



Rick Husband Amarillo International Airport Police Department

10801 Airport Blvd • Amarillo Texas 79111 • Phone (806) 335-4403 • Fax (806) 335-4422

***AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
AIRPORT POLICE PERSONNEL***

To Whom It May Concern:

I, _____, do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Rick Husband Amarillo International Airport Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit report and/or ratings), and other financial statements wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rick Husband Amarillo International Airport Police Department. 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 liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Applicants Signature

Applicants Address

Date of Birth

State of _____

County of _____

Subscribed and Sworn to before me this

_____ day of _____ 20____

Notary Public _____

RICK HUSBAND AMARILLO AIRPORT POLICE DEPARTMENT

Airport Police Officer - PERSONAL HISTORY STATEMENT

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. **Answer all questions honestly & fully.**
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 correct and in the proper sequence before you begin.
4. You are responsible for obtaining correct addresses, including zip codes. If you are not sure of an address, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference the relevant section and question before continuing your answer.
6. An accurate and complete form will expedite your investigation. **On the other hand, deliberate omissions or falsifications will result in disqualification.**
7. This personal history statement must be filled out completely and returned by 5 p.m. on the closing date of the position as posted on the City of Amarillo website. No exceptions without prior approval of the Airport Police Commander.
8. As part of your employment process, you may be asked questions during the background investigation and /or interview about any of the information sought or provided by this Personal History Statement.

Bring or send your:

1. **Birth certificate (original or certified copy)**
2. **High school diploma (original or certified copy)**
3. **College transcript(s) – if applicable (original or certified copy)**
4. **DD-214 & punishment page if you have been in the military (original or certified copy)**
5. **Photocopy of drivers license, social security card, and current proof of financial responsibility (auto liability insurance)**
6. **Photocopy of TCOLE (formerly TCLEOSE) peace officer license, certificate or licensing exam results letter**

Any original documents will be returned to you.

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 six of these requirements to qualify for the position of peace officer with the Amarillo Airport Police Department.

Please initial:

_____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or 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), nor have I been on court-ordered community service/probation or deferred adjudication for a Class B misdemeanor in this state, any 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 a currently licensed peace officer in the State of Texas.

DISQUALIFICATIONS

There are very few automatic basis for rejection. Even issues of prior misconduct, employee termination, 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 government document. Be truthful, as there are criminal consequences for lying on a government document.

PERSONAL HISTORY STATEMENT

APPLICANT INFORMATION- Information provided in this section is used for identification purposes only.

LAST NAME		FIRST NAME			MIDDLE	
HOME ADDRESS						
CITY			STATE		ZIP CODE	
HOME PHONE		BUSINESS PHONE			CELL PHONE	
NICKNAME(S), MAIDEN NAME OR ANY OTHER NAME BY WHICH YOU HAVE BEEN KNOWN					ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY #	DATE OF BIRTH		PLACE OF BIRTH		TCOLE PID#	
DRIVER LICENSE #		STATE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DESCRIBE ANY TATOO(S)						

RESIDENCES- LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 10 YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. LIST DATE BY MONTH AND YEAR. ATTACH EXTRA PAGES IF NECESSARY:

FROM	TO	ADDRESS

WORK HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB OR PERIOD OF UNEMPLOYMENT, LIST ALL EMPLOYMENT SINCE THE AGE OF 17, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. ATTACH EXTRA PAGES IF NECESSARY:

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

WORK HISTORY (CONTINUED)

FROM	TO	EMPLOYER			
ADDRESS		CITY		STATE	ZIP CODE
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

FROM	TO	EMPLOYER			
ADDRESS		CITY		STATE	ZIP CODE
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

FROM	TO	EMPLOYER			
ADDRESS		CITY		STATE	ZIP CODE
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

WORK HISTORY (CONTINUED)

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
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NAME OF CO-WORKER			CONTACT PHONE		
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REASON FOR LEAVING					

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NAME OF CO-WORKER			CONTACT PHONE		
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REASON FOR LEAVING					

WORK HISTORY (CONTINUED)

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

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ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

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ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
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NAME OF CO-WORKER			CONTACT PHONE		
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REASON FOR LEAVING					

WORK HISTORY (CONTINUED)

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
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REASON FOR LEAVING					

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ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

FROM	TO	EMPLOYER			
ADDRESS		CITY	STATE	ZIP CODE	
JOB TITLE	GENERAL DUTIES				
NAME OF SUPERVISOR			CONTACT PHONE		
NAME OF CO-WORKER			CONTACT PHONE		
IDENTIFY ANY DISCIPLINARY ACTION YOU RECEIVED					
REASON FOR LEAVING					

REFERENCES

LIST THREE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, SUPERVISORS OR FORMER EMPLOYERS.

LAST NAME		FIRST NAME		YEARS KNOWN
OCCUPATION	HOME PHONE	CELL PHONE	BUSINESS PHONE	

LAST NAME		FIRST NAME		YEARS KNOWN
OCCUPATION	HOME PHONE	CELL PHONE	BUSINESS PHONE	

LAST NAME		FIRST NAME		YEARS KNOWN
OCCUPATION	HOME PHONE	CELL PHONE	BUSINESS PHONE	

MARITAL & FAMILY HISTORY

CURRENT STATUS:

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> ENGAGED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOWED
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IF ENGAGED OR LIVING WITH SOMEONE:

FIANCE / ROOMMATE NAME		ADDRESS, CITY, STATE, ZIP (IF DIFFERENT)	
OCCUPATION	BUSINESS NAME	BUSINESS PHONE	

IF MARRIED:

MAIDEN NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY #
DATE OF MARRIAGE	PLACE OF MARRIAGE (CITY & STATE)		SPOUSE'S CELL PHONE
SPOUSE'S EMPLOYER		ADDRESS, CITY, STATE, ZIP	BUSINESS PHONE

MARITAL & FAMILY HISTORY (CONTINUED)

IF CURRENTLY SEPARATED:

LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY #
DATE OF MARRIAGE	PLACE OF MARRIAGE (CITY & STATE)		SPOUSE'S CELL PHONE
SPOUSE'S EMPLOYER		ADDRESS, CITY, STATE, ZIP	BUSINESS PHONE

IF EVER DIVORCED:

LAST / MAIDEN NAME	FIRST NAME	DATE OF BIRTH	DATE OF MARRIAGE
PRESENT ADDRESS (IF KNOWN)		CONTACT PHONE (IF KNOWN)	
PLACE OF MARRIAGE (CITY & STATE)	DATE OF ORDER OR DECREE	COURT & STATE WHERE ISSUED	

LAST / MAIDEN NAME	FIRST NAME	DATE OF BIRTH	DATE OF MARRIAGE
PRESENT ADDRESS (IF KNOWN)		CONTACT PHONE (IF KNOWN)	
PLACE OF MARRIAGE (CITY & STATE)	DATE OF ORDER OR DECREE	COURT & STATE WHERE ISSUED	

LAST / MAIDEN NAME	FIRST NAME	DATE OF BIRTH	DATE OF MARRIAGE
PRESENT ADDRESS (IF KNOWN)		CONTACT PHONE (IF KNOWN)	
PLACE OF MARRIAGE (CITY & STATE)	DATE OF ORDER OR DECREE	COURT & STATE WHERE ISSUED	

LAST / MAIDEN NAME	FIRST NAME	DATE OF BIRTH	DATE OF MARRIAGE
PRESENT ADDRESS (IF KNOWN)		CONTACT PHONE (IF KNOWN)	
PLACE OF MARRIAGE (CITY & STATE)	DATE OF ORDER OR DECREE	COURT & STATE WHERE ISSUED	

MARITAL & FAMILY HISTORY (CONTINUED)

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED & FOSTER CHILDREN):

NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY
NAME (LAST, FIRST)	RELATION	DATE OF BIRTH	ADDRESS SUPPORTED BY

LIST RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER, BROTHERS & SISTERS. IF DECEASED, SO INDICATE:

FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION
FULL NAME	AGE	ADDRESS (CITY, STATE, ZIP)	RELATION

FAMILY AND RELATIVES' ARRESTS

HAVE MEMBERS OF YOUR IMMEDIATE FAMILY OR CLOSE RELATIVES EVER BEEN ARRESTED? YES NO

IF YES, COMPLETE THE FOLLOWING:

NAME / RELATIONSHIP	OFFENSE / CHARGE	DISPOSITION	YEAR	AGENCY
NAME / RELATIONSHIP	OFFENSE / CHARGE	DISPOSITION	YEAR	AGENCY
NAME / RELATIONSHIP	OFFENSE / CHARGE	DISPOSITION	YEAR	AGENCY
NAME / RELATIONSHIP	OFFENSE / CHARGE	DISPOSITION	YEAR	AGENCY

FINANCIAL HISTORY

SOURCES OF INCOME

WHAT IS YOUR PRESENT MONTHLY NET SALARY OR WAGE \$ _____	
DO YOU HAVE INCOME FROM ANY OTHER SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHAT IS THE AMOUNT? _____ HOW OFTEN? _____	SOURCE

IDENTIFY ANY PERSON OR ENTITY TO WHOM YOU ARE INDEBTED AND THE EXTENT OF THE DEBT. INCLUDE MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS AND ANY OTHER DEBTS OR PAYMENTS.

NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE
NAME OF CREDITOR	TYPE OF DEBT (STUDENT LOAN, MORTGAGE, CAR LOAN, ETC.)	MONTHLY AMOUNT	APPROX. BALANCE

FINANCIAL HISTORY (CONTINUED)

ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CREDIT HISTORY.

	YES	NO
HAVE YOU EVER FILED BANKRUPTCY PERSONALLY OR ON BEHALF OF A BUSINESS?		
- IF YES TO THE ABOVE QUESTION, INDICATE THE TYPE FILED :		
HAVE YOU EVER HAD ANY PERSONAL OR REAL PROPERTY REPOSSESSED OR FORECLOSED?		
HAVE YOU EVER FAILED TO PAY FEDERAL, STATE, OR OTHER TAXES?		
HAVE YOU EVER FAILED TO FILE A TAX RETURN, WHEN REQUIRED BY LAW?		
HAVE YOU EVER HAD A LIEN PLACED AGAINST YOUR PROPERTY FOR FAILING TO PAY TAXES OR OTHER DEBTS?		
HAVE YOU EVER HAD A JUDGMENT ENTERED AGAINST YOU?		
HAVE YOU EVER DEFAULTED ON ANY TYPE OF LOAN?		
HAVE YOU EVER HAD BILLS OR DEBTS TURNED OVER TO A COLLECTION AGENCY?		
HAVE YOU EVER HAD ANY CREDIT ACCOUNT SUSPENDED, CHARGED OFF, OR CANCELLED FOR FAILURE TO PAY?		
HAVE YOU EVER WRITTEN A CHECK THAT WAS LATER RETURNED FOR NON-SUFFICIENT FUNDS (NSF)?		
HAVE YOU EVER BEEN DELIQUENT ON COURT IMPOSED ALIMONY OR CHILD SUPPORT PAYMENTS?		
HAVE YOU EVER BEEN DISCIPLINED REGARDING THE USE OF A TRAVEL/CREDIT CARD PROVIDED BY AN EMPLOYER?		
ARE YOU CURRENTLY MORE THAN 60 DAYS DELIQUENT ON ANY DEBTS?		
HAVE YOU EVER APPLIED FOR UNEMPLOYMENT COMPENSATION? IF YES, WHEN?		
HAVE YOU EVER RECEIVED UNEMPLOYMENT COMPENSATION? IF YES, WHEN?		

EDUCATIONAL HISTORY

HIGH SCHOOL ATTENDED	CITY	STATE	FROM (YR)	TO (YR)
HIGH SCHOOL ATTENDED	CITY	STATE	FROM (YR)	TO (YR)
HIGH SCHOOL ATTENDED	CITY	STATE	FROM (YR)	TO (YR)
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			GED RECEIVED <input type="checkbox"/>	
IF YOU RECEIVED A GED, PLEASE INDICATE THE DATE AND STATE		DATE	STATE	

EDUCATIONAL HISTORY (CONTINUED)

COLLEGE OR UNIVERSITY		CITY	STATE
DATE(S) ATTENDED	SEMESTER HOURS COMPLETED	DEGREE REC'D / DATE	
AREA OF STUDY			

COLLEGE OR UNIVERSITY		CITY	STATE
DATE(S) ATTENDED	SEMESTER HOURS COMPLETED	DEGREE REC'D / DATE	
AREA OF STUDY			

POLICE ACADEMY ATTENDED		CITY	STATE
FROM (MO/YR)	TO (MO/YR)	ACADEMY HOURS (REPORTED TO TCOLE)	LICENSED TEXAS PEACE OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ANY OTHER SCHOOLS ATTENDED AND ANY SPECIAL LICENSES YOU HOLD (TRADE, VOCATIONAL, BUSINESS, FLIGHT, RADIO OPERATOR, SCUBA, CORRECTIONS, ETC.)

SCHOOL NAME	ADDRESS (CITY, STATE, ZIP)
DATE(S) ATTENDED	CERTIFICATE OR LICENSE OBTAINED

SCHOOL NAME	ADDRESS (CITY, STATE, ZIP)
DATE(S) ATTENDED	CERTIFICATE OR LICENSE OBTAINED

MILITARY RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF SERVICE	FROM	TO	BRANCH OF SERVICE
RANK ON DAY OF SEPARATION	JOB TITLE (RIFLEMAN, SECURITY, COOK)		TYPE OF DISCHARGE

MILITARY RECORD (CONTINUED)

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, COMPLETE THE FOLLOWING:

CHARGE	AGENCY	DATE	AGE	DISPOSITION
CHARGE	AGENCY	DATE	AGE	DISPOSITION
CHARGE	AGENCY	DATE	AGE	DISPOSITION

SPECIAL QUALIFICATIONS AND SKILLS

IDENTIFY ANY SPECIAL LICENSES YOU HOLD (E.G., PILOT, HAM RADIO)

IF YOU KNOW A FOREIGN LANGUAGE, INDICATE YOUR FLUENCY IN EACH BLOCK BELOW (EXCELLENT, GOOD, FAIR, POOR)

LANGUAGE	UNDERSTANDING	SPEAKING	READING	WRITING
LANGUAGE	UNDERSTANDING	SPEAKING	READING	WRITING
LANGUAGE	UNDERSTANDING	SPEAKING	READING	WRITING

HOBBIES AND/OR OUTSIDE ACTIVITIES

LIST ANY HOBBIES, SPORTS ACTIVITIES, ETC. THAT YOU ACTIVELY PARTICIPATE IN (HUNTING, FISHING, ETC.)

LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT YOU CAN OPERATE.

HOBBIES AND/OR OUTSIDE ACTIVITIES (CONTINUED)

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

MEMBERSHIP IN ORGANIZATIONS (PAST & PRESENT)

NAME	TYPE (SOCIAL, PROFESSIONAL)	DATE FROM	DATE TO

ARRESTS, DETENTIONS AND LITIGATIONS

HAVE YOU EVER BEEN ARRESTED? YES NO

IF YES, COMPLETE THE FOLLOWING:

OFFENSE	AGENCY (CITY & STATE)	DATE	DISPOSITION

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:

MONTH & YEAR	CHARGE	AGENCY (CITY & STATE)	DISPOSITION

ARRESTS, DETENTIONS AND LITIGATIONS (CONTINUED)

LIST ANY MOTOR VEHICLE CRASHES IN WHICH YOU HAVE BEEN INVOLVED:

MONTH & YEAR	LOCATION	CIRCUMSTANCES OF CRASH
MONTH & YEAR	LOCATION	CIRCUMSTANCES OF CRASH
MONTH & YEAR	LOCATION	CIRCUMSTANCES OF CRASH
MONTH & YEAR	LOCATION	CIRCUMSTANCES OF CRASH

HAVE YOU EVER BEEN QUESTIONED BY THE POLICE FOR ANY REASON OTHER THAN A TRAFFIC CITATION?

YES NO

IF YES, COMPLETE THE FOLLOWING:

DATE	CITY, COUNTY, STATE	REASON QUESTIONED
DATE	CITY, COUNTY, STATE	REASON QUESTIONED
DATE	CITY, COUNTY, STATE	REASON QUESTIONED

HAVE YOU EVER BEEN SUMMONED INTO COURT REFERENCE CRIMINAL OR CIVIL LITIGATION?

YES NO

IF YES, COMPLETE THE FOLLOWING:

DATE	NATURE OF CASE	CITY, COUNTY, STATE	DISPOSITION
DATE	NATURE OF CASE	CITY, COUNTY, STATE	DISPOSITION
DATE	NATURE OF CASE	CITY, COUNTY, STATE	DISPOSITION

HAVE YOU EVER ENGAGED IN ANY TYPE OF CRIMINAL ACTIVITY, OR ANY BEHAVIOR THAT MIGHT EMBARRASS THE POLICE DEPARTMENT?

ARRESTS, DETENTIONS AND LITIGATIONS (CONTINUED)

HAS YOUR DRIVERS LICENSE EVER BEEN INVALID, SUSPENDED, OR REVOKED? YES NO

IF YES, COMPLETE THE FOLLOWING:

DATE	LOCATION	REASON
DATE	LOCATION	REASON

PERSONAL DECLARATIONS

	YES	NO
DO YOU CONSUME ALCOHOLIC BEVERAGES?		
IF YES, HOW OFTEN?		
HAVE YOU EVER USED MARIJUANA OR HASHISH?		
IF YES, HOW OFTEN AND LAST TIME USED?		
HAVE YOU EVER USED ANY ILLEGAL DRUG (INCLUDING PERFORMANCE ENHANCING STEROIDS) NOT PRESCRIBED BY A PHYSICIAN?		
IF YES, PLEASE EXPLAIN.		
HAVE YOU EVER STOLEN OR TAKEN ANYTHING WITHOUT THE OWNER'S CONSENT?		
IF YES, PLEASE EXPLAIN.		
HAVE YOU EVER SOLD OR FURNISHED CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS TO ANYONE?		
IF YES, PLEASE EXPLAIN.		
IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A PEACE OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO?		
IF YES, PLEASE EXPLAIN.		
DO YOU HAVE ANY BELIEFS, RELIGIOUS OR OTHERWISE, WHICH PREVENT YOU FROM PERFORMING THE DUTIES OF THIS POSITION INCLUDING WORKING NIGHTS, WEEKENDS, HOLIDAYS, ETC.?		
IF YES, PLEASE EXPLAIN.		

PERSONAL DECLARATIONS (CONTINUED)

YES NO

HAVE YOU EVER COMMITTED AN ACT OF FAMILY VIOLENCE AS DEFINED BY SECTION 71.004 OF THE TEXAS FAMILY CODE?		
IF YES, PLEASE EXPLAIN.		

HAVE YOU EVER BEEN CONSIDERED OR NAMED A SUSPECT IN A CRIMINAL INVESTIGATION OR CRIMINAL OFFENSE?		
IF YES, PLEASE EXPLAIN.		

HAVE YOU EVER WORKED FOR THIS POLICE AGENCY BEFORE?		
IF YES, WHEN?		

DO YOU ANTICIPATE BEING INVOLVED IN ANY TYPE OF LAWSUIT OR PROCEEDING IN THE NEAR FUTURE?		
IF YES, PLEASE EXPLAIN.		

HAVE YOU EVER BEEN A PARTY TO A CIVIL SUIT OR ACTION?		
IF YES, PLEASE EXPLAIN.		

ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT?		
IF YES, PLEASE EXPLAIN.		

HAVE YOU APPLIED WITH ANY OTHER LAW ENFORCEMENT AGENCIES? (DO NOT INCLUDE PREVIOUS EMPLOYERS) YES NO

IF YES, COMPLETE THE FOLLOWING:

AGENCY	DATE APPLIED	STATUS OF APPLICATION
AGENCY	DATE APPLIED	STATUS OF APPLICATION
AGENCY	DATE APPLIED	STATUS OF APPLICATION
AGENCY	DATE APPLIED	STATUS OF APPLICATION

PERSONAL DECLARATIONS (CONTINUED)

LIST ANY SOCIAL MEDIA SITES WHERE YOU ARE AN ACTIVE PARTICIPANT **(DO NOT INCLUDE PASSWORDS)**

SITE	SCREEN NAME OR USERNAME

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE