

# TYLER PUBLIC SAFETY PERSONAL HISTORY STATEMENT

## GENERAL INSTRUCTIONS

Type or hand print an answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the reference box.  
**DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications.

LAST NAME		FIRST NAME		MIDDLE NAME		AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ALIAS(es), NICKNAME(s), MAIDEN NAME, OTHER CHANGES IN NAME				HOME PHONE	BUS. PHONE	SOCIAL SECURITY NUMBER		
PRESENT RESIDENCE ADDRESS/NAME OF APRT. COMPLEX/STREET OR ROAD/CITY/STATE							ZIP CODE	
DATE OF BIRTH (mo., day, yr.)		PLACE OF BIRTH (City, County, State) Attach copy of birth certificate or baptismal certificate.						
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	TATTOOS				
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	NATIVE <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURALIZED CERTIFICATE NO.	IF DERIVED, PARENTS CERTIFICATE NO.	DATE, PLACE AND COURT				
E-MAIL ADDRESS								

MARRIAGE STATUS	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> ENGAGED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
NAME OF SPOUSE, FIANCEE OR GIRLFRIEND/BOYFRIEND		DATE OF BIRTH	RESIDENCE ADD./PHONE	BUSINESS ADD./PHONE		

INFORMATION CONCERNING MARRIAGES:			
WHEN	WHERE	SPOUSE'S FULL MAIDEN NAME	DATE AND PLACE OF BIRTH

NAME AND PRESENT ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED:		
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

IF EVER SEPARATED, ANNULLED OR DIVORCED, INDICATE BELOW THE FOLLOWING INFORMATION:

SEPARATED, ANNULLED OR DIVORCED (STATE WHICH)	DATE OF ORDER OR DECREE	BY WHOM	WHERE ISSUED (COURT & STATE)	OFFENDING PARTY AS DECREED BY LAW	REASON

**CHILDREN AND DEPENDENTS:**  
A. LIST ALL OF YOUR CHILDREN, INCLUDING STEP-CHILDREN AND ADOPTED ONES, AND GIVE THE FOLLOWING INFORMATION:

NAME	BIRTH		RESIDENCE		SUPPORTED BY WHOM
	DATE	PLACE	ADDRESS	WITH WHOM	

**OTHER DEPENDENTS:**  
B. IF YOU CLAIM INCOME TAX EXEMPTIONS FOR SUPPORT OF DEPENDENTS OTHER THAN SPOUSE AND CHILDREN, PROVIDE THE FOLLOWING INFORMATION:

NAME	ADDRESS	RELATIONSHIP	PERCENT SUPPORT RECEIVED

C. HAVE YOU EVER BEEN ORDERED BY A COURT TO PAY CHILD SUPPORT OR ALIMONY?  YES  NO  
ARE YOU DELINQUENT IN THESE PAYMENTS?  YES  NO



**SPECIAL QUALIFICATIONS AND SKILLS:**

A. INDICATE TYPE OF SPECIAL LICENSE SUCH AS PILOT, RADIO OPERATOR, ETC., SHOWING LICENSING AUTHORITY, WHERE THE LICENSE WAS FIRST ISSUED, AND DATE CURRENT LICENSE EXPIRES (EXCEPT VEHICLE OPERATOR'S LICENSE).

B. SPECIAL SKILL YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE (FOR EXAMPLE, SHORT WAVE RADIO, MULTILITH, COMPTOMETER, COMPUTER, TURRET LATHE, TRANSCRIBING MACHINE, SCIENTIFIC OR PROFESSIONAL DEVICES).

C. APPROXIMATE NUMBER OF WORDS PER MINUTE: \_\_\_\_\_ TYPING: \_\_\_\_\_ SHORTHAND: \_\_\_\_\_

D. SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION: (FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATION [DO NOT SUBMIT COPIES UNLESS REQUESTED], YOUR PATENTS OR INVENTIONS, PUBLIC SPEAKING AND PUBLICATIONS EXPERIENCE, MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC., AND HONORS AND FELLOWSHIPS RECEIVED).

VEHICLE OPERATOR'S LICENSE (TYPE: CLASS A, B, C, M, CDL, ETC.) GIVE THE FOLLOWING INFORMATION CONCERNING ANY VEHICLE OPERATOR'S LICENSE YOU HAVE HELD OR NOW OWN:

KIND OF LICENSE	STATE	LICENSE NUMBER	DATE OF EXPIRATION	RESTRICTIONS

HAVE YOU EVER BEEN DENIED ISSUANCE OF A LICENSE OR HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED?  YES  NO  
 EXPLAIN FULLY

HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN OR REVOKED OR HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE?  YES  NO  
 IF YES, GIVE DETAILS, INCLUDING REASONS, NAMES OF COMPANIES, DATES, ETC.

GIVE NAME AND ADDRESS OF INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE

POLICY COVERAGE

DO YOU OWN AND/OR OPERATE AN AUTOMOBILE, TRUCK, MOTORCYCLE, AND/OR BOAT?

MAKE, MODEL, AND YEAR

LICENSE NUMBER AND STATE OF REGISTRATION

**EMPLOYMENT:** BEGIN WITH YOUR MOST RECENT JOB AND LIST ALL PREVIOUS EMPLOYMENT, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT, AND ALL PERIODS OF UNEMPLOYMENT (LIST PERIODS AS A STUDENT ALSO). **IF NECESSARY MAKE COPIES OF NEXT PAGE TO LIST ALL ITEMS.**

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE: _____ NUMBER: _____	DAY PHONE NUMBER	DAY PHONE NUMBER

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**  YES  NO

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

FROM DATE	NAME OF EMPLOYER	REASON FOR LEAVING	JOB TITLE
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF YOUR DUTIES	
SALARY	CITY and STATE OF EMPLOYER	NAME OF SUPERVISOR	NAME OF CO-WORKER
	TELEPHONE NUMBER AREA CODE:                      NUMBER:	DAY PHONE NUMBER	DAY PHONE NUMBER

HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN POSITION (EXCEPT MILITARY)?  YES  NO IF YES, STATE CIRCUMSTANCES:

HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON?  YES  NO IF YES, EXPLAIN, GIVING NAME, ADDRESS, OR EMPLOYER, APPROXIMATE DATE, AND REASON FOR EACH:

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY LAW ENFORCEMENT AGENCY?  YES  NO IF YES, FULLY EXPLAIN THE STATUS OF THE APPLICATION:

A. RESOURCES	DO YOU RECEIVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	SOURCE:	AMOUNT: \$	HOW OFTEN:
	DO YOU OWN ANY REAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MORTGAGE:
	LOCATION	HOLDER:	
	INSURANCE COVERAGE AND AMOUNT OF PREMIUM:		
	AMOUNT OF MORTGAGE:		AMOUNT AND FREQUENCY OF PAYMENTS
	DO YOU RENT?	FURNISHED?	UTILITIES INCLUDED?
	DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU OWN ANY STOCK? <input type="checkbox"/> YES <input type="checkbox"/> NO
	VALUE: \$		VALUE: \$
	SPOUSE'S EMPLOYER/ADDRESS		SALARY
NAME OF BANK		ADDRESS	AMOUNT \$
NAME OF SAVINGS BANK		ADDRESS	AMOUNT \$

B. OBLIGATIONS	GIVE NAMES AND ADDRESS OF INDIVIDUALS, COMPANIES OR OTHERS TO WHOM YOU ARE INDEBTED AND THE EXTENT OF YOUR DEBT (INCLUDING ANY LOANS ON WHICH YOU ARE CO-MAKER). IF YOU ARE NOT INDEBTED TO ANYONE AT THE PRESENT TIME, LIST PLACES YOU HAVE HAD CREDIT IN THE PAST (CLOSED OUT ACCOUNTS).				
	NAME OF CREDITOR	ADDRESS OF CREDITOR	TYPE OF ACCOUNT	CREDIT LIMIT	AMOUNT OWED AND PAYMENT

HAS YOUR CREDIT RATING EVER BEEN CONSIDERED UNSATISFACTORY OR HAVE YOU EVER BEEN REFUSED CREDIT?  YES  NO IF YES GIVE DATES, NAMES OF CREDITORS AND CIRCUMSTANCES:

HAVE YOU EVER FILED BANKRUPTCY?  YES  NO IF YES, SPECIFY DATE, COURT, ACTIONS INVOLVED:

**ARRESTS, DETENTION, AND LITIGATION: (SHOW ALL ARRESTS INCLUDING JUVENILE DELINQUENT AND TRAFFIC).**

A. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY?  YES  NO

B. HAVE YOU (OR YOUR SPOUSE) BEEN INVOLVED IN ANY COURT ACTION, CIVIL OR CRIMINAL?  YES  NO INCLUDE ALL TRAFFIC VIOLATIONS, PARKING, ETC. IN THIS STATE OR ELSEWHERE.

C. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICANT, ETC.).  YES  NO



**RELATIVES**

NOTE: EVEN THOUGH A RELATIVE IS DECEASED, GIVE ALL INFORMATION REQUESTED, AND INDICATE LAST RESIDENCE AND YEAR DEATH.

FULL NAME	DATE OF BIRTH (Month, Day, Year)	ADDRESS AND TELEPHONE NUMBER	EMPLOYER AND OCCUPATION
FATHER			
MOTHER			
STEP MOTHER AND/OR FATHER			
BROTHERS AND/OR STEP & HALF			
SISTERS AND/OR STEP & HALF			
FATHER-IN-LAW			
MOTHER-IN-LAW			
BROTHER-IN-LAW			
SISTER-IN-LAW			

**REFERENCES:** CHARACTER REFERENCES (GIVE FIVE, NOT EMPLOYERS OR RELATIVES, AT LEAST THREE OF THESE REFERENCES MUST HAVE BEEN AQUAINTED WITH YOU FOR **MORE THAN FIVE YEARS**). BOTH RESIDENCE AND BUSINESS (IF APPLICABLE) ADDRESS REQUIRED.

LAST NAME, FIRST, MIDDLE		HOME ADDRESS		BUSINESS NAME/ADDRESS	
YEARS KNOWN	HOME PHONE		BUSINESS PHONE		OCCUPATION
LAST NAME, FIRST, MIDDLE		HOME ADDRESS		BUSINESS NAME/ADDRESS	
YEARS KNOWN	HOME PHONE		BUSINESS PHONE		OCCUPATION
LAST NAME, FIRST, MIDDLE		HOME ADDRESS		BUSINESS NAME/ADDRESS	
YEARS KNOWN	HOME PHONE		BUSINESS PHONE		OCCUPATION
LAST NAME, FIRST, MIDDLE		HOME ADDRESS		BUSINESS NAME/ADDRESS	
YEARS KNOWN	HOME PHONE		BUSINESS PHONE		OCCUPATION
LAST NAME, FIRST, MIDDLE		HOME ADDRESS		BUSINESS NAME/ADDRESS	
YEARS KNOWN	HOME PHONE		BUSINESS PHONE		OCCUPATION
LAST NAME, FIRST, MIDDLE		HOME ADDRESS		BUSINESS NAME/ADDRESS	
YEARS KNOWN	HOME PHONE		BUSINESS PHONE		OCCUPATION

EXCLUDING CHARACTER REFERENCES, RELATIVES, BOYFRIEND, GIRLFRIEND AND FIANCEE, WHO IS YOUR BEST FRIEND?

NAME		HOME ADDRESS		BUSINESS ADDRESS	
TELEPHONE (Daytime)		HOME		BEST FRIEND'S DATE OF BIRTH	

### OTHER INFORMATION

ARE YOU, OR HAVE YOU EVER BEEN A CERTIFIED PEACE OFFICER IN ANY STATE?  YES  NO  
 IF YES, LIST NAME OF ACADEMY, LOCATION AND DATES ATTENDED.

--

**PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:**

NAME AND ADDRESS	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	MEMBERSHIP	
			FROM	TO

**HOBBIES AND SPORTS:**

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION?  YES  NO

IF YES, GIVE DETAILS

ANY COMMENTS YOU WOULD CARE TO MAKE CONCERNING YOUR BACKGROUND, OR QUALIFICATIONS IN RELATION TO THE PUBLIC SAFETY PROFESSION?

**I Represent and Warrant the statements and answers I have made to each question above are true and accurate to the best of my knowledge and that no willful material misrepresentation or omission is contained therein.**

I fully understand that my application will be rejected and that I will be permanently disqualified from public safety employment with the City of Tyler, Texas if an investigation into any statement(s) or answer(s) provided by me in this Personal History Statement reveals such willful material misrepresentation(s) and or omission(s).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date