PERSONAL HISTORY STATEMENT

BACKGROUND DIVISION
SWORN PERSONNEL
PRE-EMPLOYMENT PACKET

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

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

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. 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

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IMPORTANT INFORMATION

TCOLE Personal History Statement

Template Instructions

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

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.

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

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** _____

Applicants Signature _____

MUST INCLUDE SEAL

_____

Notary Public-State of Texas

SUBSCRIBED to and sworn before me this __day of __ 20_____

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

Texas Commission On Law Enforcement

TCOLE

Agency Name:	

APPLICANT'S PERSONAL HISTORY STATEMENT PERSONAL HISTORY STATEMENT FOR TEXAS Appointment/Employment	
Name:	
Date Issued:	
Complete and Return by:	

I am applying for:	
☐ Peace Officer	PID: _____ (If applicable)
☐ County Jailer	PID: _____ (If applicable)
☐ Telecommunicator	PID: _____ (If applicable)
☐ Civilian Employment	

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Personal History Statement Instructions

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

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

1. Your application must be **typed**. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases*). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary*.

    - ☐ Completed Personal History Statement
    - ☐ Copy of your Social Security card
    - ☐ Original certified copy of your birth certificate (no photo copy)
    - ☐ Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)
    - ☐ Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service
    - ☐ Sealed original certified copy of your college transcript (no photo copy)
    - ☐ Photocopy of your college diploma
    - ☐ Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)
    - ☐ Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)
    - ☐ Copy of your DD-214 and/or other military discharge documents (if applicable)
    - ☐ Original certified copy of your Naturalization papers, if applicable (no photo copy)
    - ☐ Copy of current proof of automobile liability insurance
    - ☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months

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

- ☐ Sealed Official High School Transcript (Parchment.com)
- ☐ Special Qualifications Certificates
- ☐ Recent Credit Report from one of the three major reporting agencies **(Experian Preferred)**
- ☐ Copy of Current Bill Payments or Canceled Checks
- ☐ Marriage Certificate (s)
- ☐ Divorce Decree (s)
- ☐ Selective Service Registration (If NO Military Service) ***** ***Female applicants exempt***
- ☐ If Applicable – Proof of up-to-date Child Support payments

10. If you have questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

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Instructions to the Applicant

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

☐ I am a citizen of the United States of America.

☐ I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

☐ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

☐ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

☐ I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

Disqualifications

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

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

Once you begin:

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

Disclosure of Medically Related Information

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

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

Section 1: Personal

Last Name:		First Name:		Middle Name:		Suffix:	
Other Names, including nicknames, you have used or been known by:							
Maiden:		SSN#:			DOB:		
Driver's License #:		State:			Exp:		
Street Address, (Apt/Unit):							
City:		State:			Zip Code:		
Mailing Address (if different from 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:	
Scars, tattoos, or other distinguishing marks (describe):							

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 law enforcement agency (including Laredo PD) and/or any fire department 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.

☐ Full-Time ☐ Reserve (Check One) **(Include Copy of F5 if applicable)**

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

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 of 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 of 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 of 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		

1. 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).

_____

_____

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

_____

_____

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

_____

_____

_____

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

_____

_____

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

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

_____

_____

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:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
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:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
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:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
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:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	

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

Occupation / Title:		Place of Employment:	
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:	
Place of Birth:				
Driver's License NO.:		State of Issue:	Social Security No.:	
Occupation / Title:		Place of Employment:		
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:	
Place of Birth:				
Driver's License NO.:		State of Issue:	Social Security No.:	
Occupation / Title:		Place of Employment:		
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:	
Place of Birth:				
Driver's License NO.:		State of Issue:	Social Security No.:	
Occupation / Title:		Place of Employment:		
Work Address:				
City/State:			ZIP:	
Home Phone:	Cell Phone:	Work Phone:		
Email:				

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

☐ N/A	H. Former Spouse/Cohabitant's Name(s):		D.O.B.:		☐ Male ☐Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
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	H. Former Spouse/Cohabitant's Name(s):		D.O.B.:		☐ Male ☐Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
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	J. Dating Relationship Partner Name:		D.O.B.:	
Home Address:				
City/State:			ZIP:	
Place of Birth:				
Driver's License NO.:		State of Issue:		Social Security No.:
Occupation / Title:		Place of Employment:		
Work Address:				
City/State:			ZIP:	
Home Phone:		Cell Phone:		Work Phone:
Email:		Years of Relationship:		

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

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

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	

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

Email:	

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female	
Home Address:						
City/State:			ZIP:			
Place of Birth:						
Driver's License NO.:		State of Issue:		Social Security No.:		
Occupation / Title:		Place of Employment:				
Work Address:						
City/State:			ZIP:			
Home Phone:		Cell Phone:		Work Phone:		
Email:						

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female	
Home Address:						
City/State:			ZIP:			
Place of Birth:						
Driver's License NO.:		State of Issue:		Social Security No.:		
Occupation / Title:		Place of Employment:				
Work Address:						
City/State:			ZIP:			
Home Phone:		Cell Phone:		Work Phone:		
Email:						

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female	
Home Address:						
City/State:			ZIP:			
Place of Birth:						
Driver's License NO.:		State of Issue:		Social Security No.:		
Occupation / Title:		Place of Employment:				
Work Address:						
City/State:			ZIP:			

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

Home Phone:		Cell Phone:		Work Phone:	
Email:					

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					

☐ N/A	Name:		D.O.B.:		☐ Male ☐ Female
Home Address:					
City/State:			ZIP:		
Place of Birth:					
Driver's License NO.:		State of Issue:		Social Security No.:	
Occupation / Title:		Place of Employment:			
Work Address:					

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

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:	D.O.B.:
☐ Male ☐ Female	Custodial Parent or guardian (if other than you)	
Home Address:		
City/State:	ZIP:	
Email:		
Contact Number:		

☐ N/A	2. Name:	D.O.B.:
☐ Male ☐ Female	Custodial Parent or guardian (if other than you)	
Home Address:		
City/State:	ZIP:	
Email:		
Contact Number:		

☐ N/A	3. Name:	D.O.B.:
☐ Male ☐ Female	Custodial Parent or guardian (if other than you)	
Home Address:		
City/State:	ZIP:	
Email:		
Contact Number:		

☐ N/A	4. Name:	D.O.B.:
☐ Male ☐ Female	Custodial Parent or guardian (if other than you)	
Home Address:		
City/State:	ZIP:	
Email:		
Contact Number:		

☐ N/A	5. Name:	D.O.B.:
☐ Male ☐ Female	Custodial Parent or guardian (if other than you)	
Home Address:		
City/State:	ZIP:	
Email:		
Contact Number:		

☐ N/A	6. Name:	D.O.B.:
☐ Male ☐ Female	Custodial Parent or guardian (if other than you)	
Home Address:		
City/State:	ZIP:	
Email:		

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

Contact Number:	

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

_____
_____
_____
_____

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, spouses, current police officers, employers, or housemates, or other individuals listed elsewhere. Preferably, 5 co-workers and 5 social friends.

Name:		D.O.B.:	
Home Address:			
City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:		Work Phone:	
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			
City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:		Work Phone:	
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			

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

City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:	
Work Phone:			
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			
City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:	
Work Phone:			
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			
City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:	
Work Phone:			
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			

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

City/State:				ZIP:	
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:				ZIP:	
Home Phone:		Cell Phone:		Work Phone:	
Email:					
How do you know this person (friend, teacher, family, co-worker)?					
How long have you known this person?					

Name:		D.O.B.:	
Home Address:			
City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:	
Work Phone:			
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			
City/State:		ZIP:	
Occupation / Title:		Place of Employment:	
Work Address:			
City/State:		ZIP:	
Home Phone:		Cell Phone:	
Work Phone:			
Email:			
How do you know this person (friend, teacher, family, co-worker)?			
How long have you known this person?			

Name:		D.O.B.:	
Home Address:			

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

City/State:			ZIP:		
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					
How do you know this person (friend, teacher, family, co-worker)?					
How long have you known this person?					

Name:		D.O.B.:			
Home Address:					
City/State:			ZIP:		
Occupation / Title:		Place of Employment:			
Work Address:					
City/State:			ZIP:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					
How do you know this person (friend, teacher, family, co-worker)?					
How long have you known this person?					

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.)

_____

_____

_____

_____

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:			
From:		To:		Did you graduate?	☐ Yes ☐ No	Date of Graduation:	

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

2. Name:		City:	
From:	To:	Did you graduate?	☐ Yes ☐ No
Date of Graduation:			

List all colleges or universities attended:

1. Name:		City:		State:	
From:	To:	Type of Degree Earned:		Total Units Earned:	
Major/minor:		Date of Graduation:			

2. Name:		City:		State:	
From:	To:	Type of Degree Earned:		Total Units Earned:	
Major/minor:		Date of Graduation:			

3. Name:		City:		State:	
From:	To:	Type of Degree Earned:		Total Units Earned:	
Major/minor:		Date of Graduation:			

4. Name:		City:		State:	
From:	To:	Type of Degree Earned:		Total Units Earned:	
Major/minor:		Date of Graduation:			

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:	

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

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

Do you currently have any holds from any of the above schools mentioned? ☐ 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.

_____

_____

_____

_____

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. List any other special skills or qualifications you possess.

_____

_____

SECTION 4: RESIDENCIES

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:				

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

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:					

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

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

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

5.Housemate Name:			Contact Number:		Email:	
Current Street Address:						
City:		State:		Email:		
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 left a residence owing rent? ☐ Yes ☐ No

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

_____
_____
_____
_____
_____

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

Present Neighbors:

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

Past Neighbors:

	Name	Address	Phone Numbers Home and/or Work
1			
2			

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

3			
4			

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					

Business Phone Number: _____

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

_____

_____

_____

Would there be a problem if we contact your current employer? ☐ Yes ☐ No
If yes, explain:

_____

_____

_____

2. Period of Unemployment

From:		To:			
Check if applicable:	☐ Student	☐ Between Jobs	☐ Leave of absence	☐ Travel	☐ Other

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

3.Name of Employer or Military Unit:		From:		To:	
Address or Base:					
City:		State:		Zip:	
Supervisor		Contact Number			
Email:					
Job Title		Reason for Leaving			
Duties/Assignments:					
☐Full-Time ☐Part-Time ☐Temporary ☐Self-Employed ☐ Unemployed					

Business Phone Number: _____

Name 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:

_____

_____

_____

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			

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

Email:			
Job Title		Reason for Leaving	
Duties/Assignments:			
☐Full-Time ☐Part-Time ☐Temporary ☐Self-Employed ☐ Unemployed			

Business Phone Number: _____

Name 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:

_____

_____

_____

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					

Business Phone Number: _____

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

_____

_____

_____

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

Would there be a problem if we contact your current employer? ☐ Yes ☐ No
If yes, explain:

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					

Business Phone Number: _____

Name 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:

10. Period of Unemployment

From:		To:				
Check if applicable:	☐ Student	☐ Between Jobs	☐ Leave of absence	☐ Travel	☐ Other	

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

11.Name of Employer or Military Unit:		From:		To:	
Address or Base:					
City:		State:		Zip:	
Supervisor		Contact Number			
Email:					
Job Title		Reason for Leaving			
Duties/Assignments:					
☐Full-Time ☐Part-Time ☐Temporary ☐Self-Employed ☐ Unemployed					

Business Phone Number: _____

Name 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:

_____

_____

_____

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:					

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

Job Title		Reason for Leaving	
Duties/Assignments:			
☐Full-Time ☐Part-Time ☐Temporary ☐Self-Employed ☐ Unemployed			

Business Phone Number: _____

Name 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:

_____

_____

_____

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					

Business Phone Number: _____

Name 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:

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

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					

Business Phone Number: _____

Name 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:

18. Period of Unemployment

From:		To:				
Check if applicable:	☐ Student	☐ Between Jobs	☐ Leave of absence	☐ Travel	☐ Other	

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

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

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

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

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

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

24. 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

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

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

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

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

29. 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 19-29, explain (include when, where, and circumstances; indicate the corresponding question number): **NOTE:** Use separate pages if needed:

_____
_____
_____
_____
_____
_____
_____

Has your work performance even 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:

_____
_____
_____
_____

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

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.

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

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

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

8. Are you now an Active Member of the U.S. Armed Forces Reserves? ☐ Yes ☐ No

   Branch of Service: _____
   Current Unit of Assignment: _____

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

9. 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:			

10. Have you ever been accused on any charges not listed above? ☐ Yes ☐ No
If yes, explain:

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

Date and Location Occurrence.

Explain Incident:

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

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

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

14. 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.

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 (Use chart to explain)? ☐ Yes ☐ No

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

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

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
13. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No
14. If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No
15. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? ☐ Yes ☐ No
16. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No
17. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No
18. Have you ever had a lien placed against your property for failing to pay taxes or other debt? ☐ Yes ☐ No
19. Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? ☐ Yes ☐ No
20. Are you currently more than sixty (60) days delinquent on any debts? ☐ Yes ☐ No
21. Are you in arrears on court-ordered child support? ☐ Yes ☐ No

If you answered "**Yes**" to any of Questions 1-21 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

_____
_____
_____
_____

22. What is your spouse's/common-law's salary? _____
23. Do you own any real-estate? ☐ Yes ☐ No
24. Do you have a bank account? ☐ Yes ☐ No
    ☐ Checking b. ☐ Savings

Average Balance: $ _____ (Checking)
Average Balance: $ _____ (Checking)

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

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

_____
_____
_____
_____
_____

26. 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

27. What is your total indebtness? _____

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

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

If yes explain each incident:

1.Approximate Date:		Arresting or detaining agency:	
Original Charge and Conviction Charge:			
Disposition or Penalty:			

2.Approximate Date:		Arresting or detaining agency:	
Original Charge and Conviction Charge:			
Disposition or Penalty:			

3.Approximate Date:		Arresting or detaining agency:	
Original Charge and Conviction Charge:			
Disposition or Penalty:			

4.Approximate Date:		Arresting or detaining agency:	
Original Charge and Conviction 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:

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

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

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

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

Undetected Acts – Part 1
Within the past seven years OR at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls ☐ Yes ☐ No
16. Assault (use of force or violence upon another) ☐ Yes ☐ No
17. Assault on a family member (use of force or violence upon a family member) ☐ Yes ☐ No
18. Brandishing a weapon (any type of weapon) ☐ Yes ☐ No
19. Carrying a concealed weapon without a permit ☐ Yes ☐ No
20. Contributing to the delinquency of a minor ☐ Yes ☐ No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No
22. Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No

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

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No
24. Hit and run collision (no injuries) ☐ Yes ☐ No
25. Hunting or fishing without a license ☐ Yes ☐ No
26. Illegal gambling ☐ Yes ☐ No
27. Impersonating a peace officer ☐ Yes ☐ No
28. Indecent exposure (including flashing or mooning) ☐ Yes ☐ No
29. Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No

Undetected Acts – Part 2
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. (Use additional pages as necessary, must be typed).

_____

_____

_____

_____

_____

_____

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

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)
☐ICE	☐Synthetic Marijuana

Other Illegal Substance(s)_____

52. **Within the last 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, number of times, most recent date used (month, year), 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

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

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

_____
_____
_____
_____

PERSONAL DECLARATIONS

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

_____
_____
_____
_____

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #:		State of Issue:	
Expiration Date:			
Full name under which license was granted:			
Class:		Restrictions:	

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):

_____
_____
_____

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

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				Owner:			
Vehicle Color/Make/Model				Year:			
Vehicle License:		Insurance Company:					
Policy Number:		Expires:					
Address:							
City:		State:		Zip:		Contact Number:	

5. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit				Owner:			
Vehicle Color/Make/Model				Year:			
Vehicle License:		Insurance Company:					
Policy Number:		Expires:					
Address:							
City:		State:		Zip:		Contact Number:	

6. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit				Owner:			
Vehicle Color/Make/Model				Year:			
Vehicle License:		Insurance Company:					
Policy Number:		Expires:					
Address:							
City:		State:		Zip:		Contact Number:	

7. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit				Owner:			
Vehicle Color/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/Issuing Agency:		
Location (Street, City, State, Zip):		
Date Violation Occurred:		Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

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

9. Nature of Violation/Issuing Agency:		
Location (Street, City, State, Zip):		
Date Violation Occurred		Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

10. Nature of Violation/Issuing Agency:		
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 complete details for each accident whether collision, non-collision, or hit and run:

11. Date:		Location (Street, City, Zip):	
Police report? ☐ Yes ☐ No		Injury or Non- Injury? ☐ Yes ☐ No	
Law enforcement Agency:			
Cause of Accident (e.g. ran red light, careless driving, etc.):			
Who was charged/cited with the accident?			

12. Date:		Location (Street, City, Zip):	
Police report? ☐ Yes ☐ No		Injury or Non- Injury? ☐ Yes ☐ No	
Law enforcement Agency:			
Cause of Accident (e.g. ran red light, careless driving, etc.):			
Who was charged/cited with the accident?			

13. Date:		Location (Street, City, Zip):	
Police report? ☐ Yes ☐ No		Injury or Non- Injury? ☐ Yes ☐ No	
Law enforcement Agency:			
Cause of Accident (e.g. ran red light, careless driving, etc.):			
Who was charged/cited with the accident?			

14. Date:		Location (Street, City, Zip):	
Police report? ☐ Yes ☐ No		Injury or Non- Injury? ☐ Yes ☐ No	
Law enforcement Agency:			

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

Cause of Accident (e.g. ran red light, careless driving, etc.):	
Who was charged/cited with the accident?	

Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No
If yes, give reason:

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

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No
If yes, give reason:

Insurance Company: _____ Date: _____

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

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

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

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

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

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

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

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

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:

   _____

   _____

   _____

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

SECTION 10: SOCIAL MEDIA SITES

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

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

SECTION 11: ADDITIONAL SPACE

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

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

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. This includes, but is not limited to misrepresentations, omissions, and/or falsifications.

Signature of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:

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