





# WALLIS POLICE DEPARTMENT

6810 GUYLER ST. BLDG B WALLIS, TX. 77485 OFFICE: 979-478-7111/CITY HALL 979-478-6712 Fax: 979-478-6828

# **APPLICANT**

# PERSONAL HISTORY STATEMENT

| N        | AME                          | <br> |  |
|----------|------------------------------|------|--|
|          |                              |      |  |
| D/       | ATE ISSUED                   |      |  |
| c        | OMPLETE AND RETURN BY        |      |  |
| ~        | JHII LETE AND RETORNED!      |      |  |
| l a      | m applying for:              |      |  |
| <u>[</u> | ] Peace Officer PID#         |      |  |
| [        | ] RESERVE PEACE OFFICER PID# |      |  |

# **WALLIS POLICE DEPARTMENT**

(Name of Law Enforcement Agency)

# **AUTHORITY TO RELEASE INFORMATION**

| O WHOM IT MAY CONCERN:  |          |
|---|----------|
| hereby authorize theand   | d its    |
| uthorized representatives bearing this release, or a copy thereof, within one year of its date, to ob   |          |
| ny information in your files pertaining to my employment, military, credit, education or medical rec    | ords,    |
| cluding not limited to academic, achievement, attendance, athletic, personal history, and disciplin     | nary     |
| ecords, medical records, and credit records.  |          |
| hereby direct you to release such information upon request of the bearer. This release is execute       | d with   |
| all knowledge and understanding that the information is for official use. Consent is granted to all p   | arties   |
| furnish such information, as described above, to third parties in the course of fulfilling its official |          |
| esponsibilities. I hereby release you, as custodian of such records, and any school, college, unive     | rsity, o |
| ther educations institution, hospital, or other repository of medical records, credit bureau, lending   |          |
| stitution, consumer reporting agency, or retail business establishment including its officers, empl     | oyees,   |
| r related personnel, both individually and collectively, from any and all liability for damages of wha  | atever   |
| ind, which may at any time result to me, my heirs, family or associates because of compliance wil       | h this   |
| uthorization and request to release information, or attempt to comply with it.                          |          |
| am furnishing my Social Security Account Number on a voluntary basis with the understanding so          | ıch is   |
| ot required by any law or regulation. I have been advised that all parties will utilize this number o   | nly to   |
| cilitate the location of employment, military, credit, and educational records concerning me in         |          |
| onnection with this application. Should there be any question as to the validity of this release, you   | may      |
| ontact 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 forcounty, in the state of   |          |
| Signature of Notary Public:   | —        |
| Printed Name of Notary Public:  |          |
| My Commission Expires:  | ~~~~     |



# **Wallis Police Department**

David Moseley, Chief of Police 6810 Guyler Bld. #B Wallis, Texas 77485 Office: 979-478-7111 Fax: 979-478-6828

# Confidential Information Agreement

In the event you are not selected by the Wallis Police Department for employment, you will never be told on what grounds you were not selected. At no time will any part of the background investigation be made available to you.

I have read the above statement and fully understand that no information concerning the decision of my employment or any part of my background investigation will be made available to me.

| Signature of Applicant    | Date |  |
|---------------------------|------|--|
| Printed name of Applicant |      |  |

#### **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 <u>information is accurate in all respects so please read all instructions carefully before proceeding.</u> 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 view favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
- 5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what What question number and page this refers to.
- 6. An accurate and complete form will help expedite your investigation. <u>Omissions or falsifications</u> will result in <u>Disqualification</u>.
- 7. You are responsible for furnishing any changes and/or updating your application as needed, such as address Changes or telephone number changes in writing.
- 8. Any candidate submitting an incomplete application <u>WILL NOT BE CONSIDERED FOR EMPLOYMENT.</u> Your application will be evaluated on completeness and neatness.
- 9. All documents requested must be submitted with application (photocopies are acceptable in most cases).
  - 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 States driver license. Applicant must possess a valid
    copy of your High School diploma or GED certificate.
  - Sealed original certified copy of your college transcript. ( no photo copy).
  - Photocopy of your college diploma
  - Copy of your Peace Officer Certificate from you police academy. (Peace Officer Applications 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 your credit report.

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

#### **Applicant Qualification Section**

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

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

#### DISQUALIFICATION

There are very few <u>automatic</u> basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, <u>deliberate misstatements or omissions</u> 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.

# **APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

| Last Name  | First  | Middle                                | Malden                                 |  |  |  |  |  |
|--|--|---------------------------------------|--|--|--|--|--|--|
| The second secon |  |                                       |  |  |  |  |  |  |
| Street Address   |  | Apt. No.                              |  |  |  |  |  |  |
| Olieet Audress   |  | Apr. No.                              |  |  |  |  |  |  |
|  |  |                                       |  |  |  |  |  |  |
| City   |  | State & Zip Code                      |  |  |  |  |  |  |
|  |  |                                       |  |  |  |  |  |  |
| Malling Address (if different from residence)  |  | State & Zip Code                      |  |  |  |  |  |  |
| Malising / Idahosa (ii alitoriant ironi rosi acino)  |  | 3.3.0                                 |  |  |  |  |  |  |
| ·  |  |                                       |  |  |  |  |  |  |
| Home Telephone No.   | Work Telephone No.                           | Cellular No.                          |  |  |  |  |  |  |
|  |  | The search land                       |  |  |  |  |  |  |
| Date of Blith  | Social Security No.                          | Pager No. Drivers License No. & State |  |  |  |  |  |  |
|  |  |                                       |  |  |  |  |  |  |
|  |  |                                       |  |  |  |  |  |  |
| Have you ever been known or gone   | by any other name (excludin                  | a nick-names)? If ves. give           | details.                               |  |  |  |  |  |
|  |  | g man namedy. It you give             |  |  |  |  |  |  |
|  |  |                                       |  |  |  |  |  |  |
|  |  |                                       | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| Place of Birth (City, County, State, C   | Parintar)                                    |                                       |  |  |  |  |  |  |
| Place of Birth (Oity, County, State, C   | Journa y)                                    |                                       |  |  |  |  |  |  |
| Are you a U.S. Citizen by Birth?   | Are you a Nati                               | uralized Citizen?                     |  |  |  |  |  |  |
|  |  | •                                     |  |  |  |  |  |  |
| Height Weight  | Eye Color                                    | Hai                                   | r Color                                |  |  |  |  |  |
| Scars, Tattoos (description and loca   | tion) or other distinguishing n              | narks                                 |  |  |  |  |  |  |
| Oddio, Takodo (dodosphon dia loda  | don't all all all all all all all all all al | · · · · · · · · · · · · · · · · · · · | ************************************** |  |  |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·        |                                       |  |  |  |  |  |  |
| Do you have a social networking, ins   | stant messaging, or other inte               | rnet-based profile(s)? If ves         | , provide screen name(s).              |  |  |  |  |  |
| service provider(s).   |  |                                       |  |  |  |  |  |  |
| •  |  |                                       |  |  |  |  |  |  |
| List ALL E-Mail Addresses (S)  |  |                                       |  |  |  |  |  |  |
|  |  |                                       |  |  |  |  |  |  |

| MARITAL & F              | FAMILY HISTORY                 |                          | •                                    |   |  |  |  |  |
|--------------------------|--------------------------------|--------------------------|--------------------------------------|---|--|--|--|--|
| Single                   | Married                        | Engaged                  | Co-habiting                          |   |  |  |  |  |
| Spouse's/Co-             | habitant's name (inclu         | ide maiden name)         |                                      |   |  |  |  |  |
| Addre                    | 988                            |                          | *                                    |   |  |  |  |  |
| Date (                   | Date of Birth Date of Marriage |                          |                                      |   |  |  |  |  |
| Emplo                    | over(s)                        |                          |                                      |   |  |  |  |  |
| Employer & Address       |                                |                          |                                      |   |  |  |  |  |
|                          | •                              |                          | Work Telephone No                    |   |  |  |  |  |
|                          |                                |                          |                                      |   |  |  |  |  |
|                          | •                              | (                        |                                      |   |  |  |  |  |
| Date(:                   | s) or birtii                   |                          |                                      |   |  |  |  |  |
| If you have be           | en separated, divorce          | ed, or widowed, provide  | details below:                       |   |  |  |  |  |
| Date of Marria           | ge                             |                          | Date of Marriage                     |   |  |  |  |  |
| City & State             |                                |                          | City & State                         | D.4-                                    |  |  |  |  |
| Separated                | na                             | te                       | Separated<br>Divorced                | Date                                    |  |  |  |  |
| Divorced                 | Da                             | te                       | Widowed                              | Date<br>Date                            |  |  |  |  |
| Widowed<br>Annulled      | Dai                            | te                       | Annulled                             | Date                                    |  |  |  |  |
|                          | issued                         | te                       | Court or State issued                | Dato                                    |  |  |  |  |
| Evenouse's M             | lame                           |                          | Ex-spouse's Name                     |   |  |  |  |  |
|                          |                                |                          | Date of Birth                        |   |  |  |  |  |
| Telephone No             | •                              |                          | Telephone No                         |   |  |  |  |  |
|                          |                                |                          | *                                    |   |  |  |  |  |
| laka a stela a shiftahaa | u valatad ta man aumm          |                          | Children Adented or Foster Child     | lron)                                   |  |  |  |  |
| identily childre         | in related to you or yo        | ui spouse (Natural, Ste) | o-Children, Adopted, or Foster Child |   |  |  |  |  |
| Relation                 | Name                           | Date of Birti            | Address                              |   |  |  |  |  |
|                          |                                | :                        |                                      |   |  |  |  |  |
|                          |                                |                          |                                      |   |  |  |  |  |
|                          |                                |                          |                                      | *************************************** |  |  |  |  |
|                          |                                |                          |                                      |   |  |  |  |  |
|                          |                                |                          |                                      |   |  |  |  |  |
|                          |                                |                          |                                      |   |  |  |  |  |

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

| Relationship | Name | Complete Address | Phone Number | DOB |
|--------------|------|------------------|--------------|-----|
|              | <br> | · ·              |              |     |
|              |      |                  |              |     |
| <del></del>  |      | <u> </u>         |              |     |
|              |      |                  | ,            |     |
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|              |      |                  |              |     |
|              |      |                  |              |     |
|              |      |                  |              |     |
|              |      |                  |              |     |

#### **RESIDENCES**

Identify all residences where you have lived in the last 10 years, beginning with the most recent,\_including your present address. List date by month/year. Include military assignments. (No TDY's)

| From      | To | Address | City   | Sate & Zip code |
|-----------|----|---------|--|-----------------|
|           |    |         |  |                 |
| · <u></u> |    |         |  |                 |
|           |    |         |  |                 |
|           |    |         |  |                 |
|           |    |         |  |                 |
|           |    |         |  |                 |
|           |    |         | And the second s |                 |
|           |    |         |  |                 |
|           |    |         | ·  |                 |
|           |    |         |  |                 |
|           |    |         |  |                 |
|           |    |         |  |                 |
|           |    |         | ·  |                 |
|           |    |         |  | <u> </u>        |

# **PERSONAL REFERENCES**

List three (3) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

| 1. Name:       |                    |                       | 1 .            | Years Known          |                                       |
|----------------|--------------------|-----------------------|----------------|----------------------|---------------------------------------|
| Address:       |                    |                       | <del></del>    |                      |                                       |
| Phone #: _     |                    |                       | Email Address: |                      |                                       |
| Nature of I    | Relationship:      |                       |                |                      |                                       |
| 2. Name:       |                    |                       |                | Years Known:         |                                       |
| Address:       |                    |                       |                |                      |                                       |
| Phone #:       |                    |                       | Email Address: |                      |                                       |
| Nature of I    | Relationship:      |                       |                |                      |                                       |
| 3. Name:       |                    |                       |                | Years Known:         | " " " " " " " " " " " " " " " " " " " |
| Address:       |                    | <del></del>           |                |                      |                                       |
| Phone #:       |                    |                       | Email A        | ddress:              |                                       |
| Nature of F    | Relationship:      |                       |                |                      |                                       |
| TRAFFIC RI     |                    | rently own or opera   | ate:           |                      |                                       |
| Year           | Make               | Model                 | Color          | License Plate<br>No. | Owner                                 |
|                |                    |                       |                |                      |                                       |
|                |                    |                       |                |                      |                                       |
|                |                    |                       |                |                      |                                       |
| Please list yo | ur current automob | ile Insurance carrier |                |                      | _Expires:                             |

| If yes, give                            | e details below:      |  |                       | •  |  |                               |  |
|---|-----------------------|--|-----------------------|--|--|-------------------------------|--|
| Driver's License No                     |                       |  |                       | _ State  | Date i                                 | Date issued                   |  |
| Driver's Li                             | cense No              | ······································ |                       | State  | Date i                                 | ssued                         |  |
|   |                       | driver's license susp                  |                       | Yes No   | _ If yes, give re                      | ason, date, and length o      |  |
|   |                       |  |                       |  |  |                               |  |
|   |                       |  |                       | ·  |  |                               |  |
| Identify all                            | motor vehicle         | accidents you have<br>Location         | been involved in du   | ning the last 5 ye   | ears.                                  | Report: Yes/No                |  |
|   |                       |  |                       |  |  |                               |  |
| Cause of Acc                            | cident (e.g., ran rec | light, failed to control sp            | eed)                  | - Constitution of the Cons | ······································ |                               |  |
| Date                                    |                       | Location                               |                       |  | Police                                 | Report: Yes /No               |  |
|   |                       |  |                       | 5t   |  |                               |  |
| Cause of Acc                            | ident (e.g., ran red  | light, failed to control sp            | <del>ee</del> d)      |  |  |                               |  |
|   |                       |  |                       |  |  | A.,                           |  |
|   |                       |  |                       |  | ,                                      |                               |  |
|   | traffic citations     | you have received                      | within the last 5 yea | rs, excluding pa   | rking tickets:                         |                               |  |
| Month/Year                              | Violation             |  | City & State          |  | Disposition (e.g.,                     | defensive driving, dismissed) |  |
|   |                       |  |                       |  |  |                               |  |
| ····                                    |                       | ······································ |                       |  |  |                               |  |
|   |                       |  |                       | ,  |  |                               |  |
|   |                       |  |                       |  |  |                               |  |
|   |                       |  |                       |  |  |                               |  |
| <u>ARRESTS</u>                          | DETENTIONS            | S, AND LITIGATION                      | 1                     |  |  |                               |  |
| Have you e                              | ver been arres        | sted or detained by i                  | aw enforcement?       |  |  |                               |  |
| Von                                     | No                    | If yes, com                            | notete the following  | lahla:   |  |                               |  |
|   | NO                    |  |                       |  |  | 1044                          |  |
| Agency                                  |                       | Offense                                | Date                  | Location   |  | Outcome                       |  |
| *************************************** |                       |  |                       |  |  |                               |  |
|   |                       |  |                       |  |  |                               |  |
|   |                       |  |                       |  |  |                               |  |
|   | <u></u>               |  |                       |  |  |                               |  |
|   |                       |  |                       | 1  | (                                      |                               |  |

| family or household against another member of the family or household physical harm, bodily injury, assault, or sexual assault or that is a threat member in fear of imminent physical harm, bodily injury, assault, or sexual defensive measures to protect oneself.) (Texas Family Code Section 71.0 explain: | that is intended to result in<br>that reasonably places the<br>ual assault, but does not include<br>104) If yes, |
|---|--|
|   |  |
| Have you <b>ever</b> been considered or named a suspect in a criminal investigues, explain:   | · · · · · · · · · · · · · · · · · · ·  |
| Have you <b>ever</b> been a party to a civil suit or action? If yes, explain:   |  |
| Have you <b>ever</b> been involved in any incident (do not include vehicular ac was made or law enforcement was called? If yes, explain:  |  |
| Other than crimes that would have been sealed by juvenile records, have assisted another person in the commission of a felony crime, serious mis moral turpitude that went undetected or unreported to law enforcement explain:   | sdemeanor, or a crime involving nt? If yes,  |
| FINANCIAL HISTORY   |  |
| Do you have any accounts with a financial institution? Yes No   | <del></del>  |
| Name(s) of financial institution(s):  |  |
| Type(s) of account(s):  |  |
| CREDIT INFORMATION – MUST PROVIDE A COPY OF CREDIT REPORT   |  |
| Have you <b>ever</b> failed to pay Federal, state or other taxes?   | Yes No   |
| Have you <b>ever</b> failed to file a tax return, when required by law?   | Yes No   |
| Have you ever written a check that was later returned for Non Sufficient  |  |
| Have you ever been delinquent on court-imposed alimony or child support   | ort payments? YesNo  |
| Have you <b>ever</b> been disciplined regarding the use of a travel/credit card Yes No  | provided by an employer?   |
| Have you <b>ever</b> applied for unemployment compensation? Yes N   | o When   |
| Have you <b>ever</b> received unemployment compensation? Yes N  |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact your present employer? Yes No |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Employer:  | From:  | To:  |  |  |  |
| Address:  | Pho  | ne #:  |  |  |  |
| Job Title:  | Beginning & Ending Salary:   |  |  |  |  |
| Work Schedule   |  |  |  |  |  |
| Name of Supervisor:   | Supervisor email:  |  |  |  |  |
| Supervisor Phone #:   | · .  |  |  |  |  |
| Duties:   |  | MANAGEMAN TO THE STATE OF THE S |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Identify any disciplinary actions you received:                             | ·  |  |  |  |  |
|   | A PARTICIPATION AND A PROPERTY AND A |  |  |  |  |
|   |  |  |  |  |  |
| Reason for Leaving:   | AAT (MATERIAL TO THE TOTAL TO T |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact your present employer? Yes No |  |     |  |
|---|--|-----|--|
| 2. Employer:  | From:  | To: |  |
| Address:  | Phone #:   |     |  |
| Job Title:  | Beginning & Ending Salary:   |     |  |
| Work Schedule   |  |     |  |
| Name of Supervisor:   | Supervisor email:  |     |  |
| Supervisor Phone #:   | restanción de la constanción d |     |  |
| Duties:   |  |     |  |
|   |  |     |  |
|   | · · · · · · · · · · · · · · · · · · ·  |     |  |
| Identify any disciplinary actions you received:                             |  |     |  |
|   |  |     |  |
|   | ***************************************  |     |  |
| Reason for Leaving:   |  |     |  |
|   |  |     |  |
|   |  |     |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact yo | our present employer? Yes | No                                    |
|--|---------------------------|---------------------------------------|
| 3. Employer:                                     | From:                     | _ To:                                 |
| Address:   | Phone #:                  |                                       |
| Job Title:                                       |                           |                                       |
| Work Schedule                                    | <u>:</u>                  |                                       |
| Name of Supervisor:                              | Supervisor email:         | · · · · · · · · · · · · · · · · · · · |
| Supervisor Phone #:                              |                           |                                       |
| Duties:  |                           |                                       |
|  |                           |                                       |
|  |                           |                                       |
| Identify any disciplinary actions you received:  |                           |                                       |
|  |                           |                                       |
|  |                           |                                       |
| Reason for Leaving:                              |                           |                                       |
|  |                           |                                       |
|  |                           |                                       |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact your present employer? Yes No |                            |     |  |  |
|---|----------------------------|-----|--|--|
| 4. Employer:  | From:                      | To: |  |  |
| Address:  | Phone #:                   |     |  |  |
| Job Title:  | Beginning & Ending Salary: | /   |  |  |
| Work Schedule   |                            |     |  |  |
| Name of Supervisor:   | Supervisor email:          |     |  |  |
| Supervisor Phone #:   | ·                          |     |  |  |
| Duties:   |                            |     |  |  |
|   | ;                          |     |  |  |
|   |                            |     |  |  |
| Identify any disciplinary actions you received:                             |                            |     |  |  |
|   | •                          |     |  |  |
|   |                            |     |  |  |
| Reason for Leaving:   | •                          |     |  |  |
|   |                            |     |  |  |
|   |                            |     |  |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact your present employer? Yes No |                            |  |  |  |
|---|----------------------------|--|--|--|
| 5. Employer:  | From:                      | To:                                    |  |  |
| Address:  | Phone #:                   |  |  |  |
| Job Title:  | Beginning & Ending Salary: |  |  |  |
| Work Schedule   |                            |  |  |  |
| Name of Supervisor:   | Supervisor email:          |  |  |  |
| Supervisor Phone #:   |                            |  |  |  |
| Duties:   | ,                          |  |  |  |
|   |                            |  |  |  |
|   |                            |  |  |  |
| Identify any disciplinary actions you received:                             |                            | · · · · · · · · · · · · · · · · · · ·  |  |  |
|   | •                          |  |  |  |
|   |                            |  |  |  |
| Reason for Leaving:   |                            | ······································ |  |  |
|   |                            |  |  |  |
|   |                            |  |  |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact your present employer? Yes No  |                            |  |  |  |
|--|----------------------------|--|--|--|
| 6. Employer:   | From:                      | To:  |  |  |
| Address:   | Phone #:                   |  |  |  |
| Job Title:   | Beginning & Ending Salary: | J  |  |  |
| Work Schedule  |                            |  |  |  |
| Name of Supervisor:  | Supervisor email:          |  |  |  |
| Supervisor Phone #:  |                            |  |  |  |
| Duties:  |                            |  |  |  |
| - Allerton de Contractor de Co |                            |  |  |  |
|  |                            |  |  |  |
| Identify any disciplinary actions you received:  |                            |  |  |  |
|  | :                          |  |  |  |
|  |                            |  |  |  |
| Reason for Leaving:  |                            | more was an a sure of the sure |  |  |
|  |                            |  |  |  |
|  |                            |  |  |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact your present employer? Yes No |                            |  |  |
|---|----------------------------|--|--|
| 7. Employer:  | From:                      | To:  |  |
| Address:  | Phone #:                   |  |  |
| Job Title:  | Beginning & Ending Salary: |  |  |
| Work Schedule   |                            |  |  |
| Name of Supervisor:   | Supervisor email:          | d and described the second and described the s |  |
| Supervisor Phone #:   |                            |  |  |
| Duties:   |                            | 444-444-4444-4444-444-44-44-44-44-44-44  |  |
|   |                            |  |  |
|   |                            |  |  |
| Identify any disciplinary actions you received:                             |                            | A. U. C.   |  |
|   |                            |  |  |
|   |                            | 3 E 1000 - 24 - 24 - 1000 WWW  |  |
| Reason for Leaving:   |                            |  |  |
|   | •                          |  |  |
|   |                            |  |  |

#### **EMPLOYMENT HISTORY**

| If you are currently employed, may we contact   | your present employer? Yes  | _ No                                  |  |
|---|---|---------------------------------------|--|
| 8. Employer:                                    | From:   | To:                                   |  |
| Address:  | Phone #:  |                                       |  |
| Job Title:                                      | Beginning & Ending Salary:  |                                       |  |
| Work Schedule                                   | · · · · · · · · · · · · · · · · · · ·   |                                       |  |
| Name of Supervisor:                             | Supervisor email:   |                                       |  |
| Supervisor Phone #:                             | · ·   |                                       |  |
| Duties:   |   |                                       |  |
|   |   |                                       |  |
|   | harder A 24 A. (40 A |                                       |  |
| Identify any disciplinary actions you received: |   |                                       |  |
|   | 10.00   | · · · · · · · · · · · · · · · · · · · |  |
|   |   |                                       |  |
| Reason for Leaving:                             | · .   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |

| High School(s) attended  | Address                                  | Address                 |   | Dates attended From-To                    | Graduated<br>Yes/No                       |
|--|--|-------------------------|---|---|---|
|  |  |                         |   |   |   |
|  |  |                         |   |   |   |
| Do you have a G.E.D. Cert  | ificate?                                 |                         |   |   |   |
| Identify all colleges, univer  |  |                         | ended:                                  |   |   |
| Name   | City & State                             | Dates attended          | Hours comple                            | eted Major                                | Degree & Date                             |
|  |  |                         |   |   |   |
|  |  |                         |   |   |   |
|  |  |                         |   |   |   |
| MILITARY OBLIGATION  |  |                         |   |   |   |
| Have you ever served in th   | e U.S. Armed For                         | ces or State Military F | orces? Yes                              | No_                                       | ·····                                     |
| Served from  | Date                                     | to                      | Hate                                    | ighest Rank held_                         |   |
| Branch of Service_   |  |                         | Unit                                    |   |   |
| Type of discharge_   | <del></del>                              | L:                      | ast Duty Station: _                     |   |   |
| Are you actively serving in  | a Reserve Unit (in                       | cluding State Military  | Forces)? Yes                            | No  |   |
| Serving from   | Date                                     | to                      | C                                       | urrent Rank held_                         |   |
| Branch of Service_   |  |                         | Jnit                                    |   |   |
| -lave you <b>ever</b> been subjuustice? (Include non-judice) and outcome(s). | ect to court marti<br>ial, Captain's mas | al or any other disci   | olinary proceeding<br>de date(s), charg | g under the Unifo<br>e(s), military court | m Code of Military (s) or authority(ies), |
|  |  |                         |   |   |   |
|  |  |                         |   |   |   |
|  |  |                         |   |   |   |
| SPECIAL QUALIFICATION  | IS & SKILLS                              |                         |   |   |   |
| dentify any special licenses   | s you hold (e.g., pl                     | lot, radio operator):   |   |   |   |
| f you know a foreign langua  |  |                         |   | good, fair)                               |   |
| Language   | Understanding                            | Speaking                | <b>*</b> .                              | ading                                     | Writing                                   |
|  |  |                         |   |   |   |

| Do you have any experience with fire   | earms? Yes_                             | No                              | -                   |   |
|--|---|---------------------------------|---------------------|---|
| MEMBERSHIP IN ORGANIZATION   | S (PAST AND                             | PRESENT)                        |                     |   |
| Name & Address   | Type (e.g                               | ., social, fraternal, professio | nal) From           | To                                      |
|  | 1,76-7-1-2                              | ,                               | ,                   | 1                                       |
| ***************************************  |   |                                 |                     |   |
|  |   |                                 |                     |   |
| ·  |   |                                 |                     |   |
| Have you <b>ever</b> been an officer or a recommission of acts of force or violent granted by law. YesNo | ce to discoura                          |                                 |                     |   |
| PERSONAL DECLARATIONS  |   |                                 |                     |   |
| Do you consume alcoholic beverages   | s? Yes                                  | No                              | If "Yes", how       | v often?                                |
| Have you <b>ever</b> used marijuana or ha  | shish? Yes                              | No                              | _ If yes, when last | used?                                   |
| Have yo <b>u ever</b> used any illegal drug (  |   | •                               |                     | •                                       |
|  | •                                       | ,                               |                     |   |
| Yes No _   |   | If yes how often                | Whe                 | en last used                            |
| Provide explanation:   |   |                                 |                     |   |
| Have you <b>ever</b> sold or furnished cont  | rolled substan                          | ces or prescription dru         | igs to anyone? Ye   | s No                                    |
| If yes, give details:  |   | • •                             | -                   |   |
| ii yes, give details   |   |                                 |                     |   |
| Are there any incidents in your life, o<br>your suitability for employment as a p                        |   | mentioned herein, whi           | ich may influence   | this department's evaluation            |
| f yes, explain:  |   | •                               |                     |   |
|  |   |                                 |                     |   |
|  |   |                                 |                     |   |
|  | , · · · · · · · · · · · · · · · · · · · |                                 |                     |   |
|  |   |                                 |                     |   |
| lave you ever been employed by or a  | applied with ar                         | ov other law enforceme          | ent agency? Yes     | No                                      |
| •  |   |                                 |                     |   |
| f yes, please identify to the best of yo<br>Agency Name & Address  | ur knowledge:                           | Date Applied or Hired           | Result              | *************************************** |
| warrage of the test  |   | ••                              |                     |   |
| <u></u>  |   |                                 |                     |   |

|  |                                       |   | 1  |  |
|--|---------------------------------------|---|--|--|
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|  | ,                                     |   |  |  |
|  | · · · · · · · · · · · · · · · · · · · |   |  |  |
| I hereby certify that there are no misrepresen<br>to the above questions. I fully understand that<br>unsultable, or if hired, may lead to the terminal | t any misrepresentation, c            | ifications in the foregoing s<br>mission, or falsification ma | statements and answers<br>y deem me permanently      |  |
|  | Signature of applic                   | ant   |  |  |
|  |                                       |   | ······································               |  |
|  | Date                                  |   |  |  |
| Before me personally appeared_<br>intent was explained to him/her that he/she ha<br>his/her free will and accord.                                      | as full knowledge of its po           |   | ed this document and its<br>cuted this instrument of |  |
| Sworn to and subscribed before me on this day of   | f                                     |   |  |  |
| SEAL.  | Signati                               | ure of Notary   | ,  |  |
|  | My Cor                                | My Commission Expires:  |  |  |