**THE UNIVERSITY OF TEXAS**

**SYSTEM POLICE**



**Personal History Statement**

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| APPLICANT : *First, MI, Last* | Submitted on: | Received by: |
|  | /    / |  |

Instructions to the Applicant

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

|  |  |
| --- | --- |
|  | 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, pleaded guilty to (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, pleaded guilty to (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 automatic conditions 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 being untruthful on a governmental document.

• Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, check the “Not Applicable” box or write “N/A” in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.

• If more boxes are needed, highlight and copy and paste the box. Create as many as needed.

* **Be completely honest and as detailed as possible in your responses.**

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

# APPLICANT INFORMATION

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| **NAME OF APPLICANT:** | | | | | |
| **First Name** | Middle Name | | Last Name | Suffix | |
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| **Not Applicable** | **MAIDEN NAME:** | | |
| **First Name** | | Middle Name | Last Name |
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| **Not Applicable** | **OTHER NAMES; INCLUDING NICKNAMES YOU HAVE USED OR BEEN KNOWN BY:** | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION:** | | | | | | | | | | | | |
| **Date of Birth:**   /    / | | | | Place of Birth: | | City: | | | State: | | | Country: |
| **Driver’s License**  **Information:** | State:  Number: | | | | | | Social Security Number:        -     - | | | | | |
| **Height:** | Weight: | | | | | | Hair Color: | | | Eye Color: | | |
| **Current Street Address:** | | | | | | | | | | | | |
| **City:** | | | State: | | | | | ZIP: | | | County: | |
| **Mailing Address, if different than above:** | | | | | | | | | | | | |
| **Phone Number(s):** | | Cell Phone  (   )     - | | | Other Phone  (   )     - | | Email Address: | | | | | |

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| **PROFESSIONAL CERTIFICATION INFORMATION:** | |
| **Have you attended a basic licensing academy?** | Yes  No If yes, TCOLE PID#: |
| **TYPE OF CERTIFICATION:**  Police Officer  Telecommunicator  Temporary Telecommunicator  Jailer  Temporary Jailer | |
| **Proficiency Rating:  License Basic  Intermediate  Advanced  Master** | |
| **Additional Certificates:  Instructor Firearms Instructor  Mental Health Officer  DRE**  **Bike  SFST Instructor  Other?** | |
| **Do you have a private investigator license for the State of Texas?  Yes  No**  **If yes, are you willing to forfeit this licensure to work for a University of Texas System Police Department?  Yes  No** | |

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| **Not Applicable** | **Basic Licensure Academy** | |
| **From**    / | Academy Name: | |
| **To**    / | City State  Academy Location: | |
| **Did you graduate the academy?** | Yes  No | |
| **Name of Academy Coordinator?** |  | |
| **Phone Number for Academy?** (   )     - | | Fax Number for Academy? (   )     - |
| **Did you receive any awards, such as: top cadet, physical fitness, academic, top gun?**  Yes  No If yes, explain: | | |
| **Did you receive any counseling, written reprimands, formal complaints, or were you asked to quit or resign?**  Yes  No If yes, explain: | | |
| **Additional Information:** | | |

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| --- | --- | --- |
| **Not Applicable** | **Basic Licensure Academy** | |
| **From**    / | Academy Name: | |
| **To**    / | City State  Academy Location: | |
| **Did you graduate the academy?** | Yes  No | |
| **Name of Academy Coordinator?** |  | |
| **Phone Number for Academy?** (   )     - | | Fax Number for Academy? (   )     - |
| **Did you receive any awards, such as: top cadet, physical fitness, academic, top gun?**  Yes  No If yes, explain: | | |
| **Did you receive any counseling, written reprimands, formal complaints, or were you asked to quit or resign?**  Yes  No If yes, explain: | | |
| **Additional Information:** | | |

# RESIDENCES

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| **Applicant Instructions:** |
| * *List all residences that you have lived at for the past 15 years.* * *List your current residence where you reside now and work backwards. There should be no gaps in dates.* * *If the residence was a military base, identify the name of base in address, nearest city, state and zip code.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| **Not Applicable** | **CURRENT RESIDENCE** | |
| **From**    /      **To**    / | | Address:       County: |
| **Name of those living with you?** | |  |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | |

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| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

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| --- | --- | --- | --- | --- |
| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

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| --- | --- | --- | --- | --- |
| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

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| --- | --- | --- | --- | --- |
| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

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| --- | --- | --- | --- | --- |
| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

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| --- | --- | --- | --- | --- |
| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

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| **Not Applicable** | **PAST RESIDENCE** | | | |
| **From**    /      **To**    / | | Address:       County: | | |
| **Name of those living with you?** | |  | | |
| **Did you leave without paying final rent?** | | Yes  No | Were you evicted or asked to move out? | Yes  No |
| **If renting; provide property manager name and phone number:**  **N/A**       (   )     - | | | | |
| **Reason for moving?** | | | | |

# LAW ENFORCEMENT APPLICATIONS

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| **Applicant Instructions:** |
| * *List all Law Enforcement applications that you have submitted in the past 15 years.* * *This includes: jailer, constable, deputy, parks and wildlife warden/ranger, telecommunicator, dispatch or call taking, security guard positions if it was with a law enforcement agency.* * *Include any internships that you applied for/and or worked at that were with a law enforcement agency.* * *All agencies must be listed regardless of the outcome or current status. Check all boxes that apply for each agency.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| --- | --- | --- |
| **Not Applicable** | **LAW ENFORCEMENT APPLICATION #1** | |
| **Date Applied:**     / | Agency Name: | |
| City State  Agency Location: | |
| **Agency Contact:** | Phone: (   )     -      Fax: (   )     - | |
| **Title Applied For:** | Police Cadet  Police Officer  Telecommunicator  Deputy  Jailer    Security Guard  Intern  Other Explain: | |
| **Status of Application:** | Hired  Withdrawn  On List  Not Selected  Disqualified | |
| **If disqualified, what part did you fail?** | Written Exam  Physical Agility Test  Application Packet  Interview/Board  Polygraph  Psychological  Background  Other? | |
| **Background completed by agency?**  **Yes**  **No** | | Name of Background Investigator? |
| **Additional Information:** | | |

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| **Not Applicable** | **LAW ENFORCEMENT APPLICATION #2** | |
| **Date Applied:**     / | Agency Name: | |
| City State  Agency Location: | |
| **Agency Contact:** | Phone: (   )     -      Fax: (   )     - | |
| **Title Applied For:** | Police Cadet  Police Officer  Telecommunicator  Deputy  Jailer    Security Guard  Intern  Other Explain: | |
| **Status of Application:** | Hired  Withdrawn  On List  Not Selected  Disqualified | |
| **If disqualified, what part did you fail?** | Written Exam  Physical Agility Test  Application Packet  Interview/Board  Polygraph  Psychological  Background  Other? | |
| **Background completed by agency?  Yes  No** | | Name of Background Investigator? |
| **Additional Information:** | | |

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| --- | --- | --- |
| **Not Applicable** | **LAW ENFORCEMENT APPLICATION #3** | |
| **Date Applied:**     / | Agency Name: | |
| City State  Agency Location: | |
| **Agency Contact:** | Phone: (   )     -      Fax: (   )     - | |
| **Title Applied For:** | Police Cadet  Police Officer  Telecommunicator  Deputy  Jailer    Security Guard  Intern  Other Explain: | |
| **Status of Application:** | Hired  Withdrawn  On List  Not Selected  Disqualified | |
| **If disqualified, what part did you fail?** | Written Exam  Physical Agility Test  Application Packet  Interview/Board  Polygraph  Psychological  Background  Other? | |
| **Background completed by agency?  Yes  No** | | Name of Background Investigator? |
| **Additional Information:** | | |

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| **Not Applicable** | **LAW ENFORCEMENT APPLICATION #4** | |
| **Date Applied:**     / | Agency Name: | |
| City State  Agency Location: | |
| **Agency Contact:** | Phone: (   )     -      Fax: (   )     - | |
| **Title Applied For:** | Police Cadet  Police Officer  Telecommunicator  Deputy  Jailer    Security Guard  Intern  Other Explain: | |
| **Status of Application:** | Hired  Withdrawn  On List  Not Selected  Disqualified | |
| **If disqualified, what part did you fail?** | Written Exam  Physical Agility Test  Application Packet  Interview/Board  Polygraph  Psychological  Background  Other? | |
| **Background completed by agency?  Yes  No** | | Name of Background Investigator? |
| **Additional Information:** | | |

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| **Not Applicable** | **LAW ENFORCEMENT APPLICATION #5** | |
| **Date Applied:**     / | Agency Name: | |
| City State  Agency Location: | |
| **Agency Contact:** | Phone: (   )     -      Fax: (   )     - | |
| **Title Applied For:** | Police Cadet  Police Officer  Telecommunicator  Deputy  Jailer    Security Guard  Intern  Other Explain: | |
| **Status of Application:** | Hired  Withdrawn  On List  Not Selected  Disqualified | |
| **If disqualified, what part did you fail?** | Written Exam  Physical Agility Test  Application Packet  Interview/Board  Polygraph  Psychological  Background  Other? | |
| **Background completed by agency?  Yes  No** | | Name of Background Investigator? |
| **Additional Information:** | | |

# MARITAL, SERIOUS RELATIONSHIP, AND FAMILY HISTORY

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| **Applicant Instructions:** |
| * *List all marriages, serious relationships and/or divorces.* * *If you have had a child with someone, then they should be listed as a serious relationship.* * *List all children; including natural, adopted, step, and or foster care.* * *Include any other children who reside with you.* * *List all siblings, including: half siblings, step, or adopted/fostered siblings.* * *Complete all the information for family members.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| **Not Applicable** | **CURRENT SPOUSE/ SERIOUS RELATIONSHIP** | | |
| **Name:** | | Address: | |
| **Date of Birth:**    /    / | |
| **Phone:** (   )     **-** | | Email: | |
| **Dates of the relationship:**    /      to    / | | | Date of Divorce/Separation:  N/A    / |
| **List Children(s) names and DOB from the Relationship:  Not Applicable** | | | |
| **Reason(s) for the Divorce/Separation (Explain):**  N/A | | | |
| **Have there been any issues with the following?**  Alcohol or drug abuse? Yes  No  Domestic violence? Yes  No  Child abuse or neglect? Yes  No  N/A | | | |
| Is there, or has there ever been a restraining or protective order in effect with this individual? Yes  No  Would there be an issue contacting this person? Yes  No | | | |
| If you answered, “yes,” you must explain specific details. This includes the dates and the circumstances around each incident: | | | |
| **Additional Information:** | | | |

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| **Not Applicable** | **PAST SPOUSE/ SERIOUS RELATIONSHIP** | | |
| **Name:** | | Address: | |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: | |
| **Dates of the relationship:**    /      to    / | | | Date of Divorce/Separation:  N/A    / |
| **List Children(s) names and DOB from the Relationship:  Not Applicable** | | | |
| **Reason(s) for the Divorce/Separation (Explain):**  N/A | | | |
| **Have there been any issues with the following?**  Alcohol or drug abuse? Yes  No  Domestic violence? Yes  No  Child abuse or neglect? Yes  No  N/A | | | |
| Is there, or has there ever been a restraining or protective order in effect with this individual? Yes  No  Would there be an issue contacting this person? Yes  No | | | |
| If you answered, “yes,” you must explain specific details. This includes the dates and the circumstances around each incident: | | | |
| **Additional Information:** | | | |

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| **Not Applicable** | **CHILDREN** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    /      **Age:** | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |
| **Custodial Parent or Guardian (if other than you):**  **N/A** | | |
| **Phone and address for custodial parent, if applicable:**  **N/A**  (   )     - | | |

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| **Not Applicable** | **CHILDREN** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    /      **Age:** | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |
| **Custodial Parent or Guardian (if other than you):**  **N/A** | | |
| **Phone and address for custodial parent, if applicable:**  **N/A**  (   )     - | | |

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| --- | --- | --- |
| **Not Applicable** | **CHILDREN** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    /      **Age:** | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |
| **Custodial Parent or Guardian (if other than you):**  **N/A** | | |
| **Phone and address for custodial parent, if applicable:**  **N/A**  (   )     - | | |

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| --- | --- | --- |
| **Not Applicable** | **CHILDREN** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    /      **Age:** | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |
| **Custodial Parent or Guardian (if other than you):**  **N/A** | | |
| **Phone and address for custodial parent, if applicable:**  **N/A**  (   )     - | | |

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| **Not Applicable** | **FATHER** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| --- | --- | --- |
| **Not Applicable** | **MOTHER** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **STEP-FATHER** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **STEP-MOTHER** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **FATHER-IN-LAW** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **MOTHER-IN-LAW** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **SIBLINGS** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **SIBLINGS** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| **Not Applicable** | **SIBLINGS** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

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| --- | --- | --- |
| **Not Applicable** | **SIBLINGS** | |
| **Name:** | | Address: |
| **Date of Birth:**    /    / | |
| **If deceased, date of death:**    /    / | |
| **Phone:** (   )     **-** | | Email: |

# REFERENCES

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| **Applicant Instructions:** |
| * *List 7-10 people who know you well that could provide a reference for you.* * *Do not include any family members or prior supervisors.* * *They will be contacted during the background investigation stage and it is your responsibility to make sure they respond to the investigator’s emails and or phone calls.* |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

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| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

|  |  |
| --- | --- |
| **Reference Name:** | |
| **Email :** | **Relationship to Applicant:** |
| **Phone:** (   )     - | **How long have you known this person?** |
| **Address:** | |

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# EDUCATION HISTORY

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| **Applicant Instructions:** |
| * *List all high schools, colleges, universities and trade schools attended, If applicable* * *If you did not attend or graduate from a high school, provide your GED information.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| --- | --- | --- |
| **Not Applicable** | **HIGH SCHOOL** | |
| **From:**    /      **To:**    / | Name of High School: | |
| **High School Location:** | City State | |
| **GPA:** | Did you graduate? Yes  No | Graduation Date:    /       N/A |
| **Awards:** | | |
| **Academic Probation, Suspensions or Expulsions:** | | |

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| --- | --- | --- |
| **Not Applicable** | **HIGH SCHOOL #2** | |
| **From:**    /      **To:**    / | Name of High School: | |
| **High School Location:** | City State | |
| **GPA:** | Did you graduate? Yes  No | Graduation Date:    /       N/A |
| **Awards:** | | |
| **Academic Probation, Suspensions or Expulsions:** | | |

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| **Not Applicable** | **General Education Development/ General Equivalency Diploma (G.E.D)** | |
| **Date G.E.D was awarded:**    / | |  |
| **State that issued G.E.D:** | | G.E.D Certificate Number: |

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| **Not Applicable** | | **COLLEGE/UNIVERSITY** | | |
| **From:**    /      **To:**    / | | Name of College or University: | | |
| **College or University Location:** | | City State | | |
| **Course of Study?** | | | Total Credit Hours: | |
| **Type of Degree?**  **College Credit**  **Certificate**  **Associates**  **Bachelors**  **Master**  **Doctorate** | | | | |
| **GPA:** | Did you graduate? Yes  No | |  | Graduation Date:    /       N/A |
| **Awards:** | | | | |
| **Academic Probation, Suspensions or Expulsions:** | | | | |

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| **Not Applicable** | | **COLLEGE/UNIVERSITY #2** | | |
| **From:**    /      **To:**    / | | Name of College or University: | | |
| **College or University Location:** | | City State | | |
| **Course of Study?** | | | Total Credit Hours: | |
| **Type of Degree?**  **College Credit**  **Certificate**  **Associates**  **Bachelors**  **Master**  **Doctorate** | | | | |
| **GPA:** | Did you graduate? Yes  No | |  | Graduation Date:    /       N/A |
| **Awards:** | | | | |
| **Academic Probation, Suspensions or Expulsions:** | | | | |

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| **Not Applicable** | | **TRADE/VOCATIONAL SCHOOL** | | |
| **From:**    /      **To:**    / | | Name of Trade/Vocational School: | | |
| **Trade School Location:** | | City State | | |
| **GPA:** | Did you graduate? Yes  No | |  | Graduation Date:    /       N/A |
| **Awards:** | | | | |
| **Academic Probation, Suspensions or Expulsions:** | | | | |

# WORK HISTORY

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| **Applicant Instructions: Work History for past 15 years** |
| * *List your current place of employment and work backwards.* * *List employment information for all jobs held within the last 15 years.* * *List ALL employment with any Law Enforcement Agency* * *Include each military Unit* * *Include all full time, part time, temporary, self-employment, volunteer and intern positions.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| --- | --- | --- | --- | --- | --- | --- |
| **Not Applicable** | **CURRENT WORK LOCATION** | | | | | |
| **Company Name:** | | | | Employed from:    /      to    / | | |
| **Street Address:** | | | City: | State: | Zip: | County: |
| **Supervisor Name:** | |  | | | | |
| **Supervisor’s Email:** | |  | | Supervisor’s Phone number: (   )     - | | |
| **Name of Co-Worker:** | |  | | Co-Worker’s Phone/Email: | | |
| **Applicant’s Starting Title:** | |  | | Applicant’s Ending Title: | | |
| **Applicant’s Job Duties:** | |  | | | | |
| **Type of Position:** | | Full Time  Part Time  Temp  Volunteer  Internship  Self Employed | | | | |
| **Awards and recognition received by applicant:** | | | | | | |
| **Any work related issues?** (terminations, discipline, tardiness, absenteeism, behavior or emotional problems, work relationship issues)  Yes  No If yes, explain: | | | | | | |
| **Reason for leaving employment:** | | | | | | |
| **Would there be a problem if we contact your current employer:**  Yes  No If yes, explain: | | | | | | |
| **Additional Information:** | | | | | | |

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| **Not Applicable** | **WORK LOCATION #2** | | | | | |
| **Company Name:** | | | | Employed from:    /      to    / | | |
| **Street address:** | | | City: | State: | Zip: | County: |
| **Supervisor Name:** | |  | | | | |
| **Supervisor’s Email:** | |  | | Supervisor’s Phone number: (   )     - | | |
| **Name of Co-Worker:** | |  | | Co-Worker’s Phone/Email: | | |
| **Applicant’s Starting Title:** | |  | | Applicant’s Ending Title: | | |
| **Applicant’s Job Duties:** | |  | | | | |
| **Type of Position:** | | Full Time  Part Time  Temp  Volunteer  Internship  Self Employed | | | | |
| **Awards and recognition received by applicant:** | | | | | | |
| **Any work related issues?** (terminations, discipline, tardiness, absenteeism, behavior or emotional problems, work relationship issues)  Yes  No If yes, explain: | | | | | | |
| **Reason for leaving employment:** | | | | | | |
| **Would there be a problem if we contact this employer:**  Yes  No If yes, explain: | | | | | | |
| **Additional Information:** | | | | | | |

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| **Not Applicable** | **WORK LOCATION #3** | | | | | |
| **Company Name:** | | | | Employed from:    /      to    / | | |
| **Street address:** | | | City: | State: | Zip: | County: |
| **Supervisor Name:** | |  | | | | |
| **Supervisor’s Email:** | |  | | Supervisor’s Phone number: (   )     - | | |
| **Name of Co-Worker:** | |  | | Co-Worker’s Phone/Email: | | |
| **Applicant’s Starting Title:** | |  | | Applicant’s Ending Title: | | |
| **Applicant’s Job Duties:** | |  | | | | |
| **Type of Position:** | | Full Time  Part Time  Temp  Volunteer  Internship  Self Employed | | | | |
| **Awards and recognition received by applicant:** | | | | | | |
| **Any work related issues?** (terminations, discipline, tardiness, absenteeism, behavior or emotional problems, work relationship issues)  Yes  No If yes, explain: | | | | | | |
| **Reason for leaving employment:** | | | | | | |
| **Would there be a problem if we contact this employer:**  Yes  No If yes, explain: | | | | | | |
| **Additional Information:** | | | | | | |

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| **Not Applicable** | **WORK LOCATION #4** | | | | | |
| **Company Name:** | | | | Employed from:    /      to    / | | |
| **Street address:** | | | City: | State: | Zip: | County: |
| **Supervisor Name:** | |  | | | | |
| **Supervisor’s Email:** | |  | | Supervisor’s Phone number: (   )     - | | |
| **Name of Co-Worker:** | |  | | Co-Worker’s Phone/Email: | | |
| **Applicant’s Starting Title:** | |  | | Applicant’s Ending Title: | | |
| **Applicant’s Job Duties:** | |  | | | | |
| **Type of Position:** | | Full Time  Part Time  Temp  Volunteer  Internship  Self Employed | | | | |
| **Awards and recognition received by applicant:** | | | | | | |
| **Any work related issues?** (terminations, discipline, tardiness, absenteeism, behavior or emotional problems, work relationship issues)  Yes  No If yes, explain: | | | | | | |
| **Reason for leaving employment:** | | | | | | |
| **Would there be a problem if we contact this employer:**  Yes  No If yes, explain: | | | | | | |
| **Additional Information:** | | | | | | |

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| **Not Applicable** | **WORK LOCATION #5** | | | | | |
| **Company Name:** | | | | Employed from:    /      to    / | | |
| **Street address:** | | | City: | State: | Zip: | County: |
| **Supervisor Name:** | |  | | | | |
| **Supervisor’s Email:** | |  | | Supervisor’s Phone number: (   )     - | | |
| **Name of Co-Worker:** | |  | | Co-Worker’s Phone/Email: | | |
| **Applicant’s Starting Title:** | |  | | Applicant’s Ending Title: | | |
| **Applicant’s Job Duties:** | |  | | | | |
| **Type of Position:** | | Full Time  Part Time  Temp  Volunteer  Internship  Self Employed | | | | |
| **Awards and recognition received by applicant:** | | | | | | |
| **Any work related issues?** (terminations, discipline, tardiness, absenteeism, behavior or emotional problems, work relationship issues)  Yes  No If yes, explain: | | | | | | |
| **Reason for leaving employment:** | | | | | | |
| **Would there be a problem if we contact this employer:**  Yes  No If yes, explain: | | | | | | |
| **Additional Information:** | | | | | | |

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| **Not Applicable** | **WORK LOCATION #6** | | | | | |
| **Company Name:** | | | | Employed from:    /      to    / | | |
| **Street address:** | | | City: | State: | Zip: | County: |
| **Supervisor Name:** | |  | | | | |
| **Supervisor’s Email:** | |  | | Supervisor’s Phone number: (   )     - | | |
| **Name of Co-Worker:** | |  | | Co-Worker’s Phone/Email: | | |
| **Applicant’s Starting Title:** | |  | | Applicant’s Ending Title: | | |
| **Applicant’s Job Duties:** | |  | | | | |
| **Type of Position:** | | Full Time  Part Time  Temp  Volunteer  Internship  Self Employed | | | | |
| **Awards and recognition received by applicant:** | | | | | | |
| **Any work related issues?** (terminations, discipline, tardiness, absenteeism, behavior or emotional problems, work relationship issues)  Yes  No If yes, explain: | | | | | | |
| **Reason for leaving employment:** | | | | | | |
| **Would there be a problem if we contact this employer:**  Yes  No If yes, explain: | | | | | | |
| **Additional Information:** | | | | | | |

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| 1. Have you ever been disciplined at work?   (Verbal counseling, written warnings, reprimands, suspensions, reductions in pay, reassignments or demotions) | Yes  No |
| 1. Have you ever been fired, released from probation, or asked to resign from any place of employment? | Yes  No |
| 1. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? | Yes  No |
| 1. Have you ever quit without giving two weeks’ notice? | Yes  No |
| 1. Have you ever resigned in lieu of termination? | Yes  No |
| 1. Have you ever been accused of discrimination by a co-worker, superior, subordinate or customer?   (Sexual harassment, racial bias, sexual orientation harassment, etc.) | Yes  No |
| 1. Were you ever the subject of a written complaint at work? | Yes  No |
| 1. Have you ever been counseled at work due to lateness or absences? | Yes  No |
| 1. Did you ever receive an unsatisfactory performance review? | Yes  No |
| 1. Have you ever sold, released, or given away legally confidential information? | Yes  No |
| 1. Have you ever called in sick when you were neither sick nor caring for a sick family member?   If yes, how many sick days have you used in the past five years which were not due to illness?       (# of days) | Yes  No       (# of days) |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident: | |

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| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

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| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

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| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

# UNEMPLOYMENT RECORD

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| **Applicant Instructions:** |
| * *List all periods of unemployment over the last 15 years that were in excess of 30 days.* * *If you were attending school full time, you do not need to list it as unemployment.* * *Double check the dates listed in the work history section for gaps in the employment record.* * *If you did not have any periods of unemployment, check the “Not Applicable” box below.* * *Insert additional entries as needed.* |

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| **Not Applicable** | **UNEMPLOYMENT PERIOD #1** | |
| **Dates of Unemployment:**    /      to    / | | Applicant began seeking employment again on:    / |
| **What did the applicant do during the period of unemployment?** *(Temporary or contract work, Unemployment Insurance, etc.) Explain:* | | |

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| **Not Applicable** | **UNEMPLOYMENT PERIOD #2** | |
| **Dates of Unemployment:**    /      to    / | | Applicant began seeking employment again on:    / |
| **What did the applicant do during the period of unemployment?** *(Temporary or contract work, Unemployment Insurance, etc.) Explain:* | | |

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# MILITARY RECORD

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| **Applicant Instructions:** |
| * *Complete any and all military service.* * *If you did not serve in the military, check the “Not Applicable” box below.* * *For categories that require explanation, use complete sentences and thorough detail. The typing form fields expand to accommodate the needs of the user.* |

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| **Are you required to register for the Selective Service?**  Yes  No | |
| **If yes, have you registered?**  Yes  No | **If you are required to register and have not, explain why:** |

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| **Not Applicable** | **APPLICANT’S MILITARY HISTORY** | | | | |
| **Branch(s) of Military you serve(d) in:** | | | ARMY  AIR FORCE  NAVY  MARINES  COAST GUARD  NATIONAL GUARD  RESERVES | | |
| **Are you currently participating in the Military reserves or National Guard? If so, date obligation ends:** | | | | | N/A    / |
| **Induction Date:**    /    / | | Discharge Date:    /    / | | Type of Discharge:  Entry Level  Honorable  General  OTH (Other than Honorable) | |
| **Highest rank attained:** | | | | Rank at discharge: | |
| **Name of last supervisor:** | | | | Phone number for supervisor: (   )     - | |
| Email for supervisor: | |
| **Have you ever been detained for investigation, held on suspicion, questioned, arrested, indicted, criminally charged or convicted under Uniform Code of Military Justice?**  Yes  NoIf yes, explain: | | | | | |
| **Have you ever received a reduction in rank?**  Yes  NoIf yes, give dates and reason for reduction in rank: | | | | | |
| **Have you ever been the subject of any judicial or non-judicial disciplinary action, such as: court martial, captain’s mast, office hours, company punishment?**  Yes  NoIf yes, explain: | | | | | |
| **Have you ever been denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?**  Yes  NoIf yes, explain: | | | | | |
| **Special Training / Skills you obtained:** | | | | | |
| **Noteworthy Awards and Medals you received:** | | | | | |
| **Additional Information:** | | | | | |

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# FINANCIAL HISTORY

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| **Applicant Instructions:** |
| * *List all of the financial information for you and spouse/serious relationship, if applicable, for the past 15 years.* * *List any late payments, bankruptcies, repossessions, or returned checks for the past 15 years.* * *Be as thorough and detailed as possible.* |

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| **APPLICANT’S CURRENT INCOME AND EXPENDITURES** | | | | | | |
| **Applicant’s Monthly Take Home Amount of Income (Salary and Other):** | | | | | | $     . |
| **Source(s) of Income:** | | | | | | |
| **Monthly Take Home Amount of Income (Salary and Other) for Spouse/Serious Relationship Partner:** | | | | | | $     . |
| **Source(s) of Income:** | | | | | | |
| **Total Monthly Expenditures:** $     **.** | | | | | Credit Score: | |
|  | Housing: | | $     . | | | |
|  | Utilities: | | $     . | | | |
|  | Credit Card(s): | | $     . | | | |
|  | Childcare: | | $     . | | | |
|  | Cable/Internet: | | $     . | | | |
|  | Cell Phone: | | $     . | | | |
|  | Student Loan(s): | | $     . | | | |
|  | Vehicle(s): | | $     . | | | |
|  | Vehicle Insurance: | | $     . | | | |
|  | Food: | | $     . | | | |
|  | Entertainment: | | $     . | | | |
|  | Other (list): | |  | | | |
|  | |  | | $     . | | |
|  | |  | | $     . | | |
|  | |  | | $     . | | |

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| 1. Have any of your bills been paid late in excess of 30 days or more in the last 15 years? | Yes  No |
| 1. Have any of your bills ever been turned over to a collection agency in the last 15 years? | Yes  No |
| 1. In the last 15 years, have you filed for or declared bankruptcy (Chapter 7, 11 or 13)? | Yes  No |
| 1. In the last 15 years, have any of your purchased goods been repossessed? | Yes  No |
| 1. In the last 15 years, have you written a check that did not clear your funds in your account? | Yes  No |
| If you selected, “Yes” for any of the questions above you must list each incident in the corresponding box below: | |

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| --- | --- | --- | --- |
| **Not Applicable** | **PAST-DUE ACCOUNTS** | | |
| **Company Name:** | Is this account currently past due? | Number of Days Late: | Currently on a payment plan? |
|  | Yes  No |  | Yes  No  N/A |
|  | Yes  No |  | Yes  No  N/A |
|  | Yes  No |  | Yes  No  N/A |
|  | Yes  No |  | Yes  No  N/A |
|  | Yes  No |  | Yes  No  N/A |
| **Reason for the past-due accounts?** | | | |

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| **Not Applicable** | **BANKRUPTCIES** | |
| **TYPE:** | DATE: | REASON FOR FILING BANKCRUPTCY: |
|  | /    / |  |
|  | /    / |  |

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| **Not Applicable** | **REPOSSESSIONS** | |
| **TYPE:** | DATE: | REASON FOR REPOSSESSIONS: |
|  | /    / |  |
|  | /    / |  |

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| **Not Applicable** | **INSUFFICIENT FUNDS CHECK RETURNED** | |
| **TYPE:** | DATE: | REASON FOR INSUFFICIENT FUNDS CHECK RETURNED: |
|  | /    / |  |
|  | /    / |  |

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| 1. Have your wages ever been garnished? | Yes  No |
| 1. Have you ever been delinquent on income or other tax payments? | Yes  No |
| 1. Have you ever failed to file income tax or cheated/lied on an income tax form? | Yes  No |
| 1. Have you ever avoided paying any lawful debt by moving away? | Yes  No |
| 1. Have you ever defaulted on (failed to pay) a loan, including a student loan? | Yes  No |
| 1. Have you ever borrowed money to pay for a gambling debt? | Yes  No |
| 1. Do you currently have any outstanding debts as a result of gambling? | Yes  No |
| 1. Have you ever spent money for illegal purposes (purchase of fraudulent documents, etc.)? | Yes  No |
| 1. Have you ever failed to make or been late on a court-ordered payment?   (This includes, but is not limited to: child support, alimony, restitution, etc.) | Yes  No |
| 1. Are you in arrears on court ordered child support? | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident: | |

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| --- | --- |
| **Not Applicable** | **Question #** |
| **Date:**    / | Applicant’s Explanation: |

|  |  |
| --- | --- |
| **Not Applicable** | **Question #** |
| **Date:**    / | Applicant’s Explanation: |

|  |  |
| --- | --- |
| **Not Applicable** | **What Steps have you taken to reverse your negative financial history and additionally, what are you doing to prevent getting into financial trouble again in the future? Explain:** *(Credit Counseling, etc.)* |
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# CRIMINAL HISTORY

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| **Applicant Instructions: CRIMINAL HISTORY SINCE THE AGE OF 15** |
| * *Since the age of 15, select “yes” if you have committed any of the incidents listed below.* * *This includes all acts, even if no one knew about it, detentions, arrests, or if you received a citation.* * *Select “yes” if you were investigated as the suspect of a crime, but were released or not charged with a crime* * *If you select, “Yes” for any of the questions below, you must complete a box that explains the incident in detail.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| --- | --- |
| 1. Have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense? | Yes  No |
| 1. Arson (Intentionally destroying property by setting a fire) | Yes  No |
| 1. Assault with a deadly weapon | Yes  No |
| 1. Theft of a vehicle, vehicle parts, or Joyriding (using a car or other vehicle without owner’s permission) | Yes  No |
| 1. Burglary (Entering a structure or vehicle to commit theft or other crime) | Yes  No |
| 1. Child molestation (Performing unlawful acts with a child) | Yes  No |
| 1. Accessing, downloading, producing, or possessing child pornography | Yes  No |
| 1. Injury to a child/elderly/or disabled | Yes  No |
| 1. Embezzlement (Theft of money or other valuables entrusted to you) | Yes  No |
| 1. Sexual assault, rape, or other act of unlawful intercourse | Yes  No |
| 1. Forgery (Falsifying any type of document) | Yes  No |
| 1. Injury or caused harm to an animal | Yes  No |
| 1. Leaving the scene of a vehicle accident | Yes  No |
| 1. Any crime due to someone’s race, religion, disability, sexual orientation, ethnicity, gender or gender identity | Yes  No |
| 1. Insurance fraud | Yes  No |
| 1. Murder, homicide, or attempted murder | Yes  No |
| 1. Perjury (Lying under oath) | Yes  No |
| 1. Possession of an explosive/destructive device | Yes  No |
| 1. Robbery (Theft from another person using a weapon, force, or fear) | Yes  No |
| 1. Stalking | Yes  No |
| 1. Blackmail or extortion | Yes  No |
| 1. Any other act amounting to a felony | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident. | |

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| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

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| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

|  |  |
| --- | --- |
| 1. Annoying/obscene phone calls | Yes  No |
| 1. Theft or shoplifting (including switching price tags) | Yes  No |
| 1. Assault (use of force or violence upon another, including a family member) | Yes  No |
| 1. Brandishing a weapon (any type of weapon) | Yes  No |
| 1. Carrying a concealed weapon without a permit | Yes  No |
| 1. Contributing to the delinquency of a minor | Yes  No |
| 1. Theft of Service (not paying for room at a hotel, food at restaurant, or taxi fare) | Yes  No |
| 1. Driving under the influence of alcohol and/or drugs | Yes  No |
| 1. Drunk in public (being so intoxicated in a public place that you’re not able to care for yourself) | Yes  No |
| 1. Hunting/fishing without a license | Yes  No |
| 1. Illegal gambling | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident. | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

|  |  |
| --- | --- |
| 1. Impersonating a peace officer (pretending to be a police officer) | Yes  No |
| 1. Indecent exposure (including flashing or mooning) | Yes  No |
| 1. Possession/consumption of alcohol as a minor | Yes  No |
| 1. Possession of falsified or altered identification, including use of another person’s ID | Yes  No |
| 1. Possession of stolen property (including vehicles) | Yes  No |
| 1. Prostitution or soliciting a prostitute | Yes  No |
| 1. Resisting arrest (including running from the police) | Yes  No |
| 1. Trespassing | Yes  No |
| 1. Vandalism (including “tagging,” malicious mischief and/or property damage) | Yes  No |
| 1. Intentionally writing a bad check | Yes  No |
| 1. Filing a false police report | Yes  No |
| 1. Any other act amounting to a misdemeanor | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident. | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

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| --- | --- |
| 1. Have you ever been placed on court probation as an adult? | Yes  No |
| 1. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? | Yes  No |
| 1. Have the police ever been called to your home for any reason? | Yes  No |
| 1. Have you or your spouse/partner ever been referred to Child Protective Services? | Yes  No |
| 1. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? | Yes  No |
| 1. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? | Yes  No |
| 1. Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation, or other state or federal assistance? | Yes  No |
| 1. Have you ever filed a false insurance or workers’ compensation claim? | Yes  No |
| 1. Have you ever been refused a permit to carry a concealed weapon? | Yes  No |
| 1. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates, promotes or engages in violence in general or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? | Yes  No |
| 1. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates, promotes or engages in violence in general or violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? | Yes  No |
| 1. Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? | Yes  No |
| 1. Have you ever hit or physically overpowered a spouse or romantic partner? | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident. | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | Did a Law Enforcement Agency investigate? If yes, list the agency that investigated: | Yes  No Agency: |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

# MOTOR VEHICLE OPERATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Drivers License:** | |  |  |
| **Name on DL:** | Driver’s License Number: | State that issued DL: | Expiration date on DL: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Prior Drivers License Issued in Other States:** | |  |  |
| **Name on DL:** | Driver’s License Number: | State that issued DL: | Type of license: |
| **Name on DL:** | Driver’s License Number: | State that issued DL: | Type of license: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not Applicable** | **Insurance Information (List only vehicles that you drive):** | | | |
| **Type of Coverage:**  Insurance  Bonded  Cash Deposit | | Vehicle Make & Model: | Year: | License Plate Number: |
| **Insurance Company:** | | Policy Number: | | Coverage Expires: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not Applicable** | **Insurance Information (List only vehicles that you drive):** | | | |
| **Type of Coverage:**  Insurance  Bonded  Cash Deposit | | Vehicle Make & Model: | Year: | License Plate Number: |
| **Insurance Company:** | | Policy Number: | | Coverage Expires: |

# TRAFFIC HISTORY

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| **Applicant Instructions:** |
| * *List all traffic citations and written warnings you received in the last 5 years.* * *List all traffic accidents that you have been involved in as the driver for the last 5 years.* * *Do not include parking tickets.* * *If more boxes are needed, “highlight” the box and “Copy” and “Paste” it below the last box provided.* |

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| **Not Applicable** | **Traffic Incident #1** |
| **Date:**    / | Law Enforcement Agency that investigated:  N/A |
| **Location of Traffic Event:** |  |
| **Type of Traffic Event:** | Traffic Accident  Ticket/Written Warning; what were you cited for? |
| **If you received a citation, what was final disposition?** | Not Guilty  Paid Fine  Defensive Driving School  Dismissed  Other? |
| **If a traffic accident, were you found at fault:** | Yes  No  Unknown |
| **Applicant’s Explanation:** | |

|  |  |
| --- | --- |
| **Not Applicable** | **Traffic Incident #2** |
| **Date:**    / | Law Enforcement Agency that investigated:  N/A |
| **Location of Traffic Event:** |  |
| **Type of Traffic Event:** | Traffic Accident  Ticket/Written Warning; what were you cited for? |
| **If you received a citation, what was final disposition?** | Not Guilty  Paid Fine  Defensive Driving School  Dismissed  Other? |
| **If a traffic accident, were you found at fault:** | Yes  No  Unknown |
| **Applicant’s Explanation:** | |

|  |  |
| --- | --- |
| **Not Applicable** | **Traffic Incident #3** |
| **Date:**    / | Law Enforcement Agency that investigated:  N/A |
| **Location of Traffic Event:** |  |
| **Type of Traffic Event:** | Traffic Accident  Ticket/Written Warning; what were you cited for? |
| **If you received a citation, what was final disposition?** | Not Guilty  Paid Fine  Defensive Driving School  Dismissed  Other? |
| **If a traffic accident, were you found at fault:** | Yes  No  Unknown |
| **Applicant’s Explanation:** | |

|  |  |
| --- | --- |
| 1. Have you ever been refused a drivers license by any state? | Yes  No |
| 1. Has your driver’s license ever been suspended or revoked? | Yes  No |
| 1. Have you ever driven a vehicle without auto insurance, as required by law? | Yes  No |
| 1. Have you ever been refused automobile liability insurance or a bond, or had insurance cancelled? | Yes  No |
| 1. Has a traffic citation ever resulted in a warrant? | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box below that explains the incident in detail. Include the question number and a detailed explanation of the incident. | |

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| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | If there was an investigating Law Enforcement Agency, list who investigated: | N/A |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Date:**    / | If there was an investigating Law Enforcement Agency, list who investigated: | N/A |
| **Disposition:** | N/A | |
| **Applicant’s Explanation:** |  | |

# CIVIL LITIGATION HISTORY

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| **Applicant Instructions:** |
| * *List and explain all civil litigation involving the applicant for the last 15 years. This includes all forms of civil litigation from divorce, tort claims, or small claims court.* |

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| **Not Applicable** | | **CIVIL LITIGATION EVENT # 1** | | |
| **Date:**    /    / | | | Nature of Event: | |
| **Court:** | | | City: | State: |
| **Disposition:** |  | | | |
| **Involved Parties:** | | | | |
| **Applicant’s Explanation:** | | | | |

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| --- | --- | --- | --- | --- |
| **Not Applicable** | | **CIVIL LITIGATION EVENT # 2** | | |
| **Date:**    /    / | | | Nature of Event: | |
| **Court:** | | | City: | State: |
| **Disposition:** |  | | | |
| **Involved Parties:** | | | | |
| **Applicant’s Explanation:** | | | | |

# HISTORY OF NARCOTICS AND CONTROLLED SUBSTANCES

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| **Applicant Instructions:** |
| * *Describe your use of drugs, narcotics, and controlled substances for the position sought.* * *This includes your current and past recreational drug use.* * *If you check “yes” to any of the questions, complete the section below the questions.* * *This covers the use of* ***any*** *drug, including the unauthorized use of prescription drugs or over-the-counter drugs.* * *Your answers should include,* ***but should not be limited to****, your use of any of the following drugs:* |

|  |  |  |
| --- | --- | --- |
| Amphetamines/Methamphetamines | Barbiturates (Downers) | Cocaine/Crack Cocaine |
| Ecstasy | GHB (Date Rape Drug) | Glue |
| Hallucinogens | Hashish/Hashish Oil | Heroin/Synthetic Heroin |
| Opium | Marjiuana/THC | K2 Spice/Synthetic Marijuana |
| Mescaline | Morphine | Nitrous Oxide |
| PCP/Angel Dust | Quaaludes | Steroids |
| Peyote | LSD | Psilocybin Mushrooms/Shrooms/Mush |

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| --- | --- |
| 1. Have you ever used/taken/ingested any drugs, marijuana, narcotics, illegal substances, or prescription pills (not prescribed to you)? | Yes  No |
| 1. Have you ever possessed any type of drugs, marijuana narcotics, illegal substances, or prescription pills (not prescribed to you)? | Yes  No |
| 1. Have you ever sold any type of drugs, narcotics, illegal substances, prescription pills, or marijuana? | Yes  No |
| 1. Have you ever manufactured/cultivated any drugs, narcotics, illegal substances, prescription pills, or marijuana? | Yes  No |
| 1. Have you ever purchased any drugs, narcotics, illegal substances, prescription pills, or marijuana? | Yes  No |
| 1. Have you ever furnished any drugs, narcotics, illegal substances, prescription pills, or marijuana? | Yes  No |
| 1. Have you ever transported or held for another any drugs, narcotics, illegal substances, prescription pills, or marijuana? | Yes  No |
| 1. Have you ever used any type of household good for any other purpose than its intended use, to induce a high, dizziness, or state of euphoria? | Yes  No |
| 1. Has your work performance ever been affected by your use of drugs? | Yes  No |
| 1. Have you been warned by an employer about your drug habits and their impact on your performance? | Yes  No |
| If you selected, “Yes” for any of the questions above you must complete a box that explains the incident in detail. Include the question number and a detailed explanation of the incident. | |

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| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Type of Drug/ Narcotic/ Controlled Substance:** | |  |
| **Date(s) of occurrence:** | |  |
| **Last time used, possessed, sold, manufactured, or purchased:** | |  |
| **Applicant’s explanation concerning typical circumstances surrounding usage:** | |  |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Type of Drug/ Narcotic/ Controlled Substance:** | |  |
| **Date(s) of occurrence:** | |  |
| **Last time used, possessed, sold, manufactured, or purchased:** | |  |
| **Applicant’s explanation concerning typical circumstances surrounding usage:** | |  |

|  |  |  |
| --- | --- | --- |
| **Not Applicable** | **Question #** | |
| **Type of Drug/ Narcotic/ Controlled Substance:** | |  |
| **Date(s) of occurrence:** | |  |
| **Last time used, possessed, sold, manufactured, or purchased:** | |  |
| **Applicant’s explanation concerning typical circumstances surrounding usage:** | |  |

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# HISTORY OF ALCOHOL USE

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| **Applicant Instructions:** |
| * *Describe your use of alcohol, if applicable.* |

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| 1. Has your work performance ever been affected by your use of alcohol? | Yes  No |
| 1. Have you ever called into or missed work due to alcohol? | Yes  No |
| 1. Have you been warned by an employer about your drinking habits and their impact on your performance? | Yes  No |
| If you answered, “yes” to any question, you must explain specific details. This includes the date it occurred and the circumstances around each incident. List the question number and then your explanation: | |

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# MEMBERSHIPS IN GROUPS, ASSOCIATIONS OR CLUBS

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| **Applicant Instructions:** |
| * *Describe your membership in any groups, associations or clubs. This includes Boy/Girl Scouts, TMPA, Car or Motorcycle clubs, PTA, Running Clubs, etc.* |

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| **Not Applicable** | **NAME OF ORGANIZATION #1** |
| **What is the general purpose of the organization?** | |
| **How active is the applicant in the organization?** | |
| **Applicant’s reasons or motives for joining?** | |
| **Applicant’s participation and engagement within the organization?** | |

|  |  |
| --- | --- |
| **Not Applicable** | **NAME OF ORGANIZATION #2** |
| **What is the general purpose of the organization?** | |
| **How active is the applicant in the organization?** | |
| **Applicant’s reasons or motives for joining?** | |
| **Applicant’s participation and engagement within the organization?** | |

# SOCIAL MEDIA

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| **Applicant Instructions:** |
| * *List all your social media sites that you have a membership or username for.* * *Your answers should include,* ***but should not be limited to****, your use of any of the following sites:*   + *Facebook, MySpace, Instagram, Snapchat, Pinterest, YouTube, LinkedIn, Dating Sites, etc.* |

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| **APPLICANT’S SOCIAL MEDIA ACTIVITY** |
| **Do you have social networking, instant messaging, blogs or other internet-based profiles?**  Yes  No |
| **List all social networks and the screen names or user names for each site:**  Example: Facebook; [www.facebook.com/amk12456544](http://www.facebook.com/amk12456544)  Instagram; peachykeen24 |

# SIGNATURE

|  |
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| I hereby certify that I have personally completed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. |

Signature of Applicant Date

Sworn to and subscribed before me, this the day of , .

Notary public in and for, State of . My commission expires / /

Printed Name of Notary

Signature of Notary