



Brenham Police Department

PERSONAL HISTORY STATEMENT FORM

Last Name

First Name

Middle Name

Initial this page to indicate that you have read the instructions: _____

Automatic Disqualifiers

As per Brenham Police Department policy the following are absolute disqualifiers for employment as a sworn Brenham Police Officer.

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 two years.
4. Conviction of family violence.
5. Dishonorable discharge from the military.
6. Indicators of serious, repeated employment instability.

Instructions to the Applicant

- The information you provide in this Personal History Statement (PHS) will be used in the background investigation to assist in determining your suitability for the position of Police Officer, in accordance with City of Brenham Policy.
- **READ THESE INSTRUCTIONS AND SECTION INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.** It is essential that all instructions be followed exactly and that complete and accurate answers be given for each question. Not only will this expedite your background investigation, any deadline violation, omissions, falsifications or failures to follow instructions **WILL AUTOMATICALLY DISQUALIFY YOU** as a candidate for this position.
- This document is only for applicants who have submitted a proper employee application form to the City of Brenham for the position of Telecommunications Operator.
- The PHS must be printed legibly, in blue ink, in the applicant's handwriting. **Do not type.**
- Answer all questions to the best of your ability.
- Write an explanation for incomplete answers or if a question is not applicable to you, enter "N/A" in the space provided. **Do not leave blank spaces.**
- **YOU ARE RESPONSIBLE** for obtaining all correct and complete names, addresses, phone numbers and fax numbers (including zip codes and area codes) where requested. If you are not sure of your information, verify it personally before submitting your PHS.
- If there is not sufficient space on this form for you to include all requested information, copy the appropriate supplemental pages provided. Be sure to place supplemental pages in the proper sections.
- You MUST attach readable photocopies of the following documents:
 - a. Birth Certificate
 - b. Driver's License
 - c. DD-214 (if appl.)
 - d. High School Diploma/GED
 - e. College Transcript
 - f. Training Certifications
 - g. Credit Report
www.freecreditreport.com

Sign and date the Authorization to Release Information form(s) and include with the Personal History Statement.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Initial this page to indicate that you have read the instructions: _____

Brenham Police Department

Physical Fitness Assessment

Victim Extraction: 30 seconds

160 pound simulated victim

Males by age:

Age Range

Age Range	Sit-ups	Push-ups	1 mile run
20 – 24	40	38	8:55 minutes
25 – 29	36	35	9:25
30 – 34	32	33	10:12
35 – 39	30	31	11:17
40 – 44	27	28	12:17
45 – 49	25	26	13:29
50 Plus	22	23	14:29

Females by age:

20 – 24	36	24	12:23
25 – 29	32	24	12:58
30 – 34	28	23	13:54
35 – 39	23	22	14:45
40 – 44	23	19	15:25
45 – 49	21	17	16:04
50- Plus	18	16	17:04

On the push-ups, sit-ups and victim extraction a successful candidate must attempt all three and must pass two of the three. On the mile run candidate must complete in the allotted time to move on in the process.

BRENHAM POLICE DEPARTMENT

“MEDICAL PHYSICAL FITNESS CLEARANCE FORM”



NAME: _____ DOB: _____

“Individuals working in the field of public safety (police) are required to perform a variety of essential physically demanding tasks including but not limited to the following:

- Walking for extended periods of time/distance*
- Short sprints and/or long pursuits running over 2 minutes*
- Running up or down stairs*
- Pushing and/or pulling heavy objects*
- Lifting and/or carrying objects up or down stairs*
- Using hands, feet, in “use of force” situations*
- Using force in short and/or long term (greater than 2 or more minutes)*
- Bending and/or reaching*
- Dragging people and/or objects*
- Jumping over or around obstacles*

To measure this individual’s capability to perform these critical tasks, he/she must undergo a physical fitness test that includes the following:

- Sit-ups to measure abdominal muscular endurance*
- Push-ups to measure upper body muscular endurance*
- Victim extraction to measure upper/lower body muscular endurance*
- 1 mile run to measure anaerobic endurance*

Your professional opinion is requested as to whether this individual can “safely” participate in physical fitness testing as described above.

PLEASE CHECK ONE: (place initials beside opinion)

_____ There **are no contraindications** to this individual (1) being capable of performing the essential physical tasks, and (2) being capable of undergoing the physical fitness test items.

_____ There **are contraindications** and it is not recommended that this individual participate in the physical fitness testing or exercise training at this time.

Physicians Signature _____ Date _____

Physicians Name (print) _____

Address _____

City _____ State _____ Zip _____

Phone# _____

Applicant’s Signature _____ Date _____

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

APPLICANT SIGNATURE

DATE (MM/DD/YYYY)

Initial this page to indicate that you have read the instructions: _____

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 or jailer in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma or a GED.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

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

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

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 more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

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: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 1: PERSONAL

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY		
3. ADDRESS WHERE YOU RESIDE		
NUMBER / STREET		APT / UNIT
CITY		STATE ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
5. CONTACT NUMBERS		
HOME ()	WORK ()	EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS		
HOME		BUSINESS
7. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		8. BIRTHDATE
		9. SOCIAL SECURITY # - -
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION
NO.	STATE EXP	HT. WT. HAIR COLOR EYE COLOR

12. Have you ever attended a basic licensing course? Yes No
If yes, provide the following information: PID:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

13. 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 more space is needed, continue your response on page 27.

A) NAME OF AGENCY	DATE APPLIED
ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)
CITY	CONTACT NUMBER ()
STAT ZIP	EXT
POSITION APPLIED FOR	EMAIL
Check each step in the process that you completed, and your status:	
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer	
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified	

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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13. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STAT	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR				EMAIL	
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STAT	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR				EMAIL	
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 2: RELATIVES AND REFERENCES

14. 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 more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	A. Father				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	B. Step-father				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A C. Mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A D. Step-mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N/A F. Father-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A G. Mother-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A H. Former Spouse(s) / Cohabitant				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

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for TEXAS LICENSURE**

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2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

2) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

3) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

4) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

5) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

6) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

N/A **J. 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.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE	
		CONTACT NUMBER ()	EMAIL		

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE
<input type="checkbox"/> F		ZIP			
		CONTACT NUMBER ()	EMAIL		

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE
<input type="checkbox"/> F		ZIP			
		CONTACT NUMBER ()	EMAIL		

4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE
<input type="checkbox"/> F		ZIP			
		CONTACT NUMBER ()	EMAIL		

5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE
<input type="checkbox"/> F		ZIP			
		CONTACT NUMBER ()	EMAIL		

6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE
<input type="checkbox"/> F		ZIP			
		CONTACT NUMBER ()	EMAIL		

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

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE
		ZIP			
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE
		ZIP			
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE
		ZIP			
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE
		ZIP			
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE
		ZIP			
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE
		ZIP			
	WORK PHONE ()	CELL PHONE ()	EMAIL		

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

**PERSONAL HISTORY STATEMENT
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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

D) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 3: EDUCATION

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

16. Check applicable: High School Diploma GED

17. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

18. List all colleges or universities attended:

A) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY		STATE			
B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY		STATE			
C) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY		STATE			

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

A) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
C) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes
TYPE OF SCHOOL OR TRAINING	CITY		STATE	

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 3: EDUCATION *continued*

20. 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 and all 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: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. 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 name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

**PERSONAL HISTORY STATEMENT
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SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

B) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

D) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

E) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

F) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

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**PERSONAL HISTORY STATEMENT
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23. Have you ever been evicted or asked to leave a residence?..... Yes No

24. Have you ever left a residence owing rent?..... Yes No

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. **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 page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>				Other	

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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**PERSONAL HISTORY STATEMENT
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D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM	TO
---	--	--	--	------	----

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM	TO
---	--	--	--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM	TO
---	--	--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

**PERSONAL HISTORY STATEMENT
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J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>				FROM	TO
Other					

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>				FROM	TO
Other					

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>				FROM	TO
Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

**PERSONAL HISTORY STATEMENT
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P) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM	TO
--	--	--	--	------	----

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving two weeks notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

37. If you answered yes to any of Questions 26–36 , explain (include when, where and circumstances; indicate corresponding number):

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**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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

WHEN?	NAME OF EMPLOYER
-------	------------------

39. 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

40. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

41. BRANCH OF SERVICE	43. DATES OF SERVICE	To
-----------------------	----------------------	----

42. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable)
 Re-entry Code (1-4) if applicable – refer to your DD-214:

43. Are you currently participating in one of the following? If checked, date obligation ends:
 Military Reserve National Guard

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

45. 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 **Questions 44 and/or 45**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

46. INCOME AND EXPENSES
 For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? \$ _____ per month

B) Do you have income other than from your salary or wages? Yes No
 If yes, fill in amount:..... \$ _____ per month
 Explain:

C) How much do you spend each month? \$ _____ per 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 obligation(s) you may have.

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**PERSONAL HISTORY STATEMENT
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47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever defaulted on (failed to pay) a loan, including a student loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? <input type="checkbox"/> No	<input type="checkbox"/> Yes	
58. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? <input type="checkbox"/> No		<input type="checkbox"/> Yes
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 47–60**, explain (include when, where, and why; indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **peace officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

61. **Either as an adult or a juvenile, 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

**PERSONAL HISTORY STATEMENT
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If yes, explain each incident.	
A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

62. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 8: LEGAL <i>continued</i>		
67. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 62–70**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

71. 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?		
A) Annoying / obscene phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) 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
J) Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Hunting/fishing without a license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT
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SECTION 8: LEGAL *continued*

71. UNDETECTED ACTS – PART 1 *continued*

P). Theft (value up to \$500, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R). Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Possession of stolen property (including vehicles).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T). Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X). Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 71**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (71-A, etc.) for each explanation.

72. UNDETECTED ACTS – PART 2

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

A) Arson (intentionally destroying property by setting a fire).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT
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E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing, producing, or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G). Injury to a child/elderly/or disabled.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M). Hate crime.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O). Theft (value of over \$500, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q). Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**PERSONAL HISTORY STATEMENT
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If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

SECTION 8: LEGAL *continued*

Questions 73 and 74 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| - Amphetamines / Methamphetamine
(<i>Uppers, Speed, Crank, etc</i>) | - Glue | - Mescaline |
| - Barbiturates (<i>Downers</i>) | - Hallucinogens
(<i>Peyote, LSD, Mushrooms</i>) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | - Heroin / Opium | - Quaaludes |
| - GHB (<i>Date Rape Drug</i>) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

73. **Within the past three years**, have you used any non-prescribed drug(s) as indicated above? Yes No

If yes, give details, including drug(s) used and circumstances:

**PERSONAL HISTORY STATEMENT
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74. **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, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, most recent date used, and circumstances.

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

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

76. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

77. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if

78. Have you ever been refused a driver's license by any state? Yes No

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

79. Has your driver's license ever been suspended or revoked? Yes No
 If yes, explain (include when, where, and circumstances):

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

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION *continued*

81. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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If checked, explain circumstances:

82. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

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

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE
-------------------------------------	----------------------------------	------	-------

84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?..... Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY			
DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 10: OTHER TOPICS

85. Have you ever been refused a permit to carry a concealed weapon?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Are you now, 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89. Have you ever hit or physically overpowered a spouse or romantic partner?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 85–89**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

90. Have you ever had a social media site (i.e. Facebook, My Space, etc.)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
91. List all social media sites and/or blogs or web sites created by you. Provide website (URL) and your username.		
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BRENHAM PD CRIMINAL JUSTICE APPLICANT

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX11GNBZ**
10. Follow the prompts to enter requested information.
11. Bring this completed form with you to your appointment.

Section One: Qualified Entity Information

ORI#: [TX11GNBZ](#)

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: BRENHAM PD

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken _____ Amount Charged For Service: **_\$9.95_**

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN: _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: _____ (Please print) E.A. Signature: _____

PERSONAL HISTORY STATEMENT
Brenham Police Department
(11/16/11)

CITY OF BRENHAM
Police Department
1800 Longwood Dr, Brenham, Texas 77833
P.O. Box 682, Brenham, Texas 77834

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 my 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 my 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

Initial this page to Indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT
Brenham Police Department
(11/16/11)

CITY OF BRENHAM
Police Department
1800 Longwood Dr, Brenham, Texas 77833
P.O. Box 682, Brenham, Texas 77834

PROBATIONARY PEACE OFFICER

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 Ninety (90) day probationary period for all new employees. At the end of that ninety day period, all City of Brenham employee benefits go into effect. 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 on one (1) year duration. Although the City of Brenham employee benefits go into effect at the end of the ninety day 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 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

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT
Brenham Police Department
(11/16/11)

CITY OF BRENHAM
Police Department
1800 Longwood Dr, Brenham, Texas 77833
P.O. Box 682, Brenham, Texas 77834

PROBATIONARY PEACE OFFICER

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.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT
Brenham Police Department
(11/16/11)

CITY OF BRENHAM
Police Department
1800 Longwood Dr, Brenham, Texas 77833
P.O. Box 682, Brenham, Texas 77834

PROBATIONARY PEACE OFFICER

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 (P.O. Box 682, 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

Initial this page to indicate that you have read the instructions: _____