

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. <u>ALL INFORMATION MUST BE COMPLETE WITH ZIP CODES AND AREA CODES.</u>
- 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 <u>will not be considered for employment.</u> 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

TPD Form T-104 Revised 1/27/2022



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MANDATORY QUALIFICATIONS

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 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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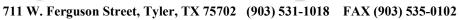
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REQUIRED DOCUMENTS

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 posses
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)







SECTION 1: PERSONAL INFORMATION

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

	APPLICANT INFORM	MATION			
Full Legal Name:	DOB:		SSN:		
Other Names:		Maide	en Name: _		
Street Address:					
Mailing Address:					
Cell Phone:	H	ome Phone:			
Work Phone:	0	ther Phone:			
Personal Email:		Work Email:			
Hair Color:	Eye Color:	Height:		Weight:	
Driver License #:	Driver License State:	Dr	iver Licens	е Ехр.:	
Place of Birth (City,	County, State, Country):				
	PRIOR ACADEMY EXP	ERIENCE			
Yes No	Have you ever attended a basic licens	ing course?			
If yes:	Provide the PID you were assigned: _				
A. Academy Name	:	From:		To:	1
Location (City, State	e):				
Training Coordinate	or Name:	Contact	Number:		
Yes No	Did you Graduate?				
B. Academy Name	:	From:	1	To:	I
	e):				
	or Name:		Number:		

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Yes

Did you Graduate?





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PRIOR LAW ENFORCEMENT APPLICATIONS

	POLICE
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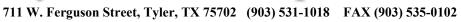
Y	es No	Have you EVER applied to any other law enforcement agency in the last 10 years (city, county, state or federal)?
	If yes:	List ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
		All agencies MUST be listed regardless of the outcome or status. 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	r: Position Applied For:
	Date Applied:	Address:
	Background Inv	restigators Name (if known):
	Contact Number	r (ext.): Email:
	Check each step	p in the process that you completed, and your status:
	Steps: App	olication Written Physical Agility Oral Polygraph/CVSA
	Bac	kground Conditional Job Offer Medical: Date:
	Psy	chological Examination: Date:
	Status: Hire	ed On List Withdrawn Disqualified
В.	Name of agency	r: Position Applied For:
	Date Applied:	Address:
	Background Inv	restigators Name (if known):
	Contact Number	r (ext.): Email:
	Check each step	p in the process that you completed, and your status:
		olication Written Physical Agility Oral Polygraph/CVSA
	Bac	kground Conditional Job Offer Medical: Date:
	Psy	chological Examination: Date:
	Status: Hire	ed On List Withdrawn Disqualified

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Name of agency:

Tyler Police Department

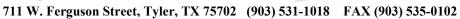


P	OL	-IC	E	
	CIT	Y OX		
	N. C.			

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







SECTION 2: RELATIVES & REFERENCES

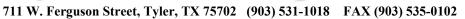
- Provide all applicable information in the spaces below
- Mark "N/A" if a category is not applicable or if the individual is deceased
- If you need additional space for your answers attach additional sheets as needed be sure to indicate what section number and page this refers.

IMMEDIATE FAMILY

A.	N/A Father's Name:		D	OB:
	Home Address:			
	Work Address:			
	Home Phone: Cell Phone:			
	Email:			
В.	N/A Step – Father's Name:			OB:
	Home Address:	City:	State:	Zip:
	Work Address:	City:	State:	Zip:
	Home Phone: Cell Phone:			
	Email:			
C.	N/A Mother's Name:		D	OB:
	Home Address:	City:	State:	Zip:
	Work Address:			
	Home Phone: Cell Phone:			
	Email:			
D.	N/A Step – Mother's Name:		D	OB:
	Home Address:			
	Work Address:			
	Home Phone: Cell Phone:		Work Phone:	
	Email:			
E.	N/A Spouse / Domestic Partner's Name	:	D	OB:
	Home Address:	City:	State:	Zip:
	Work Address:			
	Home Phone: Cell Phone:		Work Phone:	
	Email:			
	Is there, or has there been, a restraining or stay		effect for this individual:	Yes No

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F.	N/A Father – in – Law's Name:		DO	B:
	Home Address:			Zip:
	Work Address:			
	Home Phone: Cell Phone:			
	Email:			
G.	N/A Mother – in – Law's Name:		DO	B:
	Home Address:	City:	State:	Zip:
	Work Address:	City:	State:	Zip:
	Home Phone: Cell Phone:		Work Phone:	
	Email:			
Н.	N/A Former Spouse / Cohabitant's Name	!	DO	B:
	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-a			Yes No
I.	N/A Former Spouse / Cohabitant's Name	<u>.</u>	DO	B:
	Home Address:			
	Work Address:			
	Home Phone: Cell Phone:			
	Email:			
	Is there, or has there been, a restraining or stay-a			Yes No
J.	N/A Former Spouse / Cohabitant's Name		DO	B:
	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-a	way order in	effect for this individual:	Yes No

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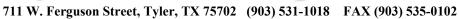


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N/A Nam	e:			Date of B	irth:
Male	Female				
Home Addres	<u></u>			State:	
Work Address					Zip:
Home Phone:					
N/A Nam					
Male	Female				
Home Addres	s:			State:	
Work Address	s:		City:	State:	Zip:
Home Phone:				Work Phone:	
N/A Nam					
Male	Female				
Home Addres	s:			State:	
Work Address	s:		City:	State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	
N/A Nam	e:			Date of B	irth:
Male	Female	Email:			
Home Addres	s:		City:	State:	Zip:
Work Address	:		City:	State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	
N/A Nam	e:			Date of B	irth:
Male	Female	Email:			
Home Addres	s:		City:	State:	Zip:
Work Address	: :		City:	State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	
N/A Nam	e:			Date of B	irth:
Male	Female	Email:			
Home Addres	s:			State:	
Work Address	: :		City:	State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	

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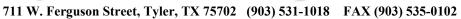


CHILDREN

K.	List all of your living children, inclu Other children who reside with you. Parent or guardian, if other than you	Provide the name and conta	
1.	N/A Name:	Date of Birth:	 Male Female
	Home Address:		
	Contact Number:		
	Custodial Parent or Guardian (if oth		
2.	N/A Name:	Date of Birth:	Male Female
	Home Address:		
	Contact Number:		
	Custodial Parent or Guardian (if oth		
3.	N/A Name:		
	Home Address:		
	Contact Number:		
	Custodial Parent or Guardian (if oth		
4.	N/A Name:		
	Home Address:		
	Contact Number:		
	Custodial Parent or Guardian (if oth	er than you):	
5.	N/A Name:	Date of Birth:	Male Female
		City:	
	Contact Number:		
	Custodial Parent or Guardian (if oth		
6.	N/A Name:	Date of Birth:	Male Female
	Home Address:	0:4	Zip:
	Contact Number:	Email:	
	Custodial Parent or Guardian (if oth		
7.	N/A Name:		
	Home Address:		
	Contact Number:		
	Custodial Parent or Guardian (if oth		

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REFERENCES

. Name:			Email:	
Home Address:			State:	
Work Address:				
Home Phone:				
How do you know this	person (friend, teach	er, family, co	o – worker):	
How long have you kno	own this person:			
Name:				
Home Address:		City:		
Work Address:		City:	State:	Zip:
Home Phone:	Cell Phone:		Work Phone:	
How do you know this	person (friend, teach	er, family, co	o – worker):	
How long have you kno	own this person:			
Name:			Email:	
Home Address:				
Work Address:		City:	State:	Zip:
Home Phone:	Cell Phone:		Work Phone:	
How do you know this	person (friend, teach	er, family, co	o – worker):	
•	own this person:			
How long have you kno	own this person.			
How long have you kno	own tins person		Email:	
How long have you kno	·		Email: State:	
How long have you known	·	City:		Zip:
How long have you known Name: Home Address:	·	City:	State:	Zip:
How long have you known Name: Home Address: Work Address:	Cell Phone:	_ City:	State: State: Work Phone:	Zip: Zip:
How long have you know Name: Home Address: Work Address: Home Phone: How do you know this	Cell Phone:	_ City: City: er, family, co	State: State: Work Phone: worker):	Zip: Zip:
How long have you know Name: Home Address: Work Address: Home Phone: How do you know this How long have you know	Cell Phone: person (friend, teach own this person:	_ City: City: er, family, co	State: State: Work Phone: worker):	Zip: Zip:
How long have you know Name: Home Address: Work Address: Home Phone: How do you know this How long have you know	Cell Phone: person (friend, teach own this person:	_ City: City: ner, family, co	State: State: State: Work Phone: worker): Email:	Zip: Zip:
How long have you known Name: Home Address: Work Address: Home Phone: How do you know this How long have you known Name:	Cell Phone: person (friend, teach own this person:	City: City: ner, family, co	State: State: State: Work Phone: Show worker: Show worker: State:	Zip: Zip: Zip:





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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:							
	Work Address:	City:	State:	Zip:				
	Home Phone: Cell Phone:		Work Phone:					
	How do you know this person (friend, teach	her, family, co	o – worker):					
	How long have you known this person:							
8.	Name:		Email:					
	Home Address <u>:</u>			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, teach	her, family, co	o – worker):					
	How long have you known this person:							
10.	Name:		Email:					
	Home Address:	City:	State:					
	Work Address:		State:	Zip:				
	Home Phone: Cell Phone:		Work Phone:					
	How do you know this person (friend, teach							
			·					
	<u> </u>							

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9E(You will be r claims.	_	ish transcript	s or other proof to support all o	of your educational
	olalillo.		LEVEL O	F EDUCATION	
Che	ck Applicable:	High School	ol Diploma	GED Some College	College Degree
	-	Discharge	documents fr	om armed services with 2 years	active duty
			HIGH	SCHOOLS	•
List	high schools a	ttended or whe			
1.	School Name:		-	•	State:
	From:			Did you graduate: Yes	
2.	'			City:	<u> </u>
				Did you graduate: Yes	
3.	School Name:			City:	State:
	From:	/ To:	1		No
		C	OLLEGES	& UNIVERSITIES	
List		universities atte			
1.	•			City:	State:
		/ To:		Did you graduate: Yes	
2.				City	State:
۷.		 / To:		City: Did you graduate: Yes	
3.					
J.		/ To:		City: City: Yes	
	FIOIII.				
11.4		•		OR BUSINESS SCHOO	LS .
List	all trade, vocat	ional, or busine	ess schools/in	stitutes attended:	
1.	School Name:			City:	State:
	From:	/ To:		Did you graduate: Yes	No
2.	School Name:			City:	State:
	From:			Did you graduate: Yes	No
3.	·			City:	State:
	From:			Did you graduate: Yes	

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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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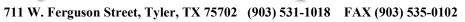
SECTION 4: RESIDENCES

- 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 no 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
- 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: ___/_ N/A Name(s) of those with whom you live: Reason for moving: City: State: Zip: Former Address: 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: 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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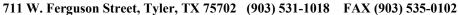




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	0	OLIC	OLICE

5.	Former Address:	City:	State:		Zip: _	
	If renting, property manager, re	ent collector, or owner:		Phone #:		
	Address of property mgr., rent	collector or owner:		City: _		
	State: Zip: I	Email: F	rom:/	To:		1
		whom you live:				
6.	Former Address:	City:	State:		Zip:	
	If renting, property manager, re	ent collector, or owner:		Phone #:		
	Address of property mgr., rent	collector or owner:		City: _		
		Email: F				
		whom you live:				
7.	Former Address:	City:	State:		Zip:	
	If renting, property manager, rent collector, or owner:			Phone #:		
		collector or owner:				
		Email: F				
		whom you live:				
8.	Former Address:	City:	State:		Zip:	
	If renting, property manager, re	ent collector, or owner:		Phone #:		
	Address of property mgr., rent collector or owner:			City: _		
		Email: F				
	N/A Name(s) of those with	whom you live:				
	Reason for moving:					
9.			State:			
	If renting, property manager, rent collector, or owner: Address of property mgr., rent collector or owner:			Phone #:		
				City: _		
	State: Zip: I	Email: F	rom: /	To:		1
		whom you live:				







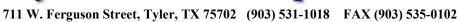
ROOMMATES

- 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, re	elative, landlord, housemate o	nly):		
2.	Housemate Name:	Phone Number:		_ Email:	
	Current Address:	City:	State:		Zip:
	Nature of relationship (friend, re	elative, landlord, housemate o	nly):		
3.	Housemate Name:	Phone Number:		_ Email:	
	Current Address:	City:	State:		Zip:
	Nature of relationship (friend, re				
4.	Housemate Name:	Phone Number:		_ Email:	
	Current Address:	City:	State:		_ Zip:
	Nature of relationship (friend, re	elative, landlord, housemate o	nly):		
5.	Housemate Name:	Phone Number:		_ Email:	
	Current Address:	City:	State:		Zip:
	Nature of relationship (friend, re	elative, landlord, housemate o	nly):		
6.	Housemate Name:	Phone Number:		_ Email:	
	Current Address:	City:	State:		Zip:
	Nature of relationship (friend, re	elative, landlord, housemate o	nly):		
Hav	ve you ever been evicted or asked	to leave a residence:	Y	es No	•
Hav	ve you ever left a residence owing	rent:	Y	es No)
	ou answered "YES" to either of th	e two questions above, explai	n (include	when, who	ere and

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SECTION 5: EXPERIENCE AND EMPLOYMENT

- List ALL jobs you have had in the last 10 years, including part-time, temporary, selfemployment, 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 ex-	cess of 30 days.				
	J	OB EXPERIENCI	=			
	Yes No Have you EVER ser another state OR a		er, Jailer,	or Telecon	nmunicator i	n
If YE	ES, list below:					
1.	Name of Employer or Military Unit:		From:	1	To:	1
	Address or Base:	City:		State:	Zip:	
	Supervisor:	Contact Number: _		Ema	ail:	
	Job Title:	Reason for Leaving	i			
	Duties / Assignments:					
	Full – Time Part – Time:	Temporary	Self – E	mployed	Unemp	oloyed
	Names of Co-Worker(s) and their ph	none number(s):				
	Would there be a problem if we con If yes, explain:	tact your current em	ployer?	<u></u> Y	es 🗌 No	
2.	Period of Unemployment From: / To: / Student Between Jobs	Check below wh		cable to th Travel	e situation:	

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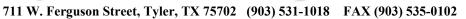


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3.	Name of Employer or Military Unit:		From:		To: _	1
	Address or Base:	City:		State:	Zip:	
	Supervisor:	Contact Number:		Ema	nil:	
	Job Title:	Reason for Leaving:				
	Duties / Assignments:					
	Full – Time Part – Time:	Temporary	Self – E	Employed	Unem	ployed
	Names of Co-Worker(s) and their pl	none number(s):				
4.	Period of Unemployment					
	From:/ To:/	Check below wha	t is appli	cable to th	e situation:	
	Student Between Jobs	Leave of Absence	e 🗌	Travel	Other	
_			_	_	_	
5.	Name of Employer or Military Unit:	,			To: _	
5.	Address or Base:			State:	Zip:	
5.	Address or Base: Supervisor:	Contact Number:		State:	Zip:	
5.	Address or Base: Supervisor: Job Title:			State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments:	Contact Number: Reason for Leaving:		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
5.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
6.	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Contact Number: Reason for Leaving: Temporary		State:	Zip:	
	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time: Names of Co-Worker(s) and their pl	Contact Number: Reason for Leaving: Temporary	Self – E	State:Ema	Zip:	

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	FR TEXAS

Job Title: Reason for Leaving: Duties / Assignments: Temporary Self – Employed Unemplowers	
Duties / Assignments:	
Duties / Assignments: Full - Time	
Duties / Assignments: Full - Time	
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: Duties / Assignments: _ Temporary _ Self - Employed _ Unemplo	
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: Temporary Self - Employed Unemplo	yed
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: Temporary Self - Employed Unemployed	
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: Temporary Self - Employed Unemployed	
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: Temporary Self - Employed Unemployed	
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Student Between Jobs Leave of Absence Travel Other 9. Name of Employer or Military Unit: From: / To:	
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	
Address or Base: City: State: Zip: Supervisor: Contact Number: Email: Job Title: Reason for Leaving: Duties / Assignments: Temporary Self – Employed Unemployed Unemployed Unemployed Unemployed Unemployed Unemployed Unemployed Self – Employed Unemployed	
Address or Base: City: State: Zip: Supervisor: Contact Number: Email: Job Title: Reason for Leaving: Duties / Assignments: Temporary Self – Employed Unemployed Unemployed Unemployed Unemployed Unemployed Unemployed Unemployed Self – Employed Unemployed	1
Supervisor: Contact Number: Email: Job Title: Reason for Leaving: Duties / Assignments: Temporary Self - Employed Unemployed Unemployed Unemployed Unemployed Unemployed Self - Employed Unemployed	
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Duties / Assignments: Full – Time Part – Time: Temporary Self – Employed Unemployed	
Names of Co-Worker(s) and their phone number(s):	yed
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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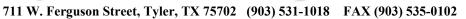


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Name of Employer or Military Unit:		From:		To:	1
Address or Base:	City:		State:	Zip:	
Supervisor:	Contact Number:		Emai	il:	
Job Title:	Reason for Leaving:				
Duties / Assignments:					
Full – Time Part – Time:	Temporary	Self – I	Employed	Unemp	loyed
Names of Co-Worker(s) and their pl	none number(s):				
Period of Unemployment					
• •	Check below wha	ıt is appli	cable to the	situation:	
			-		
Name of Employer or Military Unit:		From:		To:	1
Address or Base:	City:		State:	Zip:	
Supervisor:	Contact Number:		Emai	il:	
Job Title:	Reason for Leaving:				
Duties / Assignments:					
Full – Time Part – Time:	Temporary	Self – I	Employed	Unemp	loyed
N					
Names of Co-Worker(s) and their pl	none number(s):				
Names of Co-worker(s) and their pr	none number(s):				
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Names of Co-worker(s) and their pr	none number(s):				
	none number(s):				
Period of Unemployment From: / To: /	none number(s): Check below wha	ıt is appli	cable to the	e situation:	
	Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time: Names of Co-Worker(s) and their pl Period of Unemployment From: / To: / Student Between Jobs Name of Employer or Military Unit: Address or Base: Supervisor: Job Title: Duties / Assignments: Full – Time Part – Time:	Supervisor: Contact Number: Job Title: Reason for Leaving: Duties / Assignments: Temporary Names of Co-Worker(s) and their phone number(s): Period of Unemployment From: / To: / Check below what Student Between Jobs Leave of Absence Name of Employer or Military Unit: Address or Base: City: Supervisor: Contact Number: Job Title: Reason for Leaving: Duties / Assignments: Temporary	Address or Base: City: Contact Number: Job Title: Reason for Leaving: Duties / Assignments: Temporary Self - I Names of Co-Worker(s) and their phone number(s): Names of Co-Worker(s) and their phone number(s): Check below what is appli Student Between Jobs Leave of Absence Name of Employer or Military Unit: From: Address or Base: City: Supervisor: Contact Number: Job Title: Reason for Leaving: Duties / Assignments: Temporary Self - I	Address or Base: City: State: Supervisor: Contact Number: Email Job Title: Reason for Leaving: Duties / Assignments: Full - Time Part - Time: Temporary Self - Employed Names of Co-Worker(s) and their phone number(s): Period of Unemployment From: / To: / Check below what is applicable to the Student Between Jobs Leave of Absence Travel Name of Employer or Military Unit: From: / Address or Base: City: State: Supervisor: Contact Number: Email Job Title: Reason for Leaving: Duties / Assignments: Full - Time Part - Time: Temporary Self - Employed	Address or Base: City: Supervisor: Contact Number: Email: Job Title: Reason for Leaving: Duties / Assignments: Full – Time Part – Time: Temporary Check below what is applicable to the situation: Student Between Jobs Leave of Absence Travel Other Name of Employer or Military Unit: Address or Base: City: State: Zip: State: Zip: State: Zip: State: Zip: Supervisor: Contact Number: Email: Job Title: Reason for Leaving: Duties / Assignments: Full – Time Part – Time: Temporary Self – Employed Unemptore of Unemployment Leave of Absence Travel Other State: Zip: State: Zip: Supervisor: Contact Number: Email: Job Title: Duties / Assignments:

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15.	Name of Employer or willtary Unit:		From:		10:
	Address or Base:	City:		State:	Zip:
	Supervisor:	Contact Number:	-	Ema	il:
	Job Title:	Reason for Leavin	g:		
	Duties / Assignments:				
	Full – Time Part – Time:	Temporary	Self – E	Employed	Unemployed
	Names of Co-Worker(s) and their pl	hone number(s):			
16.	Period of Unemployment				
	From:/ To:/	Check below w	hat is appli	cable to the	e situation:
	Student Between Jobs	Leave of Abse	ence	Travel	Other
			_		
17.	Name of Employer or Military Unit:		From:		·
	Address or Base:	City:		State:	Zip:
	Supervisor:	Contact Number:		Ema	il:
	Job Title:	Reason for Leavin	g:		
	Duties / Assignments:				
	Full – Time Part – Time:	Temporary	Self – E	Employed	Unemployed
	Names of Co-Worker(s) and their pl	hone number(s):			
	• •				

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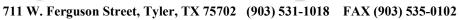


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18.	Have you ever been disciplined at work? (This includes written warnings, formation)	ıl, letters of
	reprimands, suspensions, reductions in pay, reassignments, or demotions).	Yes No
19.	Have you ever been fired, released from probation, or asked to resign from an p	lace of
	employment?	Yes No
20.	Were you ever involved in a physical/verbal altercation with a supervisor, co-wo	orker
	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 ye	s, how many sick days have you used in the past five years which were not due	to illness?
•	u answered "YES" TO any of questions 18-28 (at the bottom of the previous pagain (include when, where, and circumstances; indicate the corresponding questi	• •
	your work performance ever been affected by your use of alcohol or drugs?	Yes No
Whe	n: Name of Employer:	
In th	e past ten years, have you been warned by an employer about your drinking or c	lrug habits &
theiı	rimpact on your performance?	
Whe	n: Name of Employer:	

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PRIOR ACTS WHILE IN AN OFFICIAL CAPACITY

Whi	le 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: If yes, how many times:	Yes No
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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and circumstances.

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SE	ECTION 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?
2.	If yes, have you registered? Yes No
lf n	o, explain:
Bra	anch of Service: Dates Served From:/ To:/
Тур	oe 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)?
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?
If v	ou answored "VES" to either of the last two questions (questions 4.8.5) explain. Include dates

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SECTION 7: FINANCIAL

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

	INCOME AND EXPENSES		
1.	From your employer(s), what is your monthly income:		
2.	Do you have income other than from your salary or wages?		
	If yes, fill in amount: per month Explain:		
3.	Approximately how much do you spend each month? (Estimate your monthly l	iving expe	enses,
	include housing, utilities, credit cards or other loan payments, food, gas and ca	ar mainter	nance,
	entertainment, etc., as well as any other obligations you may have).		
4.	Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13):	Yes	No
5.	Have any of your bills ever been turned over to a collection agency:	Yes	No
6.	Have you ever had purchased goods repossessed:	Yes	No
7.	Have your wages ever been garnished:	Yes	No
8.	Have you ever been delinquent on income or other tax payments:	Yes	No
9.	Have you ever failed to file income tax or cheated/lied on an income tax form:	Yes	No
10.	Have you ever defaulted on a loan, including a student loan:	Yes	No
11.	Have you ever avoided paying any lawful debt by moving away:	Yes	No
12.	Have you ever defaulted on a loan, including a student loan:	Yes	No
13.	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
14.	Have you ever spent money for illegal purposes (e.g., illegal drugs, Prostitution, purchase fraudulent documents, etc.):	Yes	☐ No
15.	Have you ever failed to make or been late on a court-ordered Payment (e.g., child support, alimony, restitution etc.):	Yes	☐ No
16.	Have you written three or more bad checks in a one-year period:	Yes	No

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

17. Are you in arrears on court-ordered child support:



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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
 - o 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 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: Disposition or Penalty: Charge: ____ Yes No 5. Have you ever been placed on court probation as an adult: 6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition: Yes 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 Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child 8. custody, paternity, support, etc.): Yes No Have the police ever been called to your home for ANY reason: 9. Yes No 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	e else on your
	Behalf was required to make payment to the other party:	Yes No
13.	Have you ever fraudulently received welfare, unemployment compensation, con	npensation,
	or other state or federal assistance:	Yes No
14.	Have you ever filed a false insurance or worker's compensation claim:	Yes No
-	ou answered "YES" to any of questions 5-14 (previous page and above), explain. It is or document, dates, and circumstances. Indicate the corresponding question nu	

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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Yes No Yes No Yes No Yes No	
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Yes No	
Yes No	
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y, etc.) Yes No	
Yes No	
Yes No	
Yes No	
Yes No	
Yes No	
163 NO	
Yes No	
Yes No	
Yes No	
Yes No Yes No Yes No	

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If you answered "YES" to <u>ANY</u> 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 indica	ted above or	
	Unauthorized prescription drugs:	Yes N	0

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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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):	SECTION 9: MOTOR VEHICLE OPERATION • List complete information					
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):						
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):	Current Driver License Number:	State of Issue:	Expiration Date:			
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):	Full Name under which license was gran	ted:				
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):	List other states where you have been lice	ensed to operate a motor vehicle):			
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):	1. N/A State of Issue:	Type of License:	License #:			
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):	Name under which license was granted:					
3. N/A State of Issue: Type of License: License #:						
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						
Have you ever been refused a driver license by any state: Yes NO	Name under which license was granted:					
Has your driver license over been suspended or revoked?	If yes, explain (include when, where, and	circumstances):	<u> </u>			
Has your driver license ever been suspended or revoked? ✓ Vas ✓ NO		·				
Has your driver license over been suspended or revoked? □ Ves □ NO						
Has your driver license over been suspended or revoked?						
Has your driver license over been suspended or revoked?						
Has your driver license over been suspended or revoked?						
Has your driver license ever been suspended or revoked?						
Has your driver license ever been suspended or revoked?						
	Has your driver license over been suggest	adad ar rayakad?	Voc NO			
If yes, explain (include when, where, and circumstances):	•		res NO			

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Dismissed

Dismissed

INSURANCE Insured Bonded Cash Deposit Type of coverage: Vehicle Make: ____ Vehicle Model: ____ Year: ____ License Plate: ____ Insurance Company: _____ Policy Number: ____ Exp: ____ Bonded Cash Deposit Type of coverage: Insured Vehicle Make: Vehicle Model: Year: License Plate: Insurance Company: Policy Number: Exp: Insured Bonded Cash Deposit Type of coverage: Vehicle Make: Vehicle Model: Year: License Plate: Insurance Company: Policy Number: Exp: CITATIONS Nature of Violation: _____ Date of Violation: _____ 8. Location (Street, City, State, Zip):

Fined

Nature of Violation: _____ Date of Violation: ____

Fined

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):

Not Guilty Fined

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

If checked, explain circumstances:

Action Taken:

Action Taken:

10. Nature of Violation:

Action Taken:

Location (Street, City, State, Zip):

Location (Street, City, State, Zip):

9.

Not Guilty

Not Guilty

Traffic School

Traffic School

Date of Violation:

Traffic School Dismissed





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TRAFFIC CRASHES

As t	he driver, were y	ou involved in a motor vehicle c	rash in the last sever ye	ars: Yes No	
If ye	es, give details:				
11.	Date:	Location (Street, City, State, Zip):			
	Police Report:	Yes No	njury or Non-Injury:	Yes No	
	Law Enforceme	nt Agency:			
12.	Date:	Location (Street, City, State, Z	άρ):		
	Police Report:	Yes No	njury or Non-Injury:	Yes No	
	Law Enforceme	nt Agency:			
13.	Date:	Location (Street, City, State, Z	'ip):		
		Yes No			
	Law Enforceme	nt Agency:			
			ion (Street, City, State, Zip):		
		Yes No			
	Law Enforceme	nt Agency:			
Hav		n a vehicle without auto insuranc			
	-			Ш Ш	
		Location (Street, City, State, Zip			
	•	refused automobile liability insur		Yes No	
	ə:				
Loc	ation (Street, City	y, State, Zip):			
مواا	this space for a	ditional information you would I	ike to include regarding	vour driving record:	

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POLICE

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MISCELLANEOUS

15.	Are or have you ever been a member or associate of a criminal enterprise, stre	eet 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 affil	iation with, a
	criminal enterprise, street gang, or any other group that advocates violence	ıgainst 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 physic	al 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
	ou answered "YES" to ANY of the questions 15 – 18 (above), give dates, and circulate the corresponding question number	cumstances.

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POLICE

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
Oursens de anadaruh andha dhafana mar dhèa dha	
Sworn to and subscribed before me, this the day of	. ,
Notary public in and for, State of	
My commission expires:	
Duinted Name of Naton	Cianatura of Natara
Printed Name of Notary	Signature of Notary
Notary Seal or Stamp:	

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