yes ☐No DL#/State _____ _____

10.Height: _____ Weight: _____

11.Color of eyes: _____ Color of Hair: _____

12.Scars, Tattoos, or other distinguishing marks **(describe):**

_____

_____

B. RESIDENCES

List in order all addresses where you have lived since the age of 17 or last 10 years; whichever is longest. **Begin with your present address.** List date by month/year. List name of Apartment Manager or Landlord if applicable.

**** (Use additional sheets if necessary)****

1. From _____ to _____
Address: _____
(Street, City, County, State)
Apt. Manager/Landlord: _____
(Name, telephone number)

2. From _____ to _____
Address: _____
(Street, City, County, State)
Apt. Manager/Landlord: _____
(Name, telephone number)

3. From _____ to _____
Address: _____
(Street, City, County, State)
Apt. Manager/Landlord: _____
(Name, telephone number)

4. From _____ to _____
Address: _____
(Street, City, County, State)
Apt. Manager/Landlord: _____
(Name, telephone number)

5. From _____ to _____
Address: _____
(Street, City, County, State)
Apt. Manager/Landlord: _____
(Name, telephone number)

Please list your neighbors' names, addresses, and phone numbers.

Present Neighbors:

	Name	Address	Phone Numbers Home and/or Work
1			
2			
3			
4			
5			
6			

Past Neighbors:

	Name	Address	Phone Numbers Home and/or Work
1			
2			
3			
4			
5			
6			

Have you ever shared a residence (had a roommate) with someone other than family members or has someone else lived in your residence other than family members? ☐Yes ☐No If yes, give the following: **** (Use additional sheets if necessary)****

1. Name _____ Address _____
Date of Birth _____ Current Phone _____
When? (mo/yr) _____ Where? (City, State) _____
Email Address _____

2. Name _____ Address _____
Date of Birth _____ Current Phone _____
When? (mo/yr) _____ Where? (City, State) _____
Email Address _____

3. Name _____ Address _____
Date of Birth _____ Current Phone _____
When? (mo/yr) _____ Where? (City, State) _____
Email Address _____

4. Name _____ Address _____
Date of Birth _____ Current Phone _____
When? (mo/yr) _____ Where? (City, State) _____
Email Address _____

5. Name _____ Address _____

Date of Birth _____ Current Phone _____

When? (mo/yr) _____ Where? (City, State) _____

Email Address _____

6. Name _____ Address _____

Date of Birth _____ Current Phone _____

When? (mo/yr) _____ Where? (City, State) _____

Email Address _____

7. Name _____ Address _____

Date of Birth _____ Current Phone _____

When? (mo/yr) _____ Where? (City, State) _____

Email Address _____

8. Name _____ Address _____

Date of Birth _____ Current Phone _____

When? (mo/yr) _____ Where? (City, State) _____

Email Address _____

C. WORK HISTORY **(Use additional sheets if necessary)**

List all jobs you have ever held. Place your present or most recent job **FIRST**. If you need more space, you may attach additional sheets. **List all part-time, temporary, seasonal, and voluntary jobs.** Include military service in proper time sequence, and also include periods of unemployment (copy of unemployment benefits must be turn in along with required documents).

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

_____

_____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

_____

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

_____

_____

_____

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

_____

_____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

_____

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

From _____ to _____

Employer _____ Business Phone _____

Employer's Email _____

Address _____

Street City State Zip Code

☐ Part-time ☐ Full-time Work hours? _____

Job Title _____ Supervisor _____

Phone _____

Duties _____

Name of Co-worker(s) _____

List any reprimands/ write ups received.

Reason for leaving: ☐ Terminated ☐ Laid Off ☐ Other (Explain):

==========

Were you ever discharged, terminated, fired or forced to resign? ☐Yes ☐No If yes, explain; give name and address of employer, approximate date, and reasons in each case: **** (Use additional sheets if necessary) ****

Have your employers always treated you fairly? ☐Yes ☐No If not, explain:

D. MILITARY SERVICE

1. Have you served in the United States Armed Forces? ☐Yes ☐No If yes, attach a copy of DD-214. If not applicable, move on to Section E. Educational History

2. Date of Service:

From _____ To _____
Branch of Service _____ Highest Rank Held: _____
Last Unit Assignment _____
Name of Commanding Officer _____
Address _____ Phone: _____
Military Service Number _____

3. Give date and location of entrance to active duty:

4. List all duty stations: (Starting with most recent)

INSTALLATION	CITY	STATE	FROM (Mo/Yr)	TO (Mo/Yr)

5. Give date and location of discharge:

6. What is the type of your discharge (Honorable, Dishonorable, General w/ honorable conditions, other)?

_____

7. If you received a discharge other than honorable, give complete details below:

_____

8. Have you ever been discharged from the service early?
☐Yes ☐No If yes, give complete details:

_____

_____

_____

9. Are you now an Active Member of the U.S. Armed Forces Reserves? ☐Yes ☐No
Branch of Service _____
Current Unit of Assignment _____

10. Were you ever an Active Member of the U.S. Armed Forces Reserves? ☐Yes ☐No
Branch of Service _____
From _____ To _____

11. Are you now an Inactive Member of the U.S. Armed Forces Reserves? ☐Yes ☐No
Branch of Service _____

12. Were you ever an Inactive Member of the U.S. Armed Forces Reserves? ☐Yes ☐No
Branch of Service _____
From _____ To _____

13. While a member of the U.S. Armed Forces (Active or Reserves), were you ever subject to any of the following:

Court Martial (Deck Court, Summary Court, General Court, Special Court)
☐Yes ☐No
Non-Judicial Punishment (Article 15) ☐Yes ☐No
If YES, Explain Below:

Charge _____ Date of Charge _____
Type of Punishment _____ Age at time
Location _____ Disposition _____
Who issued punishment _____
Brief explanation _____

Charge _____ Date of Charge _____
Type of Punishment _____ Age at time
Location _____ Disposition _____
Who issued punishment _____
Brief explanation _____

Charge _____ Date of Charge _____
Type of Punishment _____ Age at time

Location _____ Disposition _____

Who issued punishment _____

Brief explanation _____

14. Have you ever been accused on any charges not listed above? ☐Yes ☐No

If yes, explain.

_____

_____

15. Were you ever counseled or reprimanded (written or verbal), by a First-Line Supervisor or Commanding Officer? ☐Yes ☐No If yes, explain.

_____

_____

16. Were you ever AWOL? ☐Yes ☐No If yes, how long?

_____

_____

Date and Location of occurrence.

_____

_____

Explain incident.

_____

_____

17. Have you ever illegally sold, accepted and / or taken possession of any Government Property? ☐Yes ☐No If yes, explain.

_____

_____

18. Have you ever had any Statement of Charges brought up against you? ☐Yes ☐No
If yes, explain.

_____

_____

19. Have you ever taken or used Military Equipment without proper authorization? ☐Yes ☐No
If yes, explain.

_____

_____

20. While in the military, did you commit an act on duty, which if discovered would have resulted in Disciplinary Action? (e.g. use of alcohol or drugs, larceny, etc.) ☐Yes ☐No
If yes, explain.

_____

_____

E. EDUCATIONAL HISTORY

1. Include copies of all high school and college transcripts. List all schools in order, starting with most recent. High school and college transcripts can be requested through Parchment.com. When submitting your request, list a background officer's email as the recipient.
2. We understand if you cannot obtain legible copies of required documents in the required time period, however, you need to include a reason why on a separate sheet of paper and an approximate time when you will turn them in.

	High School	City/State	Dates Attended (mo/year)	Graduated
1				☐Yes ☐No
2				☐Yes ☐No
3				☐Yes ☐No
4				☐Yes ☐No

Date of Graduation/G.E.D.: _____

	College/ University	City/State	Dates Attended (mo/year)	Hrs Completed	Degree
1					
2					
3					
4					

Major/Minor _____ Date of Graduation _____

Were you ever under Scholastic or Academic Probation or under Scholastic Withdrawal from any of the above-mentioned colleges or universities? ☐Yes ☐No

Do you currently have any holds from any of the above schools mentioned? ☐Yes ☐No

List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, and courses of study, certificate, and any other pertinent information.

_____

_____

_____

F. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (Pilot, Radio Operator, Concealed Handgun Permit, Scuba, etc.), give licensing authority and date of issue/expiration.

_____

_____

2. List any specialized machinery or equipment you can operate.

_____

_____

3. If you are fluent in a foreign language, indicate in each area your degree of fluency

	Language	Reading	Speaking	Understanding	Writing
Spanish	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**
Other (specify) _____	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**
Other (specify) _____	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**	☐ **Excellent** ☐ **Good** ☐ **Fair**

4. List any other special skills or qualifications you possess.

_____

_____

_____

INSTRUCTIONS: DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment. False or misleading statements are cause for rejection or dismissal.

G. ARRESTS, DETENTIONS, ILLEGAL ACTIVITIES, AND LITIGATIONS

1. Have you ever been arrested by any law enforcement agency? ☐Yes ☐No

2. Have you ever been charged with an offense by any law enforcement agency? ☐Yes ☐No

3. Have you ever been detained by any law enforcement agency? ☐Yes ☐No

4. Have you ever been summoned to any court of law including civil? ☐Yes ☐No

5. Have you ever been questioned by any law enforcement agency for anything other than a traffic violation? ☐Yes ☐No

6. Have you ever been considered or named a suspect in a criminal investigation or criminal offense? ☐Yes ☐No

7. Have you ever been a party to a civil suit or action? ☐Yes ☐No

8. 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? ☐Yes ☐No

If you've answered yes to any of the above (Questions 1-8) Explain below. **<u>**(Use additional sheets if necessary)****</u>

Offense: _____
Law Enforcement Agency _____
Location of Arrest/Detention _____
Date of Arrest/Detention: _____ Disposition _____
Brief explanation:

_____
_____
_____

==========

Offense: _____
Law Enforcement Agency _____
Location of Arrest/Detention _____
Date of Arrest/Detention: _____ Disposition _____
Brief explanation:

_____
_____
_____

==========

Have you ever been placed on probation? (Including Unadjudicated Probation)
☐Yes ☐No

Original Charge _____ Conviction Charge (IF DIFFERENT) _____

Terms of Probation _____
City/State _____ County _____
Probation Officer _____ Phone _____

Has any member of your immediate family ever been arrested for or convicted of a criminal offense? ☐Yes ☐No If yes, give details:

_____
_____

**** (Use additional sheets if necessary)****

Name _____ Relationship _____
Address _____
Street City/State Zip Code
Date of Birth _____ Offense _____
Date Arrested _____ Location _____
Arresting Agency _____
Disposition _____

==========

Name _____ Relationship _____
Address _____
Street City/State Zip Code
Date of Birth _____ Offense _____
Date Arrested _____ Location _____
Arresting Agency _____
Disposition _____

==========

Name _____ Relationship _____
Address _____
Street City/State Zip Code
Date of Birth _____ Offense _____
Date Arrested _____ Location _____
Arresting Agency _____
Disposition _____

==========

Undetected Acts

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

1. Murder, homicide, or attempted murder? ☐ Yes ☐ No
2. Assault with a deadly weapon? ☐ Yes ☐ No
3. Injury to a child, elderly, and/or disabled? ☐ Yes ☐ No
4. Robbery (theft from another person using a weapon, force, or fear)? ☐ Yes ☐ No
5. Stalking? ☐ Yes ☐ No
6. Child molestation (performing unlawful acts with a child)? ☐ Yes ☐ No
7. Accessing, producing, or possessing child pornography? ☐ Yes ☐ No
8. Forcible rape or other act of unlawful intercourse/sexual activity? ☐ Yes ☐ No

9. Indecent exposure (including flashing or mooning)? ☐ Yes ☐ No
10. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)? ☐ Yes ☐ No
11. Felony drunk driving (involving injuries)? ☐ Yes ☐ No
12. Theft of a vehicle and/or vehicle parts? ☐ Yes ☐ No
13. Hit and run collision (no injuries)? ☐ Yes ☐ No
14. Hit and run (with injuries)? ☐ Yes ☐ No
15. Insurance fraud? ☐ Yes ☐ No
16. Arson (intentionally destroying property by setting a fire)? ☐ Yes ☐ No
17. Possession of an explosive/destructive device? ☐ Yes ☐ No
18. Burglary (entering a structure or vehicle to commit theft or other crime)? ☐ Yes ☐ No
19. Theft of property/firearm? ☐ Yes ☐ No
20. Forgery (falsifying any type of document, check certificate, license, currency, etc.)? ☐ Yes ☐ No
21. Embezzlement (theft of money or other valuables entrusted to you)? ☐ Yes ☐ No
22. Perjury (lying under oath)? ☐ Yes ☐ No
23. Blackmail or extortion? ☐ Yes ☐ No
24. Hate crime? ☐ Yes ☐ No
25. Impersonating a peace officer? ☐ Yes ☐ No
26. Any other act amounting to a felony? ☐ Yes ☐ No

If you answered "YES" to any of the Questions 1 – 26 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation. Use additional pages to supplement this section as necessary to provide all information. All pages and supplements **MUST BE TYPED.**

Have you or your spouse ever sued anyone (civil court plaintiff)? ☐Yes ☐No

If yes, give details:

Have you or your spouse ever been sued by anyone (civil court defendant)? ☐Yes ☐No

If yes, give details:

Have you ever possessed, sold, furnished, delivered, or made available illegal drugs, prescription medication or narcotics to anyone? ☐Yes ☐No

(If yes, explain: when and type of illegal drug, prescription medication or narcotics)

PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of alcoholic beverages:

Following is a list of illegal substances. If you have used, consumed, ingested, inhaled, smoked, injected, possessed, sold, furnished, made available, or delivered any of the listed substances, indicate which ones. If you have never possessed, consumed, ingested, inhaled, smoked, injected, sold, furnished, made available, or delivered any of the substances, place a check next to the "no".

Type of Substance	Yes/No	Number of times used (Lifetime)	Approx Last Date of Use (Month/Year)	Form of Substance
Marijuana	☐Yes ☐No			
Synthetic Marijuana	☐Yes ☐No			
THC (Wax/Oil)	☐Yes ☐No			
Speed	☐Yes ☐No			
Ice	☐Yes ☐No			
Methamphetamines	☐Yes ☐No			
Ecstasy	☐Yes ☐No			
Hashish	☐Yes ☐No			
Cocaine	☐Yes ☐No			
Crack	☐Yes ☐No			
LSD	☐Yes ☐No			
PCP	☐Yes ☐No			
Peyote	☐Yes ☐No			
Mushrooms	☐Yes ☐No			
Quaalude	☐Yes ☐No			
Tranquilizers (non-prescribed)	☐Yes ☐No			
Barbiturates	☐Yes ☐No			
Heroin	☐Yes ☐No			
Opium	☐Yes ☐No			
Anabolic Steroids	☐Yes ☐No			
Other Illegal Substances (specify): _____	☐Yes ☐No			
		Name of Rx Medication	**For How Long?**	**Why?**
Someone else's Prescription (Rx) Medication	☐Yes ☐No			
Have you ever lied to a doctor to obtain prescription medication or any other drug?	☐Yes ☐No			

H. TRAFFIC RECORD

1. Do you possess a valid driver's license from the State of Texas? ☐Yes ☐No

Driver's Lic. No. _____ Expiration Date _____
Class _____ Restrictions _____

2. Have you ever possessed a driver's license issued by any other State? ☐Yes ☐No
   If yes, provide the following:

Driver's Lic. No. _____ Expiration Date _____
Class _____

3. Has your driver's license ever been suspended or revoked? ☐Yes ☐No
   If yes, give reasonable date and length of suspension:

_____
_____
_____
_____

4. Have you ever been involved in a motor vehicle accident? ☐Yes ☐No If yes, give complete details for each accident whether collision, non-collision, or hit and run:

**** (Use additional sheets if necessary)****

Date: _____ Police Investigation? ☐Yes ☐No
Location: _____ Injuries? ☐Yes ☐No
Cause of accident (e.g. ran red light, careless driving, etc.)

_____
_____
Who was charged with accident?

_____
_____

==========

Date: _____ Police Investigation? ☐Yes ☐No
Location: _____ Injuries? ☐Yes ☐No
Cause of accident (e.g. ran red light, careless driving, etc.)

_____
_____
Who was charged with accident?

_____
_____

==========

Date: _____ Police Investigation? ☐Yes ☐No
Location: _____ Injuries? ☐Yes ☐No
Cause of accident (e.g. ran red light, careless driving, etc.)

_____
_____
Who was charged with accident?

_____
_____

==========

Date: _____ Police Investigation? ☐Yes ☐No

Location: _____ Injuries? _____ ☐Yes ☐No

Cause of accident (e.g. ran red light, careless driving, etc.)

_____

_____

Who was charged with accident?

_____

_____

==========

Date: _____ Police Investigation? _____ ☐Yes ☐No

Location: _____ Injuries? _____ ☐Yes ☐No

Cause of accident (e.g. ran red light, careless driving, etc.)

_____

_____

Who was charged with accident?

_____

_____

==========

5. List all traffic citations you have received, excluding parking tickets:

****(Use additional sheets if necessary)****

Mo/Yr	Charge	Issuing Agency	Disposition

6. List all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate #	Owner

7. Do you have automobile insurance? ☐Yes ☐No

If you answered yes, provide contact information.

Insurance Company Name: _____

Name of Policy Holder: _____

Agent's Name: _____

Phone No: _____

Fax No: _____

Email Address: _____

I. MARITAL STATUS

1. Marital status: ☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced ☐ Common-Law ☐ Dating Relationship

2. Provide information listed on spouse, girlfriend, boyfriend, fiancée or domestic partner.

Name _____ Maiden or Former Name _____

Date of Birth _____ Address _____

Phone number: _____ Social Security Number _____

Driver's License No. _____ State of Issue _____

Occupation/Title _____ Phone Number _____

Email Address _____

==========

If separated or divorced, include the information below of your ex-partner(s).

Name _____ Maiden or Former Name _____

Date of Birth _____ Address _____

Phone number: _____ Social Security Number _____

Driver's License No. _____ State of Issue _____

Occupation/Title _____ Phone Number _____

Email Address _____

==========

Name _____ Maiden or Former Name _____

Date of Birth _____ Address _____

Phone number: _____ Social Security Number _____

Driver's License No. _____ State of Issue _____

Occupation/Title _____ Phone Number _____

Email Address _____

==========

Information concerning marriages: (list all marriages including common-law)

Date of Marriage	Location	Spouse's Name	Spouse's Date of Birth

3. Name and addresses of Spouse(s) if Divorced or Separated

Name	Address	City	State	Working Phone Number

4. If ever Separated, Annulled, or Divorced, indicate below the following information:

Type of Decree/Order	Date	Issued where? (Court/State)

5. List all your children, stepchildren, adopted children, along with the following information:

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

Name ______________________ Address ______________________________
Date of Birth ______________________ Place of Birth ______________________________
Lives with ______________________ Supported by ______________________________

==

6. Are you now supporting all children born to you, adopted by you, or stepchildren?
☐Yes ☐No If no, explain:

____
____
____
____

7. Other dependents: If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information: (Name, address, relationship, percent of support provided).

____
____
____
____

8. List in order, parents, parents-in-law, step-parents, guardians, brothers, sisters, even though deceased, giving the following: **<u>**(Use additional sheets if necessary)**</u>**

Name ______________ Relationship ______________
Address ______________ Phone ______________
Date of Birth ______________ Place of Birth ______________
Driver's License No. ______________ State of Issue ______________
Social Security No. ______________ Occupation ______________
Email Address: ______________________________
Company Name & Address ______________________________

==

Name ______________ Relationship ______________
Address ______________ Phone ______________
Date of Birth ______________ Place of Birth ______________
Driver's License No. ______________ State of Issue ______________
Social Security No. ______________ Occupation ______________
Email Address: ______________________________
Company Name & Address ______________________________

==

Name ______________ Relationship ______________
Address ______________ Phone ______________
Date of Birth ______________ Place of Birth ______________
Driver's License No. ______________ State of Issue ______________
Social Security No. ______________ Occupation ______________
Email Address: ______________________________
Company Name & Address ______________________________

==

Name ______________ Relationship ______________
Address ______________ Phone ______________
Date of Birth ______________ Place of Birth ______________
Driver's License No. ______________ State of Issue ______________
Social Security No. ______________ Occupation ______________
Email Address: ______________________________
Company Name & Address ______________________________

==

Name ______________ Relationship ______________
Address ______________ Phone ______________
Date of Birth ______________ Place of Birth ______________
Driver's License No. ______________ State of Issue ______________
Social Security No. ______________ Occupation ______________

Email Address: _____ _____

Company Name & Address _____

==========

Name _____ Relationship _____

Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Driver's License No. _____ State of Issue _____

Social Security No. _____ Occupation _____

Email Address: _____

Company Name & Address _____

==========

Name _____ Relationship _____

Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Driver's License No. _____ State of Issue _____

Social Security No. _____ Occupation _____

Email Address: _____

Company Name & Address _____

==========

J. FINANCIAL HISTORY Include copies of most recent proof of payment on current debts.

1. What is your present net monthly salary/wages?

_____

_____

2. What other income do you have at the present time?

_____

_____

3. What is your spouse's salary?

_____

_____

4. What is your spouse's occupation/title?

_____

_____

5. What is your spouse's place of employment?

Company Name _____

Address _____

Phone Number _____

6. Do you own any real estate? ☐Yes ☐No

   Value $ _____

7. Do you own any bonds, government or other? ☐Yes ☐No

   Value $ _____

8. Do you own any corporate stock? ☐Yes ☐No

   Value $ _____

9. Do you have a bank account? ☐Yes ☐No

   ☐ Savings ☐ Checking ☐ CD ☐ Money Market

   (If Not Applicable write N/A)

Average Balance: $ _____ (Savings)

Average Balance: $ _____ (Checking)

Average Balance: $ _____ (CD)

Average Balance: $ _____ (Money Market)

Name and address of bank _____

Name and address of bank _____

10. Have you ever filed bankruptcy personally or on behalf of a business? ☐Yes ☐No
    If "Yes" to above, indicate type.

_____

_____

11. Have you ever had any personal or real property repossessed or foreclosed?
    ☐Yes ☐No

12. Have you ever failed to pay Federal State or other Taxes? ☐Yes ☐No

13. Have you ever failed to file a tax return, when required by law? ☐Yes ☐No

14. Have you ever had a lien placed against your property for failing to pay taxes or other debts?
    ☐Yes ☐No

15. Have you ever had a judgment entered against you? ☐Yes ☐No

16. Have you ever defaulted on any type of loan? ☐Yes ☐No

17. Have you ever had bills or debts turned over to a collection agency? ☐Yes ☐No

18. Have you ever had any credit account suspended, charged off, or cancelled for failure to pay? ☐Yes ☐No

19. Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)? ☐Yes ☐No

20. Have you ever been delinquent on court-imposed alimony or child support payments? ☐Yes ☐No

21. Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? ☐Yes ☐No

22. Are you currently more than sixty (60) days delinquent on any debts? ☐Yes ☐No

23. Have you ever applied for unemployment compensation? ☐Yes ☐No

24. Have you ever received unemployment compensation? ☐Yes ☐No

25. Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, utilities, cable, phone, daycare, insurance, and any other debts and payments. Include account numbers where applicable. Be sure to include all monthly payments. ****(Use additional sheets if necessary)****

Type of Account Account #	**Creditor Name**	**Reason for Debt (cell phone, car loan, etc...)**	**Total Balance**	**Monthly Payment**

26. What is your current total indebtedness?

_____

_____

27. Have you ever had any accounts placed in the hands of a collection agency?
☐Yes ☐No If yes, explain: **<u>**(Use additional sheets if necessary)****</u>**

Type of Account	Creditor Name	Reason for Debt	Total Balance	Monthly Payment

K. REFERENCES

List seven persons who know you well enough to provide current information about you. **DO NOT LIST RELATIVES, FORMER EMPLOYERS, CO-WORKERS, SPOUSES, OR CURRENT LAREDO POLICE OFFICERS.**

Name ______________________ Occupation Title ______________________
Home Phone ______________________ Work Phone ______________________
Cell Phone ______________________ Years Known ______________________
Physical Address ______________________________ DOB: ______________________
E-mail Address ____
Company Name & Address ____

==

Name ______________________ Occupation Title ______________________
Home Phone ______________________ Work Phone ______________________
Cell Phone ______________________ Years Known ______________________
Physical Address ______________________________ DOB: ______________________
E-mail Address ____
Company Name & Address ____

==

Name ______________________ Occupation Title ______________________
Home Phone ______________________ Work Phone ______________________
Cell Phone ______________________ Years Known ______________________
Physical Address ______________________________ DOB: ______________________
E-mail Address ____
Company Name & Address ____

==

Name ______________________ Occupation Title ______________________
Home Phone ______________________ Work Phone ______________________
Cell Phone ______________________ Years Known ______________________
Physical Address ______________________________ DOB: ______________________
E-mail Address ____
Company Name & Address ____

==

Name ______________________ Occupation Title ______________________
Home Phone ______________________ Work Phone ______________________
Cell Phone ______________________ Years Known ______________________
Physical Address ______________________________ DOB: ______________________
E-mail Address ____
Company Name & Address ____

==

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Physical Address _____ DOB: _____
E-mail Address _____
Company Name & Address _____

==========

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Physical Address _____ DOB: _____
E-mail Address _____
Company Name & Address _____

==========

LIST 5 CO-WORKERS (PAST OR PRESENT) IN ADDITION TO THE SEVEN REFERENCES ON PREVIOUS SECTION.

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Email Address _____
Physical Address _____
Company Name & Address _____

==========

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Email Address _____
Physical Address _____
Company Name & Address _____

==========

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Email Address _____
Physical Address _____
Company Name & Address _____

==========

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Email Address _____
Physical Address _____
Company Name & Address _____

==========

Name _____ Occupation Title _____
Home Phone _____ Work Phone _____
Cell Phone _____ Years Known _____
Email Address _____
Physical Address _____
Company Name & Address _____

==========

Are you acquainted with any members of the Laredo Police Department? If so, whom & how: (example: John Doe, relative, friend, ex-wife/husband, ex-brother-in-law/sister-in-law, etc.)

_____
_____
_____
_____

L. PERSONAL DECLARATIONS

1. List all organizations, and social networks you have been a member of either past or present:

Name of Organization (social clubs, athletic clubs, etc…)	**Address (physical address)**	**Type of Organization (social network,etc…)**	**Membership From (mo/yr) To (mo/yr)**

M. PRIOR LAW ENFORCEMENT EXPERIENCE

1. Have you ever applied for employment with the Laredo Police Department?

☐Yes ☐No **If yes, give date and specify in which phase you were dropped:**

_____

_____

2. Have you ever applied with any other law enforcement agency or any fire department?
☐Yes ☐No

Agency	Date of Application	Status of Application

3. Are you currently employed or have you ever worked for any law enforcement agency? (i.e., City, County, State, Federal, full-time, or Reserve status) ☐Yes ☐No

If yes, complete the following, If **no** move on to section **N. Miscellaneous**.
****(Use additional sheets if necessary)****

☐ Full-Time ☐ Reserve (check one) **(Include Copy of F5 if applicable)**

Name of Agency

_____

Dates of Employment:

From _____ To _____

Highest Rank Attained: _____

1st Line Supervisor _____

Phone (hm) _____ (wk) _____

Work hours _____ Days off _____

2nd Line Supervisor _____

Phone (hm) _____ (wk) _____

Work hours _____ Days off _____

List your current assignment (if applicable)

List all assignments you have had with his agency

4. Have you ever been the subject of an internal investigation by your Employer?
☐Yes ☐No
If yes, list and explain the nature of the incident(s), date of occurrence(s), and findings of the investigation (s).

5. Have you ever been reprimanded by a supervisor for actions which occurred on or off duty?
☐Yes ☐No
If yes, explain.

6. Have you ever been investigated for any federal violation (Tort claims, Civil Rights Violations, causing injuries, etc.) ☐Yes ☐No
If yes, explain.

7. Have you ever filed a lawsuit against anyone or any entity, a supervisor or co-worker where you have worked? (include class action lawsuits)? ☐Yes ☐No
If yes, explain.

8. Have you ever been involved in any traffic accidents while operating a company vehicle whether it was reported or not? ☐Yes ☐No
If yes, explain.

9. If you have been employed by more than one law enforcement agency, complete the following beginning with the most recent:

Agency	Position	From Mo/Yr	To Mo/Yr	Reason for Leaving (specify)

10. Have you ever been terminated from any law enforcement agency? ☐Yes ☐No
If yes, explain:

_____
_____
_____

11. Do you have any prior or pending civil rights actions filed against you as a law enforcement officer? ☐Yes ☐No
If yes, explain.

_____
_____
_____

MISCELLANEOUS

1. In the course of your duties as a Police Officer you may encounter a situation where it would be necessary to take a human life. Would there be any reason to prevent you from doing so?
   ☐Yes ☐No

2. Would there be any personal reason, which would prevent you from fully performing the duties of a Police Officer, including working on weekends, evenings, or night shift?
   ☐Yes ☐No
   If yes, explain:

_____

_____

_____

3. 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?
   ☐Yes ☐No
   If yes, explain:

_____

_____

_____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

_____
Signature of Applicant

_____
Print Name

_____
Date