



Tyler Police Department

711 W. Ferguson Street, Tyler, TX 75702 (903) 531-1018 FAX (903) 535-0102

Personal History Statement



Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the Tyler Police Department. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not in any way guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

It is essential that the information is accurate in all respects.

Read all instructions carefully before proceeding.

The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** or typed. Answer all questions **truthfully and accurately**.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses and contact information. If you are not sure of addresses or contact information, personally verify before making that entry on this personal history statement. Errors will not be viewed favorably. **ALL INFORMATION MUST BE COMPLETE WITH ZIP CODES AND AREA CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in disqualification from the process.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete packet **will not be considered for employment.** Your application will be evaluated on completeness and neatness.
9. The affirmation (last page) shall be signed and notarized.
10. When submitting the completed documents, please place them in a sealed envelope marked Personal & Confidential to the Background / Recruitment Unit Prior to the designated cut-off time and date to the address below. **ANY LATE PACKETS WILL BE DISQUALIFIED.**

Tyler Police Department
Background / Recruiting Unit
Tyler, TX 75702



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MANDATORY QUALIFICATIONS

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

- I am a citizen of the United States of America
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United states after at least two years active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service / probation or deferred adjudication for a Class a misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service / probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

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.

If you were referred to this position by an employee of the City of Tyler, enter that employees full name in the space provided. _____



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REQUIRED DOCUMENTS

All documents requested must be submitted with the application (photocopies are acceptable in most cases). If this Information is not included with the Personal History Statement, the Applicant may be disqualified.

- Completed Personal History Statement
- Copy of your Social Security Card
- Original certified copy of your birth certificate **(NO PHOTO COPY)**
- Copy of your valid Texas driver license or a copy of another State's Driver license. Applicant must possess
- Copy of your high school diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty four months of active service
- Sealed Original** certified copy of your college transcript **(NO PHOTO COPY)**
- Photocopy of your college diploma
- Copy of your Peace Officer Certificate **(PEACE OFFICER APPLICANTS ONLY)**
- Copy of your Texas Peace officer license and all training certificates awarded to you **(PEACE OFFICER APPLICANTS ONLY)**
- Copy of your DD-214 if applicable **(MUST BE AN HONORABLE DISCHARGE)**
- Original certified copy of your Naturalization papers, if applicable **(NO PHOTO COPY)**
- Copy of current proof of automobile liability insurance
- Copy of a TCOLE approved firearms qualification within the last twelve (12) months
- Marriage Certificate (If Applicable)
- Divorce Decree (If Applicable)
- Child Support / Custody Agreements (If Applicable)



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SECTION 1: PERSONAL INFORMATION

- Provide complete information
- Ensure all information is current as of the time the PHS is being filled out

APPLICANT INFORMATION

Full Legal Name: _____ DOB: _____ SSN: _____

Other Names: _____ Maiden Name: _____

Street Address: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Personal Email: _____ Work Email: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Driver License #: _____ Driver License State: _____ Driver License Exp.: _____

Place of Birth (City, County, State, Country): _____

PRIOR ACADEMY EXPERIENCE

Yes No Have you ever attended a basic licensing course?

If yes: Provide the PID you were assigned: _____

A. Academy Name: _____ From: ____ / ____ To: ____ / ____

Location (City, State): _____

Training Coordinator Name: _____ Contact Number: _____

Yes No Did you Graduate?

B. Academy Name: _____ From: ____ / ____ To: ____ / ____

Location (City, State): _____

Training Coordinator Name: _____ Contact Number: _____

Yes No Did you Graduate?



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PRIOR LAW ENFORCEMENT APPLICATIONS

Yes No

Have you EVER applied to any other law enforcement agency in the last 10 years (city, county, state or federal)?

If yes: List ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).

All agencies MUST be listed regardless of the outcome or status. Check all boxes that apply for each agency.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

Background Investigators Name (if known): _____

Contact Number (ext.): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA

Background Conditional Job Offer Medical: Date: _____

Psychological Examination: Date: _____

Status: Hired On List Withdrawn Disqualified

B. Name of agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

Background Investigators Name (if known): _____

Contact Number (ext.): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA

Background Conditional Job Offer Medical: Date: _____

Psychological Examination: Date: _____

Status: Hired On List Withdrawn Disqualified



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C. Name of agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

Background Investigators Name (if known): _____

Contact Number (ext.): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA

Background Conditional Job Offer Medical: Date: _____

Psychological Examination: Date: _____

Status: Hired On List Withdrawn Disqualified

D. Name of agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

Background Investigators Name (if known): _____

Contact Number (ext.): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA

Background Conditional Job Offer Medical: Date: _____

Psychological Examination: Date: _____

Status: Hired On List Withdrawn Disqualified

E. Name of agency: _____ Position Applied For: _____

Date Applied: _____ Address: _____

Background Investigators Name (if known): _____

Contact Number (ext.): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA

Background Conditional Job Offer Medical: Date: _____

Psychological Examination: Date: _____

Status: Hired On List Withdrawn Disqualified



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SECTION 2: RELATIVES & REFERENCES

- Provide all applicable information in the spaces below
- Mark "N/A" if a category is not applicable or if the individual is deceased
- If you need additional space for your answers attach additional sheets as needed be sure to indicate what section number and page this refers.

IMMEDIATE FAMILY

A. N/A Father's Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

B. N/A Step – Father's Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

C. N/A Mother's Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

D. N/A Step – Mother's Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

E. N/A Spouse / Domestic Partner's Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual: Yes No



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F. N/A Father – in – Law’s Name: _____ DOB: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

G. N/A Mother – in – Law’s Name: _____ DOB: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

H. N/A Former Spouse / Cohabitant’s Name: _____ DOB: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual: Yes No

I. N/A Former Spouse / Cohabitant’s Name: _____ DOB: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual: Yes No

J. N/A Former Spouse / Cohabitant’s Name: _____ DOB: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual: Yes No



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BROTHERS AND SISTERS

J. List all living sibling, including half-siblings, foster siblings, etc.

1. N/A Name: _____ Date of Birth: _____
 Male Female Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. N/A Name: _____ Date of Birth: _____
 Male Female Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

3. N/A Name: _____ Date of Birth: _____
 Male Female Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

4. N/A Name: _____ Date of Birth: _____
 Male Female Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

5. N/A Name: _____ Date of Birth: _____
 Male Female Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

6. N/A Name: _____ Date of Birth: _____
 Male Female Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____



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CHILDREN

K. List all of your living children, including natural, adopted, step, and/or foster care. Include any Other children who reside with you. Provide the name and contact information of the custodial Parent or guardian, if other than you.

1. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____

2. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____

3. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____

4. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____

5. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____

6. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____

7. N/A Name: _____ Date of Birth: _____ Male Female
 Home Address: _____ City: _____ State: _____ Zip: _____
 Contact Number: _____ Email: _____
 Custodial Parent or Guardian (if other than you): _____



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REFERENCES

L. List 7-10 people who know you well, such as social and family friends, co-workers, & military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____

2. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____

3. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____

4. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____

5. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____



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6. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____
7. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____
8. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____
9. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____
10. Name: _____ Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 How do you know this person (friend, teacher, family, co – worker): _____
 How long have you known this person: _____



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SECTION 3: EDUCATION

- You will be required to furnish transcripts or other proof to support all of your educational claims.

LEVEL OF EDUCATION

Check Applicable: High School Diploma GED Some College College Degree
 Discharge documents from armed services with 2 years active duty

HIGH SCHOOLS

List high schools attended or where you obtained your GED:

- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No
- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No
- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No

COLLEGES & UNIVERSITIES

List all colleges or universities attended:

- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No
- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No
- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No

TRADE, VOCATIONAL OR BUSINESS SCHOOLS

List all trade, vocational, or business schools/institutes attended:

- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No
- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No
- School Name: _____ City: _____ State: _____
 From: ____ / ____ To: ____ / ____ Did you graduate: Yes No



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ACADEMIC DISCIPLINE

Have you ever been placed on academic discipline, suspended, or expelled from any high school College/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.



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SECTION 4: RESIDENCES

- List all residences during the last ten (10) years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

LIST OF RESIDENCES

1. Current Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____
 N/A Name(s) of those with whom you live: _____

2. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

3. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

4. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____



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5. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____

N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

6. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____

N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

7. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____

N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

8. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____

N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

9. Former Address: _____ City: _____ State: _____ Zip: _____
 If renting, property manager, rent collector, or owner: _____ Phone #: _____
 Address of property mgr., rent collector or owner: _____ City: _____
 State: _____ Zip: _____ Email: _____ From: ____/____/____ To: ____/____/____

N/A Name(s) of those with whom you live: _____
 Reason for moving: _____



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ROOMMATES

- Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17.
- DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed.
- Be sure to indicate what section number and page this refers to.

1. Housemate Name: _____ Phone Number: _____ Email: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Nature of relationship (friend, relative, landlord, housemate only): _____

2. Housemate Name: _____ Phone Number: _____ Email: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Nature of relationship (friend, relative, landlord, housemate only): _____

3. Housemate Name: _____ Phone Number: _____ Email: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Nature of relationship (friend, relative, landlord, housemate only): _____

4. Housemate Name: _____ Phone Number: _____ Email: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Nature of relationship (friend, relative, landlord, housemate only): _____

5. Housemate Name: _____ Phone Number: _____ Email: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Nature of relationship (friend, relative, landlord, housemate only): _____

6. Housemate Name: _____ Phone Number: _____ Email: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Nature of relationship (friend, relative, landlord, housemate only): _____

Have you ever been evicted or asked to leave a residence: Yes No

Have you ever left a residence owing rent: Yes No

If you answered "YES" to either of the two questions above, explain (include when, where and circumstances):



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SECTION 5: EXPERIENCE AND EMPLOYMENT

- List ALL jobs you have had in the last 10 years, including part-time, temporary, self-employment, and volunteer.
- Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement.
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.

List ALL periods of unemployment in excess of 30 days.

JOB EXPERIENCE

Yes No Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?

If YES, list below:

1. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other



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3. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

4. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other

5. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

6. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other



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7. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

8. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other

9. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

10. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other



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11. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

12. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other

13. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

14. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other



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15. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):

16. Period of Unemployment

From: ____ / ____ To: ____ / ____ Check below what is applicable to the situation:

Student Between Jobs Leave of Absence Travel Other

17. Name of Employer or Military Unit: _____ From: ____ / ____ To: ____ / ____
 Address or Base: _____ City: _____ State: _____ Zip: _____
 Supervisor: _____ Contact Number: _____ Email: _____
 Job Title: _____ Reason for Leaving: _____

Duties / Assignments:

Full – Time Part – Time: Temporary Self – Employed Unemployed

Names of Co-Worker(s) and their phone number(s):



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- 18. Have you ever been disciplined at work? (This includes written warnings, formal, letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No
- 19. Have you ever been fired, released from probation, or asked to resign from an place of employment? Yes No
- 20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker or customer? Yes No
- 21. Have you ever resigned without giving two weeks notice? Yes No
- 22. Have you ever resigned in lieu of termination Yes No
- 23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by anyone? Yes No
- 24. Were you ever the subject of a written complaint at work? Yes No
- 25. Have you ever been counseled at work due to lateness or absences? Yes No
- 26. Did you ever receive an unsatisfactory performance review? Yes No
- 27. Have you ever sold, released, or given away legally confidential information? Yes No
- 28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness? _____

If you answered "YES" TO any of questions 18-28 (at the bottom of the previous page & above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When: _____ Name of Employer: _____

In the past ten years, have you been warned by an employer about your drinking or drug habits & their impact on your performance? Yes No

When: _____ Name of Employer: _____



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PRIOR ACTS WHILE IN AN OFFICIAL CAPACITY

While employed in an official capacity, did you ever engage in any of the following:

- 29. Take something that did not belong to you while on duty: Yes No
- 30. Keep anything you or anyone else removed from any:
 - a. Building / Residence Yes No
 - b. Prisoner Yes No
 - c. Crime Scene Yes No
 - d. Citizen Yes No
 - e. Crash Scene Yes No
 - f. Evidence Room Yes No
 - g. Vehicle Yes No
- 31. Drink alcohol while on duty: Yes No
- 32. Have Sexual relations on duty: Yes No
- 33. Commit any felony or misdemeanor while on duty: Yes No
- 34. Hit or strike a handcuffed person: Yes No
- 35. Use excessive force: Yes No
- 36. Use a controlled or illegal substance while on duty: Yes No
- 37. Smuggle contraband or unauthorized material: Yes No
- 38. Accept anything in exchange for performing or not performing your duties: Yes No
- 39. Remove or delete a file or document / file when not authorized to do so? Yes No
- 40. Make a false report or alter a document Yes No
- 41. Plant evidence or otherwise "frame" someone: Yes No
- 42. Lie in court, on a report or on an affidavit: Yes No
- 43. Use your official capacity to extort or attempt to extort anyone: Yes No
- 44. Tamper with or destroy evidence: Yes No
- 45. Been terminated or asked to resign: Yes No
- 46. Been given the option to resign in lieu of termination: Yes No
- 47. Received a written reprimand: Yes No
If yes, how many times: _____
- 48. Received a suspension: Yes No
If yes, how many times: _____
- 49. Been formally investigated for misconduct: Yes No
- 50. Received any other type of disciplinary action: Yes No
- 51. Lied to anyone during an internal investigation: Yes No



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If you answered yes to any of the questions 29 – 51, explain below. Indicate the corresponding number and include when, where and circumstances.



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SECTION 6: MILITARY EXPERIENCE

- Complete for all branches of the military served.
- Add pages as necessary

MILITARY SERVICE

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain: _____

Branch of Service: _____ Dates Served From: ____ / ____ / ____ To: ____ / ____ / ____

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1-4) if applicable; refer to your DD-214 _____

3. Are you currently participating in one of the following? Military Reserve National Guard
If Checked, date obligation ends: _____

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as Court martial, captain's mast, officer hours, company punishment)? Yes No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended, or Downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered "YES" to either of the last two questions (questions 4 & 5), explain. Include dates and circumstances.



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SECTION 7: FINANCIAL

- For each of the following questions, fill in the amounts to the nearest dollar.

INCOME AND EXPENSES

- From your employer(s), what is your monthly income: _____
- Do you have income other than from your salary or wages? Yes No
If yes, fill in amount: _____ per month Explain: _____
- Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have). _____
- Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13): Yes No
- Have any of your bills ever been turned over to a collection agency: Yes No
- Have you ever had purchased goods repossessed: Yes No
- Have your wages ever been garnished: Yes No
- Have you ever been delinquent on income or other tax payments: Yes No
- Have you ever failed to file income tax or cheated/lied on an income tax form: Yes No
- Have you ever defaulted on a loan, including a student loan: Yes No
- Have you ever avoided paying any lawful debt by moving away: Yes No
- Have you ever defaulted on a loan, including a student loan: Yes No
- Have you ever defaulted on a loan, including a student loan: Yes No
If yes, do you currently have any outstanding debts as a result of gambling: Yes No
- Have you ever spent money for illegal purposes (e.g., illegal drugs, Prostitution, purchase fraudulent documents, etc.): Yes No
- Have you ever failed to make or been late on a court-ordered Payment (e.g., child support, alimony, restitution etc.): Yes No
- Have you written three or more bad checks in a one-year period: Yes No
- Are you in arrears on court-ordered child support: Yes No

If you answered "YES" to any of questions 4-17 (above) explain. Include when, Where, and why and indicate the corresponding number:



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SECTION 8: LEGAL

- This section required you to report detentions, arrest, and convictions, including diversion programs and in some cases, offenses that may have been pardoned
- As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law
 - ALL detentions or arrest, whether they resulted in a conviction or not
 - ALL convictions
 - ALL diversion programs
 - ALL citations, excluding traffic tickets (may have been detained and or received a Class C for disorderly conduct, prostitution, assault, etc.,) without actual arrest
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers

DISCLOSURE OF CITATIONS, ARRESTS, & CONVICTIONS

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, state arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident

1. Approximate Date: _____ Arresting or Detaining Agency: _____
Charge: _____ Disposition or Penalty: _____
2. Approximate Date: _____ Arresting or Detaining Agency: _____
Charge: _____ Disposition or Penalty: _____
3. Approximate Date: _____ Arresting or Detaining Agency: _____
Charge: _____ Disposition or Penalty: _____
4. Approximate Date: _____ Arresting or Detaining Agency: _____
Charge: _____ Disposition or Penalty: _____
5. Have you ever been placed on court probation as an adult: Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition: Yes No
7. 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
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.): Yes No
9. Have the police ever been called to your home for ANY reason: Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services: Yes No



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- 11. Have you ever been the subject of an emergency protective, restraining, or stay-away order: Yes No
- 12. 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
- 13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance: Yes No
- 14. Have you ever filed a false insurance or worker's compensation claim: Yes No

If you answered "YES" to any of questions 5-14 (previous page and above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

UNDETECTED ACTS – PART 1

Within the past seven (7) years OR at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors:

- 15. Annoying/Obscene Phone calls: Yes No
- 16. Assault (use of force or violence upon another): Yes No
- 17. Assault on a family member (use of force or violence upon a family member): Yes No
- 18. Brandishing a weapon (any type of weapon): Yes No
- 19. Carrying a concealed weapon without a permit: Yes No
- 20. Contributing to the delinquency of a minor: Yes No
- 21. Defrauding an innkeeper (not paying for food or room at a hotel/motel): Yes No
- 22. Driving under the influence of alcohol and/or drugs: Yes No
- 23. Drunk in public (so intoxicated in public that you can't care for yourself): Yes No
- 24. Hit and run collision (no injuries): Yes No



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- 25. Hunting or fishing without a license: Yes No
- 26. Illegal gambling: Yes No
- 27. Impersonating a peace officer: Yes No
- 28. Indecent exposure (including flashing or mooning): Yes No
- 29. Joyriding (using a car or other vehicle without owner's permission): Yes No

UNDETECTED ACTS – PART 2

At any time in your life, have you EVER committed any of the following:

- 30. Arson (intentionally destroying property by setting a fire): Yes No
- 31. Assault with a deadly weapon: Yes No
- 32. Theft of a vehicle and/or vehicle parts: Yes No
- 33. Burglary (entering a structure or vehicle to commit theft or other crime): Yes No
- 34. Child molestation (performing unlawful acts with a child): Yes No
- 35. Accessing, producing or possessing child pornography: Yes No
- 36. Injury to a child, elderly, and/or disabled: Yes No
- 37. Embezzlement (theft of money or other valuables entrusted to you): Yes No
- 38. Felony drunk driving (involving injuries): Yes No
- 39. Forcible rape or other act of unlawful intercourse/sexual activity: Yes No
- 40. Forgery (falsifying any type of document, check certificate, currency, etc.): Yes No
- 41. Hit and run (with injuries): Yes No
- 42. Hate crime: Yes No
- 43. Insurance fraud: Yes No
- 44. Theft (value of over \$500 and/or any firearm): Yes No
- 45. Murder, homicide or attempted murder: Yes No
- 46. Perjury (lying under oath): Yes No
- 47. Possession of an explosive/destructive device: Yes No
- 48. Robbery (theft from another person using a weapon, force or fear): Yes No
- 49. Stalking: Yes No
- 50. Blackmail or extortion: Yes No
- 51. Any other act amounting to a felony: Yes No



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If you answered "YES" to ANY of the questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved and resolution. Indicate the corresponding question number for each explanation.

DRUG USE

Questions about your current and past recreational drug use. This covers the use of ANY drug including the unauthorized use of prescription drugs. Your answers should include, BUT NOT LIMITED TO, your use of any of the following drugs:

- Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.
- Barbiturates (Downers)
- Cocaine/Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB
- Glue
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish/Hashish Oil
- Heroin/Opium
- Marijuana
- Mescaline
- Morphine
- PCP/Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or

Unauthorized prescription drugs:

Yes No

If yes, give details, including drug(s) used and circumstances:



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53. Prior to the past three years (check all that apply):

- I have never used any drug recreationally
- I have tried or used one or more drugs listed above, but only under limited circumstances for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances

Have you EVER engaged in any of the actives listed below for drugs, narcotics, or illegal substances including marijuana:

- Sold Manufactured Purchased Furnished Cultivated Carried or Held for others

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:



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SECTION 9: MOTOR VEHICLE OPERATION

- List complete information

DRIVER LICENSE

Current Driver License Number: _____ State of Issue: _____ Expiration Date: _____

Full Name under which license was granted: _____

List other states where you have been licensed to operate a motor vehicle:

1. N/A State of Issue: _____ Type of License: _____ License #: _____

Name under which license was granted: _____

2. N/A State of Issue: _____ Type of License: _____ License #: _____

Name under which license was granted: _____

3. N/A State of Issue: _____ Type of License: _____ License #: _____

Name under which license was granted: _____

Have you ever been refused a driver license by any state: Yes NO

If yes, explain (include when, where, and circumstances):

Has your driver license ever been suspended or revoked? Yes NO

If yes, explain (include when, where, and circumstances):



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INSURANCE

4. Type of coverage: Insured Bonded Cash Deposit
 Vehicle Make: _____ Vehicle Model: _____ Year: _____ License Plate: _____
 Insurance Company: _____ Policy Number: _____ Exp: _____
5. Type of coverage: Insured Bonded Cash Deposit
 Vehicle Make: _____ Vehicle Model: _____ Year: _____ License Plate: _____
 Insurance Company: _____ Policy Number: _____ Exp: _____
6. Type of coverage: Insured Bonded Cash Deposit
 Vehicle Make: _____ Vehicle Model: _____ Year: _____ License Plate: _____
 Insurance Company: _____ Policy Number: _____ Exp: _____

CITATIONS

8. Nature of Violation: _____ Date of Violation: _____
 Location (Street, City, State, Zip): _____
 Action Taken: Not Guilty Fined Traffic School Dismissed
9. Nature of Violation: _____ Date of Violation: _____
 Location (Street, City, State, Zip): _____
 Action Taken: Not Guilty Fined Traffic School Dismissed
10. Nature of Violation: _____ Date of Violation: _____
 Location (Street, City, State, Zip): _____
 Action Taken: Not Guilty Fined Traffic School Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver license to be withheld due to any of the following (Check all that apply):

- Failed to Appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:



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TRAFFIC CRASHES

As the driver, were you involved in a motor vehicle crash in the last seven years: Yes No

If yes, give details:

11. Date: _____ Location (Street, City, State, Zip): _____

Police Report: Yes No Injury or Non-Injury: Yes No

Law Enforcement Agency: _____

12. Date: _____ Location (Street, City, State, Zip): _____

Police Report: Yes No Injury or Non-Injury: Yes No

Law Enforcement Agency: _____

13. Date: _____ Location (Street, City, State, Zip): _____

Police Report: Yes No Injury or Non-Injury: Yes No

Law Enforcement Agency: _____

14. Date: _____ Location (Street, City, State, Zip): _____

Police Report: Yes No Injury or Non-Injury: Yes No

Law Enforcement Agency: _____

Have you ever driven a vehicle without auto insurance, as required by law: Yes No

If yes, give reason: _____

Date: _____ Location (Street, City, State, Zip): _____

Have you ever been refused automobile liability insurance: Yes No

If yes, give reason: _____

Date: _____ Insurance Company _____

Location (Street, City, State, Zip): _____

Use this space for additional information you would like to include regarding your driving record:



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MISCELLANEOUS

- 15. Are or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability: Yes No
- 16. 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 violence against individuals because of race, religion, political affiliation ethnic origin, nationality, gender, sexual preference or disability: Yes No
- 17. Since the age of 17, have you ever been involved in an anger-provoked physical flight, confrontation or other violent act: Yes No
- 18. Have you ever hit or physically overpowered a spouse, romantic partner, or family member: Yes No

If you answered "YES" to ANY of the questions 15 – 18 (above), give dates, and circumstances. Indicate the corresponding question number.



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SECTION 10: SOCIAL MEDIA

- List ANY social media sites that you have joined

SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc)

Yes No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username:



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SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanation to questions etc.).
- Identify the corresponding section, question number, and specific item being referenced.

EXPLANATION



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SECTION 12: CERTIFICATION

ACKNOWLEDGEMENT

I hereby certify that I have personally completed and initialed 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, my 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

Notary Seal or Stamp: