

Anderson County



Sheriff's Office

Application for Employment
ANDERSON COUNTY SHERIFF'S OFFICE

We are an equal opportunity employer dedicated to policy of non-discrimination employment on any basis including race, color, age, sex, religion, disability or national origin. This commitment also encompasses the requirements set forth in section 51.55 (e)(1) of the revenue sharing code including treatment of and admission or access of persons to its activities and programs. Job applicants should provide all information requested in this application. Failure to do so may eliminate the applicant from further consideration for employment.

RELEASE OF INFORMATION WAIVER

ANDERSON COUNTY SHERIFF'S OFFICE
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of Anderson County Sheriff's Office, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of loans, records of commercial or retail credit agencies (including reports and/or rating) and other financial statement and records wherever filed; private practitioners, and the U.S. Veteran's Administration; employment records, including background checks, efficiency rating, complaints or grievances filed by or against me and the records and recollections of attorney at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release, authorization will be considered in determining my suitability for employment by the Anderson County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original therof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Name Printed or typed: _____

Address/City/State/Zip: _____

Area code phone #: _____

Subscribed and sworn to before me, by the said _____

This the _____ day of _____, 20____ to certify witness my hand and seal of office.

Notary Public: _____

In and for _____ County, Texas

My commission expires: _____

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 ADDRESS MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for you answers, attach additional sheets as needed. Be sure to indicates 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 document 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 you 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 you college diploma
- Copy of your Peace Officer Certificate from you 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 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 #: _____

List all Email Address: _____

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

Physical Description: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Have you ever attended a basic licensing course? _____ If yes, provide the PID you were assigned: _____

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

Location (City, State): _____

Name of Training Coordinator: _____ Contact Number: _____

Did you graduate: _____

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

Location (City, State): _____

Name of Training Coordinator: _____ Contact Number: _____

Did you graduate: _____

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

- 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 Po Graph/ 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 Po Graph/ 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 Po Graph/ CVSA Background
 Conditional job offer Psychological examination Date: _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVE 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. Fathers 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. Mothers 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-Mothers 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: _____ D.O.B: _____ Male Female
Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Number: _____ Email: _____

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

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

N/A 4. Name: _____ D.O.B: _____ Male Female
Custodial parent or guardian (if other than you): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 5. Name: _____ D.O.B: _____ Male Female

Custodial parent or guardian (if other than you): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 6. Name: _____ D.O.B: _____ Male Female

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 long have you known this person? _____

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

2. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

3. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

4. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

5. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

6. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

7. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

8. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

9. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

10. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company/Work Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ How long have you known this person? _____

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

SECTION 3: EDUCATION

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

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 address (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 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: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

2. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

3. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

4. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

5. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

6. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

7. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

8. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

9. Current Residence Address: _____ City: _____

State: _____ Zip: _____ If renting; property manager, rent collector, or owner: _____

Contact number: _____ Address of property mgr. rent collector, or owner: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

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

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): _____

7. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip: _____

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

8. Housemate Name: _____ Contact Number: _____

Email: _____ Current Street Address: _____

City: _____ State: _____ Zip: _____

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

9. 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 _____

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 this 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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

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 _____

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 this employer? Yes No

If yes, explain: _____

18. Have you ever been disciplined at work? (This includes written warning, 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 a 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 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: _____

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.

SECECTION 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 you 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?

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 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: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

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

Charge: _____

Disposition or Penalty: _____

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

Charge: _____

Disposition or Penalty: _____

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

Charge: _____

Disposition or Penalty: _____

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

6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?

Yes No

7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No

8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No

9. Have the police ever been called to your home for any reason? Yes No

10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No

12. Have you 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 2

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 page and above), fully explain circumstance, 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.

| | |
|--|----------------------------|
| Amphetamine/Methamphetamine Uppers, Speed, Crank, etc. | Heroin/Opium |
| Barbiturates (Downers) | Marijuana |
| Cocaine/Crack Cocaine | Mescaline |
| Designed 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 detail 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: _____

Address: _____ City: _____ State: _____

Zip: _____ Contact Number: _____

5. Type of Coverage: Insured Bonded Cash Deposit

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

Address: _____ City: _____ State: _____

Zip: _____ Contact Number: _____

6. Type of Coverage: Insured Bonded Cash Deposit

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

Address: _____ City: _____ State: _____

Zip: _____ Contact Number: _____

7. Type of Coverage: Insured Bonded Cash Deposit

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

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 ever 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 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:

CREDIT REPORT

As part of the application process, each applicant will be required to provide a “Current Credit Report” from a major reporting bureau. The credit report must be no more than thirty days old with a copy attached to the application form.

All three major credit bureaus, Trans Union, Experian, and Equifax have websites with instruction on how to obtain a credit report.

A once a year credit report can also be obtained by going to www.annualcreditreport.com.

Applications submitted without a “Current Credit Report” will not be considered.

Anderson County

Pre-employment / Reasonable Suspicion/ Post Accident

Drug Test Consent Form

Employer: Below, check the box(s) describing your request for the employee to submit to a drug test:

Check all that apply:

- Pre-Employment
- Physical Signs and Symptoms
- Post- Accident

Employee:

I, _____, hereby consent to allow _____
to take a specimen of my urine and submit it for a pre-employment, reasonable suspicion, or post-
accident drug test screen. I further consent to allow the laboratory testing service to make the results of
such screen available to the prospective or current employer, Anderson County.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant
to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

Current Medications Prescriptions & Non- Prescription
(Add additional page if necessary)

Signature

Date