

Part -Time

Full - Time



**TYLER COUNTY**

**AN EQUAL OPPORTUNITY EMPLOYER**

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Treasurer's Office so that assistance may be provided. A job description will be available for review for each job posted.

**Resumes will be accepted as additional Applicant information, but not in lieu of a completed Application for Employment.**

**PLEASE PRINT IN INK**

NAME (As is appears on Social Security Card/Work Permit Card)				Last	First	M.I.
SOCIAL SECURITY NUMBER						
ADDRESS						
CITY, STATE, ZIP						
HOME TELEPHONE		MESSAGE CONTACT	NAME	NUMBER		
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAMES YOU HAVE USED:						
POSITION APPLIED FOR:		DEPARTMENT:				
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:				
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?		<input type="checkbox"/> NO <input type="checkbox"/> YES		WHEN	DEPT.	
SUPERVISOR:		REASON FOR LEAVING:				
DO YOU HAVE A RELATIVE CURRENTLY WORK FOR TYLER COUNTY: NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHAT IS HIS OR HER NAME?						
IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK?						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:		CAN YOU, IF HIRED SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, give location, date, change and disposition of case(s) on a separate page		I HAVE A VALID DRIVER'S LICENSE: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> NO <input type="checkbox"/> YES		
		D.L.#	STATE:			

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_  
Branch of Service

From:

To:

Type of Discharge:

**EDUCATION/SKILLS**

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY OR JUNIOR COLLEGE				1 2			
BUSINESS OR TRADE SCHOOL				1 2			
COLLEGE OR UNIVERSITY				1 2 3 4			
GRADUATE SCHOOL				1 2 3 4			

**COMPUTER SOFTWARE SKILLS**

COMPUTER SOFTWARE	NAME OF SOFTWARE	Your Proficiency with the Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

**LICENSES / CERTIFICATIONS / ORGANIZATIONS**

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR.

**LICENSES / CERTIFICATIONS / ORGANIZATIONS**

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)  Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status	NAME	DATE	NAME	DATE

**JOB RELATED TRAINING**

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

**THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME**

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
 BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr.):	TO (Mo/Yr.):	TOTAL:	YRS.	MOS.	YOUR POSITION	
EMPLOYER:		YOUR SUPERVISOR:				
ADDRESS:				PHONE:		
TYPE OF BUSINESS:			REASON FOR LEAVING			
BASE SALARY		START / FINAL		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY		OTHER COMPENSATION, BONUSES
BRIEF DESCRIPTION OF YOUR DUTIES& RESPONSIBILITIES						
FROM (Mo/Yr.):	TO (Mo/Yr.):	TOTAL:	YRS.	MOS.	YOUR POSITION	
EMPLOYER:		YOUR SUPERVISOR:				
ADDRESS:				PHONE:		
TYPE OF BUSINESS:			REASON FOR LEAVING			
BASE SALARY		START / FINAL		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY		OTHER COMPENSATION, BONUSES
BRIEF DESCRIPTION OF YOUR DUTIES& RESPONSIBILITIES						
FROM (Mo/Yr.):	TO (Mo/Yr.):	TOTAL:	YRS.	MOS.	YOUR POSITION	
EMPLOYER:		YOUR SUPERVISOR:				
ADDRESS:				PHONE:		
TYPE OF BUSINESS:			REASON FOR LEAVING			
BASE SALARY		START / FINAL		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY		OTHER COMPENSATION, BONUSES
BRIEF DESCRIPTION OF YOUR DUTIES& RESPONSIBILITIES						
FROM (Mo/Yr.):	TO (Mo/Yr.):	TOTAL:	YRS.	MOS.	YOUR POSITION	
EMPLOYER:		YOUR SUPERVISOR:				
ADDRESS:				PHONE:		
TYPE OF BUSINESS:			REASON FOR LEAVING			
BASE SALARY		START / FINAL		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY		OTHER COMPENSATION, BONUSES
BRIEF DESCRIPTION OF YOUR DUTIES& RESPONSIBILITIES						

(ATTACH ADDITIONAL PAGE IS NECESSARY)

**EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY**

*Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.*


(ATTACH ADDITIONAL PAGE IS NECESSARY)

**REFERENCES**

NAME: _____ ADDRESS: _____ CITY, ST, ZIP _____ DAYTIME PHONE: _____ RELATIONSHIP: _____ <p align="center">(No Relatives)</p>	NAME _____ ADDRESS: _____ CITY, ST, ZIP _____ DAYTIME PHONE: _____ RELATIONSHIP _____ <p align="center">(No Relatives)</p>
NAME: _____ ADDRESS: _____ CITY, ST, ZIP _____ DAYTIME PHONE: _____ RELATIONSHIP: _____ <p align="center">(No Relatives)</p>	NAME _____ ADDRESS: _____ CITY, ST, ZIP _____ DAYTIME PHONE: _____ RELATIONSHIP _____ <p align="center">(No Relatives)</p>

**AUTHORIZATION AND AGREEMENT**

I HEREBY AUTHORIZE YOU TO CONTACT:	MY PRESENT EMPLOYER(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO
	MY PAST EMPLOYERS:	<input type="checkbox"/> YES <input type="checkbox"/> NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency or County personnel to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a consumer reporting agency of County personnel may also conduct a check of criminal records. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer-reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Personnel Director.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education or other equivalent agency as require by the State. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand and agree that, if required for the position, I will submit to a pre-employment driving record check and/or pre-employment physical, and in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as required by the County's policy. I understand and agree that, if I refuse to submit to such physical, drug/alcohol screen, or driving record check, I will not be considered for employment with Tyler County. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF  
APPLICANT

DATE

**FAIR CREDIT REPORTING ACT**

Disclosure and Authorization Statement

To: All Applicants for Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates, or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

***(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)***

**VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING**

Applicant Name: \_\_\_\_\_

Tyler County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Tyler County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Tyler County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH TYLER COUNTY. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Tyler County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Tyler County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Tyler County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical certified laboratory. I hereby authorize the results of this testing to be released to Tyler County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

(To be maintained on file with Employment Application)

Please indicate your experience/skill/abilities in the following areas:

Typing Speed:	Skills:	Clerical Experience	No. of Years
<input type="checkbox"/> Below 40 wpm	<input type="checkbox"/> 10-key by touch	<input type="checkbox"/> Receptionist	_____
<input type="checkbox"/> 40-49 wpm	<input type="checkbox"/> Excel	<input type="checkbox"/> Data Entry	_____
<input type="checkbox"/> 50-59 wpm	<input type="checkbox"/> Word	<input type="checkbox"/> Bookkeeping	_____
<input type="checkbox"/> 60-69 wpm	<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Filing	_____
<input type="checkbox"/> Above 70 wpm	<input type="checkbox"/> Quattro Pro	<input type="checkbox"/> Purchasing	_____
	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Secretarial	_____
	<input type="checkbox"/> Other word processing	<input type="checkbox"/> Records Management	_____
	<input type="checkbox"/> Other software	<input type="checkbox"/> Cashier (electronic)	_____
	<input type="checkbox"/> AS/400 Mainframe	<input type="checkbox"/> Other	_____
	<input type="checkbox"/> Shorthand – speed		_____
	<input type="checkbox"/> Court Reporting		_____
	<input type="checkbox"/> Other:		_____

#### LABOR/MAINTENANCE/SKILLED CRAFT/EQUIPMENT OPERATION

Please indicate your experience/skill/abilities in the following areas:

Skill Areas:	No. of Years	Equipment Operated:	No. of Years
<input type="checkbox"/> Concrete Finishing	_____	<input type="checkbox"/> Water truck	_____
<input type="checkbox"/> Welding	_____	<input type="checkbox"/> Chip Spreader	_____
<input type="checkbox"/> Asphalt work	_____	<input type="checkbox"/> Backhoe	_____
<input type="checkbox"/> Surveying	_____	<input type="checkbox"/> Front End Loader	_____
<input type="checkbox"/> Setting grades	_____	<input type="checkbox"/> Bulldozer	_____
<input type="checkbox"/> Flagging	_____	<input type="checkbox"/> Trackhoe	_____
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Tractor Trailer	_____
<input type="checkbox"/> Painting	_____	<input type="checkbox"/> Tractor with mower	_____
<input type="checkbox"/> Carpentry	_____	<input type="checkbox"/> Hydraulic excavator	_____
<input type="checkbox"/> Electrical	_____	<input type="checkbox"/> Motor grader	_____
<input type="checkbox"/> HVAC	_____	<input type="checkbox"/> Dump truck	_____
<input type="checkbox"/> Auto mechanic	_____	<input type="checkbox"/> Winch truck	_____
<input type="checkbox"/> Heavy equip. mechanic	_____	<input type="checkbox"/> Roller-packer	_____
<input type="checkbox"/> Sign maintenance	_____	<input type="checkbox"/> Pneumatic roller	_____
<input type="checkbox"/> Grounds keeping /landscaping	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Road maintenance / construction	_____		_____
<input type="checkbox"/> Other	_____		_____

**BRYAN WEATHERFORD**  
SHERIFF OF TYLER COUNTY



**JEFF MASHAW**  
CHIEF DEPUTY

**STEVEN STURROCK**  
CHIEF DEPUTY

**TYLER COUNTY JUSTICE CENTER**  
**702 N. MAGNOLIA**  
**WOODVILLE, TEXAS 75979**  
**OFFICE: (409) 283-2172 • FAX: (409) 283-8656**

### **AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Tyler County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

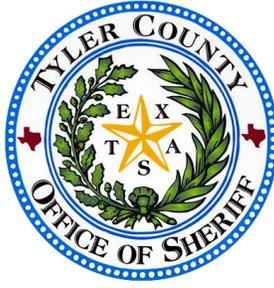
Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in and for  
\_\_\_\_\_ County, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

NOTARY SEAL

My Commission Expires: \_\_\_\_\_



**TYLER COUNTY SHERIFF'S OFFICE**  
**APPLICANT'S PERSONAL HISTORY STATEMENT**

Appointment/Employment

Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Complete and Return by: \_\_\_\_\_

I am applying for:

Peace Officer PID#: \_\_\_\_\_

County Jailer PID#: \_\_\_\_\_

Telecommunicator PID#: \_\_\_\_\_

Civilian Employment:

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

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

10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

## Instructions to the Applicant

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

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

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

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

Once you begin:

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

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

### Disclosure of Medically Related Information

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

**SECTION 1: PERSONAL**

1. Last Name		First	MI	Suffix
2. Other Names, including nicknames, you have used or been known by.				
3. Street Address, (Apt, Unit)		City	State	Zip
4. Address if different from above.				
5. Phone #. Home	Cell	Work	Ext.	Fax
6. Email: Home		Business		Other
7. Birth Place (City / County / State / Country)			8. DOB	9. Social Security #
10. Driver License #		11. Physical description		
State:	Exp:	HT.	WT.	Hair Color
				Eye Color

12. Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the PID you were assigned: _____				
A. Academy Name		From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)		Name of Training 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 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if know)	Contact Number Ext	Email		
Check each step in the process that you completed, and your status:				
<b>Steps:</b> <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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____				
<b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

B. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		
Check each step in the process that you completed, and your status:				
<b>Steps:</b> <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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____				
<b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

C. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		
Check each step in the process that you completed, and your status:				
<b>Steps:</b> <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 <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____				
<b>Status:</b> <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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Father Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	B. Step-Father Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	C. Mother Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	D. Step-Mother Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	E. Spouse / Registered Domestic Partner	DOB		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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"/> NA	F. Father-in-Law Name	DOB		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	G. Mother-in-Law Name	DOB		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	H. Former Spouse(s) Cohabitant	1. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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			

<input type="checkbox"/> NA	I. Former Spouse(s) Cohabitant	2. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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			

<input type="checkbox"/> N A	J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.			
1. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

2. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

3. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

4. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

5. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

6. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

<input type="checkbox"/> N A	<b>K. CHILDREN</b> 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"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

2. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

3. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

4. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

5. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

6. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

<b>15. REFERENCES</b>						
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		Address		City	State	Zip
Company / Work address			City		State	Zip
Home Phone		Work Phone		Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

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

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

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

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

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

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

**SECTION 3: EDUCATION**

<b>NOTE:</b> You will be required to furnish transcripts or other proof to support all of your educational claims.				
16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty				
17. List High Schools Attended or where you obtained your GED.				
A. Name		City	State	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Name		City	State	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		

18 List all colleges or universities attended:				
A. Name		City	State	
From	To	Type of Degree Earned	Total Units Earned	

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

19. List any trade, vocational, or business schools / institutes attended.			
A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>21. LIST OF RESIDENCES</b>			
<ul style="list-style-type: none"> <li>List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.</li> <li>If the residence is a military base, identify name of base in address, nearest city, state and zip code. <b>DO NOT LIST</b> military barracks mates unless you shared individual quarters.</li> <li>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.</li> </ul>			
A. Current residence Street		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr., rent collector, owner		City / State / Zip	Email
<input type="checkbox"/> NA	Names of those with whom you live		

B. Former Address		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr., rent collector, owner		City / State / Zip	Email
<input type="checkbox"/> NA	Names of those with whom you lived.		
Reason for moving			

C. Former Address		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr., rent collector, owner		City / State / Zip	Email
<input type="checkbox"/> NA	Names of those with whom you lived.		
Reason for moving			

D. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

E. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

F. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

G. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

**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 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 question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

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**

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?  
 Yes  No  
 If YES, list below
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- 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.

A. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
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	Co-workers Phone Number			
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 or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	Co-workers Phone Number			

D. 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				

E. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	Co-workers Phone Number			

F. 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				

G. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	Co-workers Phone Number			

H. 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				

I. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	Co-workers Phone Number			

J. 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				

K. Name of employer or military unit.			From	To	
Address or Base		City		State	Zip
Supervisor		Contact Number	Ext.	Email	
Job Title		Reason for leaving			
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		Co-workers Phone Number			

L. 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					

M. Name of employer or military unit.			From	To	
Address or Base		City		State	Zip
Supervisor		Contact Number	Ext.	Email	
Job Title		Reason for leaving			
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		Co-workers Phone Number			

N. 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					

O. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
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		Co-workers Phone Number		

P. 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					

Q. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
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		Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of 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 resigned 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 harassmt, racial bias, sexual orientation harassmt, 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? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

**SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)**

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _____	
41. Branch of Service	Date of Service From _____ To: _____
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i>	
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends: _____
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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? \$ \_\_\_\_\_

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

C. Approximately how much do you spend each month? \$ \_\_\_\_\_  
 Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

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/lied 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 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? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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 questions 47-60, indicate question number. Explain (include, when, where and why).

**SECTION 8: LEGAL**

**Disclosure of Citations, Arrests, and Convictions**  
 This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer 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 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 question number and page this refers to.

**61. 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.	
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. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. 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
65. 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
66. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. 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
70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. 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 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

**72. 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 and run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Hunting or 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	<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
<b>73. UNDETECTED ACTS - PART 2</b> At any time in your life have you <b>ever</b> 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
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 / sexual activity	<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 and 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

If you answered yes to **any** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) for each explanation.

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

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

**74. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?  Yes  No  
 If yes, give details, including drug(s) used and circumstances:

**75.** Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).  
If checked, give details including drug(s) used, most recent date used, and circumstances.

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

Sold  Manufactured  Purchased  Furnished  Cultivated  Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

**SECTION 9: MOTOR VEHICLE OPERATION**

77. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
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78. 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

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

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

80. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain ( include when, where and circumstances):	

81. 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	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	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	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	City	State	Zip	Contact Number	

82. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	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, Zip
Date Violation Occurred	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, Zip
Date Violation Occurred	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		
If checked, explain circumstances:		

**83.** 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 (Street, 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
A. Date	Location (Street, 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
A. Date	Location (Street, 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

**84.** 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
<b>85.</b> Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give reason:	Insurance Company
Date	Location Street, City, State, Zip

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

87. 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?  Yes  No

88. 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

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

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

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

**SECTION 11: SOCIAL MEDIA SITES**

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

92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

**SECTION 12: CERTIFICATION**

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

_____ Signature of Applicant		_____/_____/_____ Date
Sworn to and subscribed before me, this the _____ day of _____, _____		
Notary public in and for, State of _____ My commission expires ____/____/____		_____ Printed Name of Notary
Notary Seal or Stamp		_____ Signature of Notary

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 question and specific item being referenced.