

Brenham Police Department



Personal History Statement Form

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 #: _____

☐ Civilian Employee

PID #: _____

Personal History Statement Instructions

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

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

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided. **Do not leave blank spaces.**
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 photocopy)

☐ 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

☐ Copy of your college transcript (if applicable)

☐ Photocopy of your college diploma (if applicable)

☐ 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 photocopy)

☐ Copy of current proof of automobile liability insurance

☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months (if applicable)

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 you're your name addressed to your designated recruiter.

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 in Texas, and to be considered for civilian employment.

- ☐ I am a citizen of the United States of America.
- ☐ I have earned a high school diploma, a GED, or 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

1. Conviction or admission of a felony
2. Presently under indictment or charges for any criminal offense other than traffic violations, any conviction of any Class A or B misdemeanor in the past 10 years.
3. Conviction or admission of any illegal drug use within the past 5 years, or use of marijuana in the past 2 years.
4. Conviction of family violence
5. Dishonorable discharge from the military.
6. Indicators of serious, repeated employment instability or moral turpitude.

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 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 response.

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.

SECTION 1: PERSONAL

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____

Other Names, including nicknames, you have used or been known by:

Maiden: _____ SSN #: _____ Date of Birth: _____

Driver License #: _____ State: _____ Expiration: _____

Street Address: _____ Apt/ Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Work Cell #: _____

Fax #: _____ Other Phone(s) #: _____

List ALL Email Addresses:

Place of Birth (*City, County, State, Country*): _____

Physical Description:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned: _____

A. Academy Name: _____ From: _____ To: _____

Location (*City, State*): _____

Name Training Coordinator: _____ Contact Number: _____

Did you graduate? ☐ Yes ☐ No

B. Academy Name: _____ From: _____ To: _____

Location (*City, State*): _____

Name Training Coordinator: _____ Contact Number: _____

Did you graduate? ☐ Yes ☐ No

Have you **ever** applied to any other law enforcement agency in the last ten years (City, County, State or Federal)?

☐ Yes ☐ No

- If yes, list all agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number (ext): _____ **Email:** _____

Check each step in the process that you completed and your status:

Steps:

☐ Application ☐ Written ☐ Physical Agility ☐ Oral
☐ Polygraph/CVSA ☐ Background ☐ Conditional Job Offer
☐ Psychological Examination = Date: _____ ☐ Medical = Date: _____

Status:

☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified/ Not Selected

B. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number (ext): _____ **Email:** _____

Check each step in the process that you completed and your status:

Steps:

☐ Application ☐ Written ☐ Physical Agility ☐ Oral
☐ Polygraph/CVSA ☐ Background ☐ Conditional Job Offer
☐ Psychological Examination = Date: _____ ☐ Medical = Date: _____

Status:

☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified/ Not Selected

C. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number (ext): _____ **Email:** _____

Check each step in the process that you completed and your status:

Steps:

☐ Application ☐ Written ☐ Physical Agility ☐ Oral
☐ Polygraph/CVSA ☐ Background ☐ Conditional Job Offer
☐ Psychological Examination = Date: _____ ☐ Medical = Date: _____

Status:

☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified/ Not Selected

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 to.)

☐ N/A **A. Father's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **B. Step-Father's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **C. Mother's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **D. Step-Mother's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **E. Spouse/ Registered Domestic Partner's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **F. Father-in-Law's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **G. Mother-in-Law's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **H. Former Spouse/ Cohabitant's Name:** _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A **I. Former Spouse/ Cohabitant's Name:** _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

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

☐ N/A **1. Name:** _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **2. Name:** _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A **3. Name:** _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A 4. Name: _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A 5. Name: _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

☐ N/A 6. Name: _____

D.O.B.: _____ ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

K. CHILDREN: List all your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

☐ N/A 1. Name: _____ ☐ Male ☐ Female

D.O.B.: _____ Custodial Parent or Guardian (*if other than you*): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email Address: _____

☐ N/A **2. Name:** _____ ☐ Male ☐ Female
D.O.B.: _____ Custodial Parent or Guardian (*if other than you*): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email Address: _____

☐ N/A **3. Name:** _____ ☐ Male ☐ Female
D.O.B.: _____ Custodial Parent or Guardian (*if other than you*): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email Address: _____

☐ N/A **4. Name:** _____ ☐ Male ☐ Female
D.O.B.: _____ Custodial Parent or Guardian (*if other than you*): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email Address: _____

☐ N/A **5. Name:** _____ ☐ Male ☐ Female
D.O.B.: _____ Custodial Parent or Guardian (*if other than you*): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email Address: _____

☐ N/A **6. Name:** _____ ☐ Male ☐ Female
D.O.B.: _____ Custodial Parent or Guardian (*if other than you*): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email Address: _____

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

1. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

2. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

3. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

4. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

5. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

6. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

7. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

8. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

9. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

10. Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Company/ Work Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
How do you know this person (*friend, teacher, family, co-worker*)? _____
How long have you known this person? _____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all your educational claims.

Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate? ☐ Yes ☐ No

2. Name: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate? ☐ Yes ☐ No

List all colleges or universities attended:

1. Name: _____ City: _____ State: _____
From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

2. Name: _____ City: _____ State: _____
From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

3. Name: _____ City: _____ State: _____
From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

List any trade, vocational, or business schools/ institutes attended:

1. Name: _____ From: _____ To: _____
Type of school or training: _____ City: _____ State: _____
Did you complete the course? ☐ Yes ☐ No

2. Name: _____ From: _____ To: _____
Type of school or training: _____ City: _____ State: _____
Did you complete the course? ☐ Yes ☐ No

3. Name: _____ From: _____ To: _____
Type of school or training: _____ City: _____ State: _____
Did you complete the course? ☐ Yes ☐ No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (including 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 mate, 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 Code: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property manager, rent collector, or owner: _____

City: _____ State: _____ Zip Code: _____

Email: _____ From: _____ To: _____

☐ N/A Name(s) of those whom you live: _____

2. Former Address: _____

City: _____ State: _____ Zip Code: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property manager, rent collector, or owner: _____

City: _____ State: _____ Zip Code: _____

Email: _____ From: _____ To: _____

☐ N/A Name(s) of those whom you live: _____

Reason for moving: _____

3. Former Address: _____

City: _____ State: _____ Zip Code: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property manager, rent collector, or owner: _____

City: _____ State: _____ Zip Code: _____

Email: _____ From: _____ To: _____

☐ N/A Name(s) of those whom you live: _____

Reason for moving: _____

4. Former Address: _____
City: _____ State: _____ Zip Code: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property manager, rent collector, or owner: _____
City: _____ State: _____ Zip Code: _____
Email: _____ From: _____ To: _____
☐ N/A Name(s) of those whom you live: _____
Reason for moving: _____

5. Former Address: _____
City: _____ State: _____ Zip Code: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property manager, rent collector, or owner: _____
City: _____ State: _____ Zip Code: _____
Email: _____ From: _____ To: _____
☐ N/A Name(s) of those whom you live: _____
Reason for moving: _____

6. Former Address: _____
City: _____ State: _____ Zip Code: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property manager, rent collector, or owner: _____
City: _____ State: _____ Zip Code: _____
Email: _____ From: _____ To: _____
☐ N/A Name(s) of those whom you live: _____
Reason for moving: _____

7. Former Address: _____
City: _____ State: _____ Zip Code: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property manager, rent collector, or owner: _____
City: _____ State: _____ Zip Code: _____
Email: _____ From: _____ To: _____
☐ N/A Name(s) of those 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 Code: _____

Name of relationship (*friend, relative, landlord, housemate only*): _____

2. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of relationship (*friend, relative, landlord, housemate only*): _____

3. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of relationship (*friend, relative, landlord, housemate only*): _____

4. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of relationship (*friend, relative, landlord, housemate only*): _____

5. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of relationship (*friend, relative, landlord, housemate only*): _____

6. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of relationship (*friend, relative, landlord, housemate only*): _____

Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

Have you ever left a residence owing rent? ☐ Yes ☐ No

If you have answered “Yes” to either of the two questions above, explain (*include when, where, and circumstances*):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- 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.

Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?

☐ Yes

☐ No

If Yes, list below:

1. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

Would there be a problem if we contact your current employer?

☐ Yes

☐ No

If yes, explain below:

2. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

3. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

4. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

5. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

6. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

7. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

8. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

9. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

10. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

11. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

12. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

13. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

14. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

15. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for leaving: _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

16. Period of Unemployment:

From: _____ To: _____

Check if applicable: ☐ Student ☐ Between Jobs ☐ Leave of Absence ☐ Travel ☐ Other

17. Name of Employer or Military Unit: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip Code:** _____

Supervisor: _____ **Contact Number:** _____ **Email:** _____

Job Title: _____ **Reason for leaving:** _____

Duties/ Assignments: _____

☐ Full Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

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

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

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

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

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

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

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? ☐ Yes ☐ No

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

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

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

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

28. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

If yes, how many sick days have you used in the past 5 years which were not due to illness? _____

If you answered “Yes” to any of Questions 18-28 (*at the bottom of the previous page*), explain (*include when, where, and circumstances; indicate the corresponding question number*):

Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

When: _____ Name of Employer: _____

In the past ten years, have you been warned by any employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

When: _____ Name of Employer: _____

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? ☐ Yes ☐ No

2. If yes, have you registered? ☐ Yes ☐ No

If no, explain: _____

Branch of Service: _____ Date Served From: _____ To: _____

Type of Discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable

Re-entry Code (1-4) if applicable; refer to your DD-214: _____

3. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard

If checked, date obligation ends: _____

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (*such as court martial, captain's mast, office hours, company punishment*)? ☐ Yes ☐ No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? ☐ Yes ☐ No

If you answered “Yes” to either of the last two questions (*questions 4 and 5*), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income? _____
2. Do you have income other than from your salary or wages? ☐ Yes ☐ No
If yes, fill in amount: _____ per month Explain: _____
3. Approximately how much do you spend each month? (Estimate your monthly living expenses, including housing, utilities, credit cards or loan payments, food, gas and care maintenance, entertainment, etc., as well as any other obligations you may have). _____
4. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)? ☐ Yes ☐ No
5. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No
6. Have you ever had purchased goods repossessed? ☐ Yes ☐ No
7. Have your wages ever been garnished? ☐ Yes ☐ No
8. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No
9. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No
10. Have you ever had an employment bond refused? ☐ Yes ☐ No
11. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No
12. Have you ever defaulted on a loan, including a student loan? ☐ Yes ☐ No
- 13a. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No
- 13b. If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No
14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? ☐ Yes ☐ No
15. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No
16. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No
17. Are you in arrears on court-ordered child support? ☐ Yes ☐ No

If you answered “Yes” to any Questions 4-17, explain. (Include when, where, and why and indicate the corresponding question number):

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrests, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not.
- ALL convictions.
- ALL diversion programs.
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest).

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ☐ Yes ☐ No

If yes, explain each incident:

1. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

2. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

3. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

4. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

5. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition? ☐ Yes ☐ No

7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? ☐ Yes ☐ No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No
9. Have the police ever been called to your home for any reason? ☐ Yes ☐ No
10. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? ☐ Yes ☐ No
12. Have you ever 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 for a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered "Yes" to any Questions 5-14 (previous page and above), explain. Include court case or documents, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

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

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

- | | | |
|--|------------------------------|-----------------------------|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Hit and run collision (no injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Hunting or fishing without a license | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Illegal gambling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Impersonating a peace officer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Indecent exposure (including flashing or mooning) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Joyriding (using a car or other vehicle without owner's permission) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Assault with a deadly weapon | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Theft of a vehicle and/or vehicle parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. Child molestation (performing unlawful acts with a child) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. Accessing, producing, or possessing child pornography | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Injury to a child, elderly, and/or disabled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37. Embezzlement (theft of money or other valuables entrusted to you) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38. Felony drunk driver (involving injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. Hit and run (with injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 42. Hate crime | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. Insurance fraud | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. Theft (value of over \$500 and/or any firearm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. Murder, homicide, or attempted murder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46. Perjury (lying under oath) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47. Possession of an explosive/ destructive device | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48. Robbery (theft from another person using a weapon, force, or fear) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49. Stalking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50. Blackmail or extortion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 51. Any other act amounting to a felony | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered “Yes” to **any** of the Questions 15 – 51 (above and bottom previous page), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs:

Amphetamines/ Methamphetamine Uppers, Speed, Crank, etc.

Barbiturates (Downers)

Cocaine/ Crack Cocaine

Designer Drugs (Ecstasy, Synthetic Heroin, etc.)

GHB (Date Rape Drug)

Glue

Hallucinogens (Peyote, LSD, Mushrooms)

Hashish/ Hashish Oil

Heroin/ Opium

Marijuana

Mescaline

Morphine

PCP/ Angel Dust

Quaaludes

Steroids

Tetrahydrocannabinol (THC)

52. Within the past 5 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 5 years (*check all that apply*):

☐ I have never used any drugs recreationally.

☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.)

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed for drugs, narcotics, or illegal substances – including marijuana?

☐ Sold

☐ Manufactured

☐ Purchased

☐ Furnished

☐ Cultivated

☐ Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: _____ State of Issue: _____ Expiration Date: _____

Full Name under which license was granted: _____

List other states where you have been licensed to operate a motor vehicle:

1. ☐ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

2. ☐ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

3. ☐ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

Have you ever been refused a driver's license by any state?

☐ Yes

☐ No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked?

☐ Yes

☐ No

If yes, explain (include when, where, and circumstances):

List your current liability insurance on your vehicle(s):

4. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Contact Number: _____

5. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Contact Number: _____

6. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Contact Number: _____

7. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Contact Number: _____

List all traffic citations, excluding parking citations, that you received within the past seven years:

8. Nature of Violation: _____

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

Date Violation Occurred: _____ Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

9. Nature of Violation: _____

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

Date Violation Occurred: _____ Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

10. Nature of Violation: _____

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

Date Violation Occurred: _____ Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following?
(Check all that apply)

☐ Failed to appear

☐ Failed to complete traffic school

☐ Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No

If yes, give details:

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

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency: _____

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

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency: _____

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

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency: _____

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

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency: _____

Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

If yes, give reason: _____

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

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No

If yes, give reason: _____

Insurance Company: _____ Date: _____

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

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

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

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

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

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

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

SECTION 10: SOCIAL MEDIA SITES

Have you ever had social media site (i.e. Facebook, MySpace, Instagram, Snapchat, etc.)? ☐ Yes ☐ No
List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

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

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN:

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

I hereby authorize any representative of the Brenham Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of bearer. 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 Brenham Police Department, whether said records are of public, private, for 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 Brenham Police Department to consider in determining my suitability for employment in this 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, my work record, my background, and reputation, my military service records, educational records, my financial status, my medical and psychiatric treatment, and/or consultation, including hospitals, clinics, private practitioners, my criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records for the organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages for 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 for the duly accredited representative of the Brenham Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information request.

For and in consideration of the Brenham 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 Brenham Police Department.

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

(Signature of Applicant)

(Date)

(Date of Birth)

(Driver's License Number)

(Social Security Number)

Subscribed and sworn to before me on this, the _____ day of _____, 20 _____.

Notary Public in/for State of Texas

PERSONAL HISTORY STATEMENT ACKNOWLEDGEMENT

I, _____ hereby certify that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements, application, and answers to said questions, nor have I withheld information. I am aware that the information given by me in this personal history statement will be investigated with my full permission, and that any misrepresentation or lack of information disclosure can and may cause my application for employment to be rejected.

I also understand that a thorough background investigation will be made through local, state, and federal law enforcement agencies and credit agencies regarding my employment. I further understand that appointment to the Brenham Police Department are made at the discretion of the Chief of Police and that this personal history statement is the property of the City of Brenham, and will become part of my personnel file if I am accepted for employment.

The City of Brenham has a 6-month probationary period for all new employees. However, due to the high standards of the police profession, I understand and accept that should I be appointed as a "Probationary Police Officer" for the City of Brenham, my probationary period is a one (1) year duration. Although the City of Brenham employee benefits take effect before the end of the probationary period, I further understand and accept that I may be terminated at any time during the one-year probationary period, with or without cause, from the City of Brenham and the Brenham Police Department.

I also understand, that as a Brenham Police Officer I am subject to be called to return to duty at any time, will have to work rotating shifts (12 hours), and can be assigned or reassigned to any shift, division, or section of the Department in accordance with the demands and needs or by the order of the Chief of Police. By my signature below, I acknowledge that I have read and understand the above departmental requirements.

(Signature of Applicant)

(Date)

(Date of Birth)

(Driver's License Number)

(Social Security Number)

Subscribed and sworn to before me on this, the _____ day of _____, 20 _____.

Notary Public in/for State of Texas

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the City of Brenham with any and all information they may request concerning my work record, education history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents if requested. This information will be used for the purpose of determining my eligibility for employment.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

(Last Name) (First Name) (Middle Name)

(Address – Number/ Street/ APT)

(City) (State) (Zip Code)

(Social Security Number) (Date of Birth MM/DD/YYYY)

(Applicant Signature) (Date MM/DD/YYYY)

NOTE: A copy of this release may be retained in your records.

MILITARY RECORDS AUTHORIZATION FOR RELEASE

I, _____ hereby authorize the National Personnel Center, St Louis, MO or any other custodian of my military records (if applicable) to release to the Brenham Police Department (1800 Longwood Drive, Brenham, Texas 77833) information or photocopies from my military personnel records. This could include but not limited to a photocopy of my DD2 14, Report of Separation, and any other records as it pertains to my military history, duties, and/or service.

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 questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees , from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

(Signature of Applicant)

(Date)

(Printed Name)

(Date of Birth)

(Address/ City/ State/ Zip Code)

(Telephone Number)

(Social Security Number)

Subscribed and sworn to before me on this, the _____ day of _____, 20 _____.

Notary Public in/for State of Texas

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

(Signature of Applicant)

(Date)

Subscribed and sworn to before me on this, the _____ day of _____, 20 _____.

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____

Notary Seal or Stamp:

(Printed Name of Notary)

(Signature of Notary)