

# Columbus Police Department

City of Columbus

Skip Edman, Chief of Police

P.O. Box 87 \* 605 Spring Street \* Columbus, Texas 78934

\* 979-732-3351 \* Fax 979-732-3481

## APPLICANT

### APPLICATION/PERSONAL HISTORY STATEMENT

NAME \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

I am applying for:

( ) Peace Officer PID# \_\_\_\_\_

( ) Telecommunicator PID# \_\_\_\_\_

( ) Civilian Employment

## Application/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 Application/Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Application/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. Pages 8 and 27 require a **notarized signature!**
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
  - Copy of your Social Security card.
  - **Original certified** copy of your birth certificate. (No photo copy)
  - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
  - Copy of your High School diploma or GED certificate.
  - **Sealed original certified** copy of your college transcript. (No photo copy)
  - Photocopy of your college diploma.
  - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
  - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
  - Copy of your DD-214 if applicable. Must possess an honorable discharge.
  - **Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
  - Copy of current proof of automobile liability insurance.
10. If you have any questions, please contact the Chief of Police, or his/her designee.

## Applicant Qualification Section

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

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ 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 bad conduct discharge.

\_\_\_\_\_ I am at least 21 years of age.

### **DISQUALIFICATION**

There are very few automatic basis 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.

**CITY OF COLUMBUS ADDITIONAL QUALIFICATION FOR APPLICANTS**

1. NO EXCESSIVE RECORD OF TRAFFIC CONVICTIONS OR COLLISIONS, INCLUDING FOUR MOVING VIOLATIONS IN ONE YEAR OR SEVEN MOVING VIOLATIONS IN TWO YEARS, IN THE PAST FIVE (5) YEARS. EACH COLLISION WILL BE EVALUATED.
2. NO DRIVER'S LICENSE SUSPENSION WITHIN THE LAST FIVE (5) YEARS, EXCEPT SAFETY RESPONSIBILITY SUSPENSIONS, WHICH WILL BE EVALUATED.
3. NO EVIDENCE OF BAD MORAL CHARACTER, INCLUDING ASSOCIATION WITH PROSTITUTES, PROFESSIONAL GAMBLERS, KNOWN CRIMINALS, OR OTHER PERSONS OF ILL REPUTE.
4. NO EVIDENCE OF MENTAL OR EMOTIONAL INSTABILITY.
5. NO HISTORY OF FAILURE TO MEET JUST FINANCIAL OBLIGATIONS, INCLUDING THE KNOWING OR INTENTIONAL ISSUANCE OF BAD CHECKS.
6. NO PREVIOUS DISCHARGE FROM ANY LAW ENFORCEMENT AGENCY OR RESIGNATION TO AVOID SUSPENSION OR DISCHARGE AND/OR RESIGNATION DURING AN INVESTIGATION WITHOUT FINAL JUDGEMENT RENDERED.
7. NO FALSE STATEMENT OF FACT, FRAUD, OR DECEPTION IN APPLICATION EXAMINATION OR APPOINTMENT.
8. WEIGHT MUST BE PROPORTIONATE TO HEIGHT. EXCESSIVE OVER OR UNDER WEIGHT IS GROUNDS FOR REJECTION.
9. APPLICANT MUST BE IN GOOD PHYSICAL CONDITION AND ABLE TO PHYSICALLY PERFORM THE ROUTINE FUNCTIONS OF THE POSITION APPLIED FOR.



**CITY OF COLUMBUS CERTIFICATION OF FACTS**

I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the City of Columbus reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Columbus has the authority to make any assurances to the contrary.

I give the City of Columbus the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Columbus and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by the City, if employed, I agree to submit upon request to a physical and psychological examination and/or drug and alcohol screening by a physician or laboratory selected and paid for by the City.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the City's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

The City of Columbus is an equal opportunity employer. The City of Columbus does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from the City of Columbus and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY OF COLUMBUS  
PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM

As required by City Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated City Officer and the Substance Abuse Program Administrator for the City for record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

(NOT A DOT REQUIREMENT)

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(Name of Law Enforcement Agency)

## AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

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

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

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

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

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

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

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

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

In and for \_\_\_\_\_ county, in the state of \_\_\_\_\_

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

NOTARY SEAL

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

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

**APPLICANT IDENTIFICATION**

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

Last Name		First	Middle	Maiden
Street Address			Apt. No.	
City			State & Zip Code	
Mailing Address (if different from residence)			State & Zip Code	
Home Telephone No.	Work Telephone No.		Cellular No.	
Date of Birth	Social Security No.		Pager No.	
			DriversLicense No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

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Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

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Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). \_\_\_\_\_

List ALL E-Mail Addresses (S) \_\_\_\_\_

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**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_  
City & State \_\_\_\_\_  
Separated \_\_\_\_\_ Date \_\_\_\_\_  
Divorced \_\_\_\_\_ Date \_\_\_\_\_  
Widowed \_\_\_\_\_ Date \_\_\_\_\_  
Annulled \_\_\_\_\_ Date \_\_\_\_\_  
Court or State issued \_\_\_\_\_  
Ex-spouse's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
City & State \_\_\_\_\_  
Separated \_\_\_\_\_ Date \_\_\_\_\_  
Divorced \_\_\_\_\_ Date \_\_\_\_\_  
Widowed \_\_\_\_\_ Date \_\_\_\_\_  
Annulled \_\_\_\_\_ Date \_\_\_\_\_  
Court or State issued \_\_\_\_\_  
Ex-spouse's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address



**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement or the City of Columbus with whom you are acquainted or are related to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes\_\_ No\_\_\_\_\_ If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you **ever** had your driver's license suspended or revoked? Yes\_\_\_ No\_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensivedriving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you **ever** been a party to a civil suit or action? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_ Spouse's current net monthly income \_\_\_\_\_

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes \_\_\_ No \_\_\_

Name(s) of financial institution(s) \_\_\_\_\_

Type(s) of account(s) \_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citifinancial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	ApproxBalance



**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

**If you are currently employed, may we contact your present employer?** Yes No \_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above?** \_\_\_Yes \_\_\_No

**If yes, provide dates and explain:** \_\_\_\_\_

\_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_

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3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_

\_\_\_\_\_

5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_

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8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you **ever** expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

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

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

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

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

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**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below(excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you **ever** been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, maylead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature of Notary

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