



FALLS COUNTY SHERIFF'S OFFICE

SHERIFF JASON CAMPBELL

2847 STATE HIGHWAY 6
MARLIN, TX 76661
OFFICE 254-803-1000

Voluntary Pre-Screen Application

Position applying for: _____

Would you accept consideration/ appointment for other positions? YES____ NO____

List positions of interest: _____

Full Name: _____

Last

First

Middle

Address: _____

Street Address

City

State

Zip

Phone: _____ Place Of Birth: _____

Date Of Birth: _____ Social Security No: _____

Driver's License Number and State: _____

Spouse Name (If Applicable): _____

TCOLE Certificates Held: _____

Education (Highest grade achieved): _____

Former Employers (beginning with current employer) - include organization, position, supervisor, address, telephone number, and date of employment:

1. _____

2. _____

3. _____

4. _____

Special skills you wish to be considered : _____

Professional References (not related): 1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Falls County Sheriff's Office from all liability for any damage that may result from utilization from use of such information.

I also understand and agree that no representative of the Falls County Sheriff's Office has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Submission of this form authorizes a preliminary background investigation. If approved for an oral interview. I understand that I may be expected to complete an extensive application for employment. I understand that I may be subject to a complete background investigation, credit check, and oral interview. I further understand that the submission of this form does not guarantee future employment with the Falls County Sheriff's Office.

Date: _____

Signature: _____

FALLS COUNTY SHERIFF'S OFFICE

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE THE Falls County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of this date, to obtain any information in your files pertaining to my employment, preemployment, military, credit, education, criminal history, or medical records, including but not limited to polygraph exam results, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, arrest, 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 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: _____

Telephone Number: _____ Date Of Birth: _____

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ day of _____, 20____ in and for Falls County, in the state of Texas.

Signature of Notary Public: _____

Printed Name of Notary Public: _____ My Commission Expires: _____

Notary Seal

**FALLS COUNTY SHERIFF'S OFFICE
SHERIFF JASON CAMPBELL**

**2847 STATE HIGHWAY 6
MARLIN, TX 76661
254-803-1000**



APPLICANT'S PERSONAL HISTORY STATEMENT

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

County Jailer

Telecommunicator

Civilian Employment

PID #:

PID #:

PID #:

Personal History Statement Instructions

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

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

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

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

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

Instructions to the Applicant

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

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

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

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

Once you begin:

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

Disclosure of Medically Related Information

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

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

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

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

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

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

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

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

Date Applied: **Address:**

City: **State:** **Zip:**

Background Investigator's Name (if known):

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

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

Steps: Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological examination **Date:** Medical **Date:**

Status: Hired On List Withdrawn Disqualified

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

Date Applied: **Address:**

City: **State:** **Zip:**

Background Investigator's Name (if known):

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

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

Steps: Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological examination **Date:** Medical **Date:**

Status: Hired On List Withdrawn Disqualified

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

Date Applied: **Address:**

City: **State:** **Zip:**

Background Investigator's Name (if known):

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

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

Steps: Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological examination **Date:** Medical **Date:**

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

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

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

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

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

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

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

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

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

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 5. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 6. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

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

N/A 1. Name: _____ Male Female

D.O.B.: _____ Custodial parent or guardian (if other than you): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 2. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A 3. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A 4. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A 5. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A 6. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

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

1. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

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

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

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

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

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

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

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

SECTION 3: EDUCATION

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

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

List high schools attended or where you obtained your GED:

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

List all colleges or universities attended:

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

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

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

1. Name: From: To:
Type of school or training: City: State:

Did you complete the course? Yes No

2. Name: From: To:
Type of school or training: City: State:

Did you complete the course? Yes No

3. Name: From: To:
Type of school or training: City: State:

Did you complete the course? Yes No

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

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

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: State: Zip:

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

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

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

2. Former Address:

City: State: Zip:

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

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

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

Reason for moving:

3. Former Address:

City: State: Zip:

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

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

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

Reason for moving:

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

Reason for moving:

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

Reason for moving:

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

Reason for moving:

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

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

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

Have you ever left a residence owing rent? Yes No

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No

If YES, list below.

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

4. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

6. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

8. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

10. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

12. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

14. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

16. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

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

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

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

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

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

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

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

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

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

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

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

When? Name of Employer:

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

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

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

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

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

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

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

If checked, date obligation ends:

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

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

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

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

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

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: per month

Explain:

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

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

5. Have any of your bills ever been turned over to a collection agency? Yes No

6. Have you ever had purchased goods repossessed? Yes No

7. Have your wages ever been garnished? Yes No

8. Have you ever been delinquent on income or other tax payments? Yes No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

10. Have you ever had an employment bond refused? Yes No

11. Have you ever avoided paying any lawful debt by moving away? Yes No

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?

Yes No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?

Yes No

16. Have you written three or more bad checks in a one-year period? Yes No

17. Are you in arrears on court-ordered child support? Yes No

If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

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

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

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

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

If yes, explain each incident:

1. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition or Penalty:	<input type="text"/>		
2. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition or Penalty:	<input type="text"/>		
3. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition of Penalty:	<input type="text"/>		
4. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition or Penalty:	<input type="text"/>		

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
 Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
 Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

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

Undetected Acts – Part 1

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

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

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

Undetected Acts – Part 1

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

30. Arson (intentionally destroying property by setting a fire) Yes No
31. Assault with a deadly weapon Yes No
32. Theft of a vehicle and/or vehicle parts Yes No
33. Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
34. Child molestation (performing unlawful acts with a child) Yes No
35. Accessing, producing, or possessing child pornography Yes No
36. Injury to a child, elderly, and/or disabled Yes No
37. Embezzlement (theft of money or other valuables entrusted to you) Yes No
38. Felony drunk driving (involving injuries) Yes No
39. Forcible rape or other act of unlawful intercourse/sexual activity Yes No
40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
41. Hit and run (with injuries) Yes No
42. Hate crime Yes No
43. Insurance fraud Yes No
44. Theft (value of over \$500 and/or any firearm) Yes No
45. Murder, homicide, or attempted murder Yes No
46. Perjury (lying under oath) Yes No
47. Possession of an explosive/destructive device Yes No
48. Robbery (theft from another person using a weapon, force, or fear) Yes No
49. Stalking Yes No
50. Blackmail or extortion Yes No
51. Any other act amounting to a felony Yes No

If you answered "YES" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

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) |

52. 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:

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

- I have never used any drug recreationally.
- I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

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

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

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

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

Full name under which license was granted:

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

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

Name under which license was granted:

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

Name under which license was granted:

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

Name under which license was granted:

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

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

Has your driver's license ever been suspended or revoked? Yes No

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

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

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

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

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

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

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

8. Nature of Violation:
Location (Street, City, State, Zip):
Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken: Not Guilty

Fined

Traffic School

Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken: Not Guilty

Fined

Traffic School

Dismissed

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

Failed to appear

Failed to complete traffic school

Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?

Yes

No

If yes, give details:

11. Date:

Location (Street, City, State, Zip):

Police Report? Yes

No

Injury or Non-Injury? Injury

Non-Injury

Law Enforcement Agency:

12. Date:

Location (Street, City, State, Zip):

Police Report? Yes

No

Injury or Non-Injury? Injury

Non-Injury

Law Enforcement Agency:

13. Date:

Location (Street, City, State, Zip):

Police Report? Yes

No

Injury or Non-Injury? Injury

Non-Injury

Law Enforcement Agency:

14. Date:

Location (Street, City, State, Zip):

Police Report? Yes

No

Injury or Non-Injury? Injury

Non-Injury

Law Enforcement Agency:

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

If yes, give reason:

Date:

Location (Street, City, State, Zip):

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

If yes, give reason:

Insurance Company:

Date:

Location (Street, City, State, Zip):

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

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

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

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

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

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

SECTION 10: SOCIAL MEDIA SITES

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

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

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

SECTION 12: CERTIFICATION

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

Signature of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp: