
MATAGORDA COUNTY SHERIFF'S OFFICE

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the MATAGORDA 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 educations 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: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

MATAGORDA COUNTY SHERIFF'S OFFICE
APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS
Appointment/Employment

Name: _____

Date Issued: _____

Complete and Return by: _____

I am applying for:

- Peace Officer PID#: _____
- 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			M I	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	Other
6. Email: Home		Business			Other
7. Birth Place (City / County / State / Country)			8. DOB		9. Social Security #
1. Driver License #		2. Physical description			
State:	Exp:	HT.	WT.	Hair Color	Eye Color

12. Have you ever attended a basic licensing course?		Yes	No	
If yes, provide the PID you were assigned:				
A. Academy Name		From	To	Did you Graduate?
Yes		No		
Location (City / State)		Name of Training Coordinator		Contact Number
B. Academy Name		From	To	Did you Graduate?
Yes		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:				
Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer Psychological Examination Date Medical Date:				
Status: Hired On List Withdrawn Disqu				

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:				
Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer Psychological Examination Date Medical Date:				
Status: Hired On List Withdrawn 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:				
Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral Conditional job offer Psychological Examination Date Medical Date:				
Status: Hired On List Withdrawn Disqu				

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 question number and page this refers to.

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

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

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

D. Step-Mother Name <input type="checkbox"/> NA		DOB	
Home Address		City	State
Work Address		City	State
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?				
Yes	No				

<input type="checkbox"/> NA		C. 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		D. 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		E. Former Spouse(s) 1. Name		DOB	Male
		Cohabitant			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?				
Yes	No				

I. Former Spouse(s)		2. Name		DOB	Male Female
<input type="checkbox"/> NA Cohabitant					
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? Yes No				

N A J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.

Name		DOB		Male	Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell	Email				

Name				DOB	Male	Female
Home Address		City	State	Zip	Phone #	
Work Address		City	State	Zip	Phone #	
Cell		Email				

Name				DOB	Male	Female
Home Address		City		State	Zip	Phone #
Work Address		City		State	Zip	Phone #
Cell		Email				

Name				DOB	Male	Female
Home Address		City		State	Zip	Phone #
Work Address		City		State	Zip	Phone #
Cell		Email				

Name				DOB	Male	Female
Home Address		City		State	Zip	Phone #
Work Address		City		State	Zip	Phone #
Cell		Email				

Name				DOB	Male	Female
Home Address		City		State	Zip	Phone #
Work Address		City		State	Zip	Phone #
Cell		Email				

K. CHILDREN				
N A	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.			
Name	Custodial parent or guardian (If other than you.)			
Male	Address	City	State	Zip
Female				
DOB	Contact Number	Email		

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	

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		
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		
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		
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		

15. REFERENCES

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

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?	

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

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

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

13. List High Schools Attended or where you obtained your GED.

H. Name	City	State
From Did you graduate?	To	Yes No
I. Name	City	State
From	To	Did you graduate? Yes 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.				
J. Name		From	To	Did you complete the course? Yes No
Type of school or training			City	State
K. Name		From	To	Did you complete the course? Yes No
Type of school or training			City	State
L. Name		From	To	Did you complete the course? Yes No
Type of school or training			City	State

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

SECTION 3: EDUCATION *continued.*

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

SECTION 4: RESIDENCE**21. LIST OF RESIDENCES**

- **List all residences during the last ten years or since age 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 name of base in 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 question number and page this refers to.

M. 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
NA	Names of those with whom you live				

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
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
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	
NA Names of those with whom you lived.					
Reason for moving					

N. 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	
NA Names of those with whom you lived.					
Reason for moving					

O. 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	
NA Names of those with whom you lived.					
Reason for moving					

P. 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	
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

A. Name		Contact Number
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

A. 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

14. 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.

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		F-T Self-employed	P-T Volunteer	Temp
Names of co-workers		Co-workers Phone Number		
Would there be a problem if we contact your current employer? Yes No		If yes, explain.		

G. PERIOD OF UNEMPLOYMENT				
Check applicable: Student Between jobs Leave of absence Travel				
Other				
From	To			

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				F-T Self-employed	P-T Volunteer	Temp Volunteer
Names of co-workers		Co-workers Phone Number				

R. PERIOD OF UNEMPLOYMENT					
Check applicable:		Student	Between jobs	Leave of absence	Travel
		Other			
From				To	

S. 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				F-T Self-employed	P-T Volunteer	Temp Volunteer
Names of co-workers		Co-workers Phone Number				

H. PERIOD OF UNEMPLOYMENT					
Check applicable:		Student	Between jobs	Leave of absence	Travel
		Other			
From				To	

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				F-T Self-employed	P-T Volunteer	Temp
Names of co-workers		Co-workers Phone Number				

T. PERIOD OF UNEMPLOYMENT					
Check applicable:		Student	Between jobs	Leave of absence	Travel
		Other			
From To					

F. 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				F-T Self-employed	P-T Volunteer	Temp Volunteer
Names of co-workers		Co-workers Phone Number				

U.PERIOD OF UNEMPLOYMENT					
Check applicable:		Student	Between jobs	Leave of absence	Travel
		Other			
From To					

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				F-T Self-employed	P-T Volunteer	Temp
Names of co-workers		Co-workers Phone Number				

I. PERIOD OF UNEMPLOYMENT						
Check applicable: Student Between jobs Leave of absence Travel						
					From	To

J. 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				F-T Self-employed	P-T Volunteer	Temp
Names of co-workers		Co-workers Phone Number				

K. PERIOD OF UNEMPLOYMENT						
Check applicable: Student Between jobs Leave of absence Travel						
					From	To

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				F-T Self-employed	P-T Volunteer	Temp Volunteer
Names of co-workers		Co-workers Phone Number				

A. PERIOD OF UNEMPLOYMENT					From	To
Check applicable: Student Between jobs Leave of absence Travel Other						

L. 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				F-T Self-employed	P-T Volunteer	Temp 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?)				Yes	No
15. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?				Yes	No
16. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?				Yes	No
17. Have you ever resigned without giving two weeks-notice?				Yes	No
18. Have you ever resigned in lieu of termination?				Yes	No
19. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?				Yes	No

32. Were you ever the subject of a written complaint at work?	Yes	No
20. Have you ever been counseled at work due to lateness or absences	Yes	No
21. Did you ever receive an unsatisfactory performance review?	Yes	No
22. Have you ever sold, released, or given away legally confidential information?	Yes	No
23. 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?	Yes	No

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

24. Has your work performance ever been affected by your use of alcohol or drugs?	Yes	No
When?	Name of Employer	
25. 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 military served. Add pages if necessary)

3. Are you required to register for the Selective Service If yes, have you registered If no explain:	Yes	No
4. Branch of Service	Date of Service From	To:
26. Type of Discharge Re-entry Code (1-4) if applicable; refer to your DD-214	Entry Level Honorable General Other than Honorable	
5. Are you currently participating in one of the following? Military Reserve National Guard	If checked, date obligation ends:	
6. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?	Yes	No
7. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?	Yes	No

If you answered YES to questions 44 and or 45, Explain (Include dates and circumstances)

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES

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

M. From your employer(s), what is your take home monthly income? \$

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

If yes, fill in amount: \$ per month

O. 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)	Yes	No
48. Have any of your bills ever been turned over to a collection agency?	Yes	No
49. Have you ever had purchased goods repossessed?	Yes	No
50. Have your wages ever been garnished?	Yes	No
51. Have you ever been delinquent on income or other tax payments?	Yes	No
52. Have you ever failed to file income tax or cheated/lied on an income tax form	Yes	No
53. Have you ever had an employment bond refused?	Yes	No
54. Have you ever avoided paying any lawful debt by moving away?	Yes	No
55. Have you ever defaulted on a loan, including a student loan?	Yes	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	Yes Yes	No No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	Yes	No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	Yes	No
59. Have you written three or more bad checks in a one-year period?	Yes	No
60. Are you in arrears on court ordered child support?	Yes	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.

P. Approximate Date	Arresting or detaining agency
---------------------	-------------------------------

Charge

Disposition or Penalty

Q. Approximate Date	Arresting or detaining agency
---------------------	-------------------------------

Charge

Disposition or Penalty

R. 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?	Yes	No
27. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	Yes	No
28. 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
29. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes	No
30. Have the police ever been called to your home for any reason?	Yes	No
31. Have you or your spouse/partner ever been referred to Child Protective Services?	Yes	No
32. Have you ever been the subject of an emergency protective, restraining or stay-away order?	Yes	No
33. 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
34. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	Yes	No
35. Have you ever filed a false insurance or workers' compensation claim?	Yes	No

If you answered yes to any of Questions 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

36. 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?

V. Annoying / obscene phone calls	Yes	No
W. Assault (use of force or violence upon another)	Yes	No

C. Assault (use of force or violence upon a family member)	Yes	No
S. Brandishing a weapon (any type of weapon)	Yes	No
T. Carrying a concealed weapon without a permit	Yes	No
U. Contributing to the delinquency of a minor	Yes	No
V. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	Yes	No
W. Driving under the influence of alcohol and/or drugs	Yes	No
X. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes	No
X. Hit and run collision (no injuries)	Yes	No
Y. Hunting or fishing without a license.	Yes	No
Z. Illegal gambling	Yes	No
AA. Impersonating a peace officer	Yes	No
BB. Indecent exposure (including flashing or mooning)	Yes	No
CC. Joyriding (using a car or other vehicle without owner's permission	Yes	No
73. UNDETECTED ACTS - PART 2		
At any time in your life have you ever committed any of the following?		
DD. Arson (intentionally destroying property by setting a fire)	Yes	No
EE. Assault with a deadly weapon	Yes	No
FF. Theft of a vehicle and / or vehicle parts	Yes	No
GG. Burglary (entering a structure or vehicle to commit theft or other crime)	Yes	No
HH. Child molestation (performing unlawful acts with a child)	Yes	No
II. Accessing, producing, or possessing child pornography	Yes	No
JJ. Injury to a child/elderly/or disabled	Yes	No
KK. Embezzlement (theft of money or other valuables entrusted to you)	Yes	No
Y. Felony drunk driving (involving injuries)	Yes	No
LL. Forcible rape or other act of unlawful intercourse / sexual activity	Yes	No
MM. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes	No
NN. Hit and run (with injuries)	Yes	No

M. Hate crime	Yes	No
Z. Insurance fraud	Yes	No
AA. Theft (value of over \$500, or any firearm)	Yes	No
BB. Murder, homicide, or attempted murder	Yes	No
CC. Perjury (lying under oath)	Yes	No
DD. Possession of an explosive / destructive device	Yes	No
EE. Robbery (theft from another person using a weapon, force, or fear)	Yes	No
FF. Stalking	Yes	No
GG. Blackmail or extortion	Yes	No
HH. Any other act amounting to a felony	Yes	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.

2. 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

1. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
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2. List other states where you have been licensed to operate a motor vehicle.

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

Yes No

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

81. List your current liability insurance on your vehicle(s)				
OO.	Type of Coverage Insured	Vehicle Make Bonded	Year	Vehicle License
		Cash Deposit		
PP.	Type of Coverage Insured	Vehicle Make Bonded	Year	Vehicle License
		Cash Deposit		
QQ.	Type of Coverage Insured	Vehicle Make Bonded	Year	Vehicle License
		Cash Deposit		
RR.	Type of Coverage Insured	Vehicle Make Bonded	Year	Vehicle License
		Cash Deposit		
Insurance Company Policy number Expires				
Address City State Zip Contact Number				
Insurance Company Policy Number Expires				
Address City State Zip Contact Number				
Insurance Company Policy Number Expires				
Address City State Zip Contact Number				
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:

Date Violation Occurred	Action Taken
	<input type="checkbox"/> Not Guilty Fined Traffic School Dismissed

B. Nature of Violation		Location Street, City, State, Zip		
Date Violation Occurred	Action Taken Not Guilty Fined Traffic School Dismissed			
SS. Nature of Violation	Location Street, City, State, Zip			
Date Violation Occurred	Action Taken Not Guilty Fined Traffic School Dismissed			
TT. 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.)				
Failed to appear	Failed to complete traffic school		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 Yes No	Law Enforcement Agency			Injury Non Injury
A. Date	Location (Street, City, State, Zip)			
Police Report Yes No	Law Enforcement Agency			Injury Non Injury
A. Date	Location (Street, City, State, Zip)			
Police Report Yes No	Law Enforcement Agency			Injury 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			
37. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? Yes No If yes, give reason:				
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

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

40. 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

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

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

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.