PERSONAL HISTORY STATEMENT



CARROLLTON POLICE DEPARTMENT 2025 JACKSON ROAD CARROLLTON, TEXAS 75006 PERSONNEL SECTION

Officer Paul Wilford (972) 466-9142 Paul.Wilford@CityofCarrollton.com

Officer Jon Stovall (972) 466-9180 Jon.Stovall@CityofCarrollton.com

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY

BEFORE PROCEEDING

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

- 1. Your Personal History Statement should be completed and returned. Answer all questions to the best of your ability.
- 2. If a question is not applicable to you, enter N/A in the spaces provided.
- 3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- 4. You are responsible for obtaining **COMPLETE** addresses on all past/present employers, personal references, schools, etc. This includes correct zip and area codes, email addresses, and cell phone numbers. CARROLLTON POLICE DEPARTMENT will not be responsible for acquiring information.
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- 6. An accurate and complete form will help expedite your investigation. An incomplete form will result in <u>AUTOMATIC REMOVAL</u> from the eligibility list. Deliberate omissions or falsifications will result in disqualification.
- 7. It is your responsibility to have the Authorization for Release of Personal Information Form/Employment Termination History Release Form notarized.

NOTE: Answer all questions fully and accurately and provide explanations when necessary. Do not assume any response constitutes automatic ineligibility for employment.

For identification purposes please attach a photograph of yourself taken during the past 90 days in the space provided above. Attach the photo above securely with paste, tape, or staples.

| NAME_ | | | | |
|-------|------|-------|--------|--|
| | LAST | FIRST | MIDDLE | |

INCOMPLETE OR LATE APPLICATIONS WILL BE DISQUALIFIED WITHOUT FURTHER NOTCE

IF YOU MAIL THIS APPLICATION, PLEASE ADDRESS IT TO:

CARROLLTON POLICE DEPARTMENT 2025 EAST JACKSON ROAD CARROLLTON, TEXAS 75006

ATTN: POLICE PERSONNEL

APPLICANT IDENTIFICATION

| Name | | | | |
|---------------------|----------------------|--------------------|----------------|---------------------|
| Last | | First | N | Middle |
| Maiden Name _ | | _Nicknames or | others used _ | |
| Name on Social | Security Card _ | | | |
| Present Address | s | | | |
| | City | State | Zip | |
| Home Phone _ | | Work Phone | | |
| Cell Number | | E-mail | | |
| Date of Birth _ | //Pla | ace of BirthCity | y, State, Coun | try |
| Height | _Weight | Eye Color | Hair Colo | or |
| SingleEnga | gedMarried | Separated | Divorced_ | Widowed |
| YES NO Are yo | ou a U.S. Citizen? | YES NO NA | Are you a N | aturalized Citizen? |
| Social Security | Number (or Naturali | zation Number) | | |
| If Naturalized - Da | te, Place and Court_ | | | |
| YES NO Do yo | ou have any tattoo | os or distinguishi | ng scars or m | arks? |
| Description | 1 | Location | | Age received |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

YES NO ARE YOU T.C.L.E.O.S.E. CERTIFIED AS A POLICE OFFICER?

YES NO ARE YOU CERTIFIED AS AN OFFICER IN ANOTHER STATE? If yes, what state?

IF CURRENTLY MARRIED – SPOUSE'S FULL MAIDEN NAME:

| Last | | First | Middle |
|--|-------------|---|------------------------------|
| Date of Birth | // | Date of Marria | ge// |
| Marriage Locat | tion | | |
| Current Reside | City nce | State | Country |
| | City | State | Zip |
| Home Phone | | Cell Phone | |
| Work Phone | | E-mail | |
| Full time | Part Time _ | Annual Sal | ary |
| Place of employ | ment | | |
| Address of omn | lovment | | |
| | | | |
| NAME OF FIA | NCÉ OR GIRL | .FRIEND/BOYFRII | E ND |
| NAME OF FIA Last | NCÉ OR GIRL | | |
| NAME OF FIA | NCÉ OR GIRL | .FRIEND/BOYFRII | E ND |
| NAME OF FIA Last Date of Birth | | .FRIEND/BOYFRII | E <u>ND</u> Middle |
| NAME OF FIA Last Date of Birth | | FRIEND/BOYFRII | E <u>ND</u> Middle |
| NAME OF FIA Last Date of Birth Residence | NCÉ OR GIRL | FRIEND/BOYFRII | E <u>ND</u> Middle Zip |
| Last Date of Birth Residence Home Phone | NCÉ OR GIRL | FRIEND/BOYFRII First State | END Middle Zip |
| Last Date of Birth Residence Home Phone Work Phone | NCÉ OR GIRL | FRIEND/BOYFRII First State Cell Phone | END Middle Zip |

| IF DIVORCED (1) | | | |
|----------------------|--------------------|------------------|--------|
| Date of Marriage | _// | | |
| Marriage Location | | | |
| | City | State | County |
| Date of Divorce/ | / | | |
| Divorce Location | | | |
| | City | State | County |
| By Whom (Judge) | | | |
| Reason | | | |
| Ex Spouse Full (Maid | len) Name First | Middle | |
| Last | First | Middle | |
| Date of Birth/ | _/ | | |
| Residence | | | |
| City | | State | Zip |
| Home Phone | | Cell Phone | |
| Work Phone | | E-mail | |
| Place of employment_ | | | |
| Address of employme | ent | | |
| | | City, State, Zip | |

IF DIVORCED (2)

| Date of Marriage _ | // | | |
|--------------------|-------------|------------------|--------|
| Marriage Location | | | |
| | City | State | County |
| Date of Divorce | _// | | |
| Divorce Location_ | | | |
| | City | State | County |
| By Whom | | | |
| Reason | | | |
| x Spouse Full (Ma | aiden) Name | | |
| Last | First | Middle | |
| ate of Birth/ | | | |
| esidence | | | |
| Ci | ity | State | Zip |
| Iome Phone | | Cell Phone | |
| Vork Phone | | E-mail | |
| lace of employme | nt | | |
| ddress of employ | ment | | |
| | | City, State, Zin | |

CHILDREN AND DEPENDANTS

| YES NO YES NO | - | lave any children. Lave other dependant | s that you claim t | for tax purposes? |
|----------------------------|--------------|---|--------------------|-------------------------|
| Please list o | children and | l dependants below | : | |
| First / Las | t Name | Date of Birth | Residence | Supported By Whom |
| | | | | |
| | | | | |
| YES NO YES NO YES NO | Are you | eay child support or a delinquent in these p a ever been delinque | ayments? | apport payments? |
| Use space b | oelow for ar | y explanations: | | |
| | | | | |
| | | | | |
| | | | | |
| MARITAL | . INFORM | ATION | | |
| YES NO | | a ever been married? | How many time | es: |
| YES NO | | married now? | 1 0 | |
| YES NO | • | divorced or separate | d now? | |
| YES NO | | paying alimony? | | - ami a a 2 |
| YES NO YES NO | - | or have you ever had avoiding payments to | | • |
| YES NO | • | ı ever been ordered i | - | payment of alimony or |
| YES NO | Do your | family and friends w | | to this type of work? |
| YES NO | Could yo | ou arrest a close frien | d or a family men | mber for a violation of |

| YES NO | Have you or your spous civil or criminal court a | | | |
|-------------|---|-----------------------|-----------------|---------------|
| YES NO | Has any member of you family ever been arreste | r family or spouses/b | oyfriend/girlfr | riend's |
| DATE | AGENCY | REASON | | |
| | | | | |
| Use space l | below for any explanation | s: | | |
| | | | | |
| | | | | |
| | ES - List in the following of Sisters (including Step Sib | | | |
| Name | Address | Phone (H/C) | Relation | Date of Birth |
| | | | | |
| | | | | |
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LIST ALL RESIDENCES OR PLACES WHERE YOU HAVE LIVED IN YOUR LIFETIME. (BEGIN WITH YOUR CURRENT ADDRESS) Include all duty stations and places of temporary residence.

| From(mr | m/yy) To(mm/yy) | Address | City | State |
|-----------|----------------------------|-----------------------|-------------------------|---------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| YES NO | Have you ev have lived? | er been evicted or as | ked to move from any pl | ace where you |
| YES NO | | er caused any proble | ms for any apartment ma | ınager |
| YES NO | Have you ev | er been late in paymo | ent of rent? | |
| YES NO | | er broken a lease agr | | |
| Use space | below for any e | xplanations: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EDUCATION

High School(s)

| Name | City | State | Date(s) Attended | GPA |
|--------------|------------------|-------------------|-------------------------|---------|
| | | | | |
| YES NO | Did you grad | uate from high so | chool with a diploma? | |
| If you did r | ot graduate, plo | ease explain | | |
| | N/A Did you rec | | atainad | |
| | | | otained | _ |
| | Have you ever | | 9 VES NO Did you are | duata? |
| YES NO | have you ever | attended confege | ? YES NO Did you gra | iduate? |
| List all Col | leges Attended | | | |
| College(s) | City/State | Major Cre | dits Dates You Attended | GPA |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| IF GRADU | JATED: | | | |
| Degree & M | Major | College | Date received | GPA |

List other schools and training (ie. Business schools, Military, Vocational etc.) with dates attended, location of schools and subjects studied.

| | City | State | | Dates Attended |
|---|--|--|--|---|
| | | | | |
| • | - | | , | * |
| | | | | ulsion: |
| | | | | bation: |
| • | | olarships relat | ted to your e | education, work or |
| | | rs, instructors duated with-in | | • |
| • | Have you ed If yes, pleas Have you ed If yes, pleas Have you ed If yes, pleas Any awards, hoto public servi | Have you ever been exp If yes, please give dates, Have you ever been place If yes, please give dates, any awards, honors or scheto public service. | Have you ever been expelled from schools and resulting the schools and resulting the schools and resulting the schools and resulting the schools are schools. The schools are schools and resulting the schools are schools, and resulting the schools are schools. The schools are schools are schools are schools are schools and resulting the schools are schools. | Have you ever been suspended from school? (any g If yes, please give dates, schools and reason for sus) Have you ever been expelled from school? If yes, please give dates, schools and reason for exp Have you ever been placed on academic probation? If yes, please give dates, schools, and reason for produce to public service. |

List any special licenses you hold: (ie: Pilot, Radio Operator, Scuba, Concealed Handgun Permit)

| Type | Licensing Aut | chority | Issue Date | Expiration |
|----------------|--|----------------|-------------------|------------|
| | | | | |
| | | PRIOR MILI | TARY | |
| | Did you register fo Have you ever bee | | | 18? |
| | <u>AC</u> | TIVE DUTY | <u>SERVICE</u> | |
| Branch | R | ank | Grade | Dates |
| | | FOR RESEI | RVES | |
| Branch | R | ank | Grade | Dates |
| Are you prese | ntly serving Activ | e Duty, Reserv | ves or Nationa | l Guard? |
| INFORMATION | ON FOR LAST D | UTY ASSIGN | <u>IMENT</u> | |
| Base Name | | | | |
| Base Address | | | | |
| | City | State | Zip | Country |
| Supervisor's N | Name | | | |
| Contact numb | er | E-ma | nil | |
| | | | | |

| What type | of discharge did you receive? | | |
|---|---|---|---|
| Date of Sep | oaration// | | |
| YES NO YES NO YES NO | Have you ever been rejected Have you ever been the sub Were you ever given compa military?(Article 15 or Cap | ject of any n any punishm | nilitary investigation? ent or disciplined while in the |
| If yes, plea | se provide the following: | | |
| CHARGE | DATE | AGE | DISPOSTION |
| | | | |
| YES NO | While in the service, were y | ou ever AW | OL or on unauthorized |
| | absence? | | |
| YES NO | absence? Were you ever confined to t | the brig or g | |
| YES NO YES NO | absence? Were you ever confined to t Have you ever had an accid | the brig or grent while in | uardhouse? |
| YES NO YES NO | absence? Were you ever confined to t Have you ever had an accid or not? | the brig or grent while in | uardhouse? |
| YES NO YES NO YES NO YES NO YES NO | absence? Were you ever confined to the Have you ever had an accide or not? Were you ever reduced in rawwere you ever given a cour Did you ever sell anything of | the brig or grent while in ank? t martial? | uardhouse? the military whether reported market? |
| YES NO YES NO YES NO YES NO YES NO YES NO | absence? Were you ever confined to the Have you ever had an accide or not? Were you ever reduced in rawere you ever given a court Did you ever sell anything of Were you discharged prior to | the brig or grent while in ank? t martial? on the black to the end of | uardhouse? the military whether reported market? Your tour of duty? |
| YES NO | absence? Were you ever confined to the Have you ever had an accide or not? Were you ever reduced in rawwere you ever given a cour Did you ever sell anything of | the brig or grent while in ank? t martial? on the black to the end of | uardhouse? the military whether reported market? Your tour of duty? |
| YES NO | absence? Were you ever confined to the Have you ever had an accide or not? Were you ever reduced in rawere you ever given a court Did you ever sell anything of Were you discharged prior to | the brig or grent while in ank? t martial? on the black to the end of | uardhouse? the military whether reported market? Your tour of duty? |
| YES NO | absence? Were you ever confined to the Have you ever had an accide or not? Were you ever reduced in rawer you ever given a cour Did you ever sell anything of Were you discharged prior the Could you have re-enlisted. | the brig or grent while in ank? t martial? on the black to the end of | uardhouse? the military whether reported market? Your tour of duty? |

FOREIGN LANGUAGE

| Language | Reading (exc/good/fa | - | g Understa /fair) (exc/goo | _ | _ |
|--|-------------------------------|----------------------------------|------------------------------------|------------------------------|----------------------|
| | / | _/ | / | | |
| | | | / | | |
| | | 1 | | | |
| Please list any spe machines or equip punch, computer, | oment that you | are able to op achine, scient | erate. (Ex: she ific devices or | ort wave rad professional | io, key devices.) |
| DRIVING Please list any and | d all operator's | licenses that y | | | |
| either in the US o | r any foreign co LICENSE # | Ū | DATE EVD | DECTDIA | CTIONS |
| /_ | | | | | |
| | | | | | |
| | | | | | |
| | | | | • | |
| What is the addre | ess on your curr | ent drivers' li | cense: | | |
| What is the addre | | | | | |
| YES NO Is th | nis address curre | nt? If no, pleas | e explain | | |
| YES NO Is th | | nt? If no, pleas | e explain | | |
| YES NO Is the | nis address curre | nt? If no, pleas | e explain | | |
| YES NO Is th | nis address curre | nt? If no, pleas | e explain | | |

| YES NO | Has your drivers license ever been deemed invalid? (suspended, revoked, cancelled, denied renewal, or expired during a period of suspension) If yes, please give dates along with a brief explanation | | | | |
|----------------|---|-------------------------------------|---------------------|-----------------|--|
| YES NO | invalid? | driven a vehicle who | | our license was | |
| YES NO | Do you own or | r lease an automobile | ?? | | |
| Please list th | he following on y | our vehicles: | | | |
| Year | Make | Model | LP# | LP State | |
| | CE INFORMAT | | | | |
| | ance Company _ | | | | |
| Policy Num | lber | Ex | xpiration Date | | |
| YES NO | Have you ever If yes, please g | been refused automotive details. | obile insurance? | | |
| | | | | | |
| YES NO | Have you ever If yes, please g | operated a motor ve give details | hicle without valid | insurance? | |
| | | | | | |

| YES NO | | se explain giv | insurance cancelled or ving details, dates and | |
|-----------------------|-----------|--------------------|---|---------------------|
| How many c | | RKING, WA | ARNING, MOVING | OR NON-MOVING) have |
| Twelve (12) | months | Thirty si | x (36)months | Lifetime |
| PLEASE LI driving) | ST ALL CI | <u>ΓΑΤΙΟΝS: (i</u> | include deferred, disr | nissed & defensive |
| DATE | AG | GENCY | CHARGE | DISPOSITION |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |

How may collisions (INVESTIGATED OR NOT INVESTIGATED BY POLICE REGARDLESS OF FAULT) have you had as a <u>DRIVER</u> in the last:

| Twelve (12 | 2) monthsThirtysix | x(36)months | Lifetime |
|----------------------------|--|--|---|
| PLEASE I | LIST ALL COLLISIONS | | |
| DATE | AGENCY | AT FAULT | CITATION? |
| | | Y /N | |
| YES NO YES NO YES NO | Have you ever been a partic Have you ever been an obse Have you ever committed a severity of damage? | rver at a "drag race" o | r "street race"? |
| YES NO YES NO | Do you have any unpaid par Have you ever driven a vehi alcoholic beverage? If yes, please give details (h | icle/boat after you had | been drinking an |
| YES NO | Have you ever driven a vehi an illegal drug, narcotic, or If yes, please give details (| icle/boat while you we controlled substance (l | re under the influence of egal or not)? |
| YES NO | Have you ever been involve alcoholic beverage? | | |
| YES NO | Have you ever been involve influence of a narcotic (lega | | you were under the |
| YES NO | Have you ever furnished/pu | | nol to a minor? |
| Use space | below for any explanations: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT

Beginning with your current job, list all jobs that you have ever had in chronological order including military, part-time, temporary, seasonal, and periods of unemployment. If you were a student between periods of unemployment list that information as well. Attach a separate page if you need additional space.

| CURRENT JOB | | |
|----------------------|-------------------|------|
| DATES EMPLOYED FRO | M/TO/_ | |
| BUSINESS NAME | | |
| BUSINESS ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | |
| JOB TITLE | SALARY/HOU | TRLY |
| SUPERVISOR | PHONE/EMA | .IL |
| CO-WORKER | PHONE/EM | AIL |
| DESCRIPTION OF DUTIE | ES | |
| | | |
| | | |
| WHY DID/WOULD YOU | LEAVE? | |
| HOW MUCH NOTICE GI | VEN UPON LEAVING | |
| WOULD YOU BE ELIGIB | LE FOR REHIRE YES | NO |

| BUSINESS NAME | | |
|---|--------------------------------|-----|
| | | |
| | STATE | |
| PHONE NUMBER | FAX NUMBER | |
| JOB TITLE | SALARY/HOURLY | |
| SUPERVISOR | PHONE/EMAIL | |
| CO-WORKER | PHONE/EMAIL | |
| DESCRIPTION OF DUTIES | | |
| WHY DID YOU LEAVE? | | |
| HOW MUCH NOTICE GIVE | EN UPON LEAVINGEFOR REHIRE YES | |
| WOLLD VOLUBE ELICIBLE | FOR REHIRE VES | NO |
| WOOLD TOO BE ELIGIBLE | FORKEHIKE 1E5 | |
| | /TO// | |
| DATES EMPLOYED FROM | | |
| DATES EMPLOYED FROM BUSINESS NAME | /TO// | |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS | /TO// | _ |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY | /TO// | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER | /TO/ | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE | | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR | | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR CO-WORKER | | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR CO-WORKER DESCRIPTION OF DUTIES | | ZIP |

| BUSINESS ADDRESS | | |
|---|---|-----|
| CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER_ | |
| JOB TITLE | SALARY/HOURL | Y |
| SUPERVISOR | PHONE/EMAIL _ | |
| CO-WORKER | PHONE/EMAIL_ | |
| DESCRIPTION OF DUTIES | S | |
| | | |
| | | |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI | EN UPON LEAVING | NO_ |
| | VEN UPON LEAVING LE FOR REHIRE YES M _ / _ / _ TO _ / _ / | |
| DATES EMPLOYED FROM | M/TO/ | |
| DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS | M/ TO// | · |
| DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS CITY | M//TO// | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS_ CITY_ TELEPHONE NUMBER | M/ | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE | M/ | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR | M// TO//STATEFAX NUMBER | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR | M//TO/STATEFAX NUMBERSALARY/HOURLYPHONE/EMAIL PHONE/EMAIL | ZIP |

| | STATE | |
|---|---|-------|
| PHONE NUMBER | FAX NUMBER | |
| JOB TITLE | SALARY/HOURLY | |
| SUPERVISOR | PHONE/EMAIL | |
| CO-WORKER | PHONE/EMAIL_ | |
| DESCRIPTION OF DUTIES | S | |
| WHY DID YOU LEAVE? _ | | |
| | | |
| | VEN UPON LEAVING LE FOR REHIRE YES | |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI | | NO_ |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM | VEN UPON LEAVING | NO |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS_ | VEN UPON LEAVING | _NO |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS CITY | VEN UPON LEAVING | NOZIP |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS CITY TELEPHONE NUMBER | VEN UPON LEAVING LE FOR REHIRE YES M / _ / _ TO / _ / STATE | NOZIP |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE | VEN UPON LEAVING | NOZIP |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS_ CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR | VEN UPON LEAVING LE FOR REHIRE YES M / _ / _ TO / _ / STATE FAX NUMBER SALARY/HOURLY | NOZIP |
| HOW MUCH NOTICE GIV WOULD YOU BE ELIGIBI DATES EMPLOYED FROM BUSINESS NAME_ BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR CO-WORKER | ZEN UPON LEAVING LE FOR REHIRE YES M / _ / _ TO / _ / STATE FAX NUMBERSALARY/HOURLY PHONE/EMAIL | NOZIP |

| BUSINESS ADDRESS | | |
|---|--|----------|
| CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER_ | |
| JOB TITLE | SALARY/HOURLY | <i>I</i> |
| SUPERVISOR | PHONE/EMAIL | |
| CO-WORKER | PHONE/EMAIL_ | |
| DESCRIPTION OF DUTIE | S | |
| WHY DID YOU LEAVE? | | |
| | VEN UPON LEAVING LE FOR REHIRE YES | |
| WALL BYALL BE ELICIBI | CE BOD DELLIDE AVEC | NIA |
| WOULD YOU BE ELIGIBI | LE FOR REHIRE YES | NU_ |
| | LE FOR REHIRE YES | |
| DATES EMPLOYED FROM | | |
| DATES EMPLOYED FROM | M/ / TO// | |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS | M/ TO// | |
| DATES EMPLOYED FROM BUSINESS NAMEBUSINESS ADDRESSCITY | M//TO// | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER | M /_ /_ TO /_ /STATE | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME | M / / TO //STATEFAX NUMBER_ | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR | M / _ / _ TO / _ /STATEFAX NUMBERSALARY/HOURLY | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME BUSINESS ADDRESS CITY TELEPHONE NUMBER JOB TITLE SUPERVISOR CO-WORKER | M / _ / _ TO / _ /STATEFAX NUMBERSALARY/HOURLYPHONE/EMAIL | ZIP |
| DATES EMPLOYED FROM BUSINESS NAME | M / / TO / / STATE FAX NUMBER SALARY/HOURLY PHONE/EMAIL PHONE/EMAIL | ZIP |

PLEASE CIRCLE YES OR NO

| VEC NO | II 1 |
|-----------|---|
| YES NO | Have you ever resigned from a job to keep from being fired? |
| YES NO | Have you ever been asked to resign from a job? |
| YES NO | Have you ever been fired from a job? |
| YES NO | Have you ever been told that your job assignment was being changed |
| VEC NO | due to problems you were having in completing your duties? |
| YES NO | Have you ever claimed to be injured or disabled when you were not? |
| YES NO | Have you ever filed a complaint against an employer? |
| YES NO | Have you ever borrowed any money from any business owner and |
| VEC NO | failed to pay it back? |
| YES NO | Have you ever called in sick when you were not ill? |
| | What is the number of times that you have used sick leave when you |
| | were not actually sick? |
| VEC NO | What did you do on those days? |
| YES NO | Have you ever filed a lawsuit against an employer either past or |
| YES NO | present? |
| YES NO | Have you ever damaged an employer's/employees property for revenge? Have you ever attempted in any way to get revenge against a |
| IES NO | past or present employer/employee? |
| YES NO | Have you ever failed to report to work without contacting your |
| IES NO | employer? How many times? Please explain: |
| | employer? How many times?Please explain |
| YES NO | Have you ever caused problems, or asked someone to cause |
| | problems, as a customer of any business? |
| YES NO | Have you ever walked off a job because you were angry? |
| YES NO | Have you ever walked off a job because of pressure? |
| YES NO | Have you ever quit a job without 2 weeks notice? Please explain: |
| YES NO | Have you ever been reprimanded for reporting late to work? |
| | How many times |
| | If you are late, on an average how many minutes? |
| | Please explain: |
| | |
| Use space | below for any explanations: |
| | |
| - | |
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| YES NO | Have you ever taken any money, merchandise, materials, uniforms or tools from where you work or have worked without direct permission? |
|-------------|--|
| PLA | ACE(S) |
| | TES(S) |
| | M(S) |
| VAI | LUE OF EACH |
| | N/A Do you still have the items listed above? |
| YES NO | Have you ever taken part in a theft with another employee? |
| YES NO | Have you ever had knowledge that another employee was stealing or being dishonest and not acted upon it? |
| YES NO | Have you ever witnessed an employee steal, take or destroy anything? |
| YES NO | Have you ever been an accomplice in any way to a theft at work? |
| YES NO | Have you ever submitted a falsified expense report? |
| YES NO | Have you ever charged any item or material to a business charge account that was not business related? |
| YES NO | Have you ever submitted an untruthful statement in order to obtain unemployment benefits? Number of times |
| YES NO | Have you ever been denied unemployment benefits? |
| YES NO | Have you ever resigned from a job while under investigation? |
| YES NO | Have you ever claimed that you worked more hours than you actually worked? |
| YES NO | Have you ever violated a company policy knowing that you were doing so? |
| YES NO | Do you get along with co-workers? |
| YES NO | Do you usually get along with employers? |
| YES NO | Have you ever claimed to be working, and getting paid, when you were not actually doing the job you were paid to do? |
| YES NO | Have you ever consumed alcoholic beverages at work? |
| YES NO | Have you ever consumed any form of an illegal substance at work? |
| Use space b | elow for any explanations: |
| | |
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POLICE APPLICATIONS

| YES NO | Have you ever applied with | ch any law enforcement related | agency? |
|-------------|---|--|----------------|
| applied wit | | whom you have applied (example the past, there should be two | |
| | w Enforcement agencies YO ate, and Federal. | U HAVE APPLIED WITH in | ncluding City, |
| AGENCY | POSITION | DATE APPLIED | STATUS |
| | | | |
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| | ***Please attach a pag | ge if you need additional space | |
| YES NO | Have you ever participated | d in a Ride-A-Long with a Polic | ce Agency? |

If yes, which department(s)?

<u>PRIOR POLICE-</u> (Police, Military Police, Jailer, Prison Guard, Security Guard) **If you have no prior experience, skip to FINANCIAL STATUS section.

| YES | NO | Have you ever attempted by word or action to cause someone to believe that you were a police officer other than when employed as a certified |
|------------|-----|--|
| | | officer? |
| YES | NO | Have you ever been employed in the law enforcement field? In what capacity? |
| YES | NO | As a security guard, jailer, prison guard, police officer, or military |
| ILS | 110 | police officer have you ever violated the civil rights of any person? |
| YES | NO | Have you used deadly force against anyone? |
| YES | NO | While on duty, have you ever discharged your duty firearm other than as |
| | | a part of a training exercise? |
| YES | NO | While off duty, have you ever discharged your firearm other than |
| | | during a practice session or hunting? |
| YES | NO | Have you ever had your peace officer, jailer, or security license |
| | | revoked or denied by final order? |
| YES | NO | As a peace officer, jailer or security guard, have you ever had a |
| | | voluntary surrender of your license or suspension in effect? |
| YES | NO | Are you currently under investigation for excessive use of force issues |
| | | or Civil Rights violations or similar investigation at this time? |
| YES | NO | Are you currently or have you ever been a party to a law suit involving |
| | | allegations of excessive force, wrongful death or civil rights violations? |
| YES | NO | Have you ever watched another security guard, jailer, prison guard, |
| | | police officer or military police officer commit any type of criminal |
| | | offense and not reported that officer to the proper authorities or |
| | | supervisors? |
| YES | NO | Have you ever watched another security guard, jailer, prison guard, |
| | | police officer or military police officer violate the civil rights of another |
| | | person and not report it to the proper authorities? |
| YES | NO | Have you ever solicited or attempted to solicit money or material |
| | | objects in return for not enforcing the law? |
| YES | NO | Have you ever accepted money or material objects in return for not |
| | | enforcing the law? |
| YES | NO | Have you ever made a false statement in any type of report? |
| YES | NO | Have you ever committed any type of crime while an officer? |
| YES | NO | Have you ever been accused of hurting a person? |
| YES | NO | Have you ever been disciplined while an officer? |
| | | If yes, how many timeswhat type |
| VEC | NO | Have you over made a folge statement under eath? |
| YES | NO | Have you ever made a false statement under oath? |
| YES | NO | Have you ever slept on duty? |
| | | Number of timesfor what reason |
| | | |
| YES | NO | Have you ever filed a resisting arrest charge? How many |

| YES | NO | Have you ever been classified as ineligible for re-hire by a former police | |
|---|---|---|--|
| YES | NO | department? Have you ever had any type of unauthorized physical or sexual contact | |
| | | while on duty? | |
| YES | NO | Have you ever used marijuana, illegal drugs, or narcotics while you were on duty or employed as an officer? | |
| YES | YES NO Have you ever committed any undetected act, which if it were to be | | |
| | | discovered would result in disciplinary action? | |
| YES NO Have any allegations of sexual harassment been filed against you? | | | |
| | | | |
| IIsa s | naca ha | low for any explanations: | |
| USC S | pace be | iow for any explanations. | |
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FINANCIAL STATUS

| YES | NO | Do you have any income from a source other than your present principal occupation? If yes, please list below: | |
|------------|--|---|--|
| | SOU | URCE | |
| | AM | OUNT | |
| | FRE | QUENCY | |
| YES | NO | Do you own any real property other than your primary residence? If yes, please list: | |
| | Тур | e of property Location of property Value/Paymer | |
| | 1 | | |
| | 2 | | |
| YES | NO | Do you own a home? If yes, please list: | |
| | NAN NAN | RTGAGE AMOUNTPAYMENT AMOUNT ME OF MORTGAGE COMPANY ME ON MORTGAGE OPERTY INSURANCE CO. NAME | |
| YES YES | | Do you rent? If yes, what is your monthly rent? | |
| YES | | Do you pay utilities? | |
| YES | | Are your utilities in your name? | |
| YES | NO Have you ever had a property foreclosed on? | | |
| YES | NO | Have you ever broken a residential lease/left property without fulfilling the lease agreement? | |
| Use s | pace b | elow for any explanations: | |
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Financial Accounts: Checking Account(s) Current Balance Bank YES NO Have you ever written any NSF checks? If yes, please explain. Savings Account(s) Bank **Current Balance** YES NO Have you ever had any delinquent credit? If so with whom_____ Amount_____ In your opinion do you have good credit at this time? YES NO Have you ever considered filing for bankruptcy? YES NO

Have you ever filed for bankruptcy? If yes, please explain:

Date of disposition

Type filed_____

Date filed_____

YES NO

List the following information for companies, individuals or others to whom you are indebted and the extent of your debt to each. Also list loans on which you are a cosigner on. Name Type of Amount **Monthly** Of Of **Payment** Owed Creditor Account ***Please use an additional sheet if more entries are needed*** YES NO Have you ever been refused credit from a bank? If yes, when____ Which bank _____ What reason Have you ever been refused credit from a store? YES NO If yes, when____ What store_____ What reason YES NO Have you ever had any repossessions? If yes, please explain_____ **Use space below for any explanations:**

REFERENCES:

Please list 5 persons who you know well enough to provide current information. DO NOT list relatives or former employers.

| Name | |
|--------------------------------------|-------------|
| Address | |
| | _Cell Phone |
| Work Phone | _E-mail |
| Place of employment | |
| Address of employment | |
| Years Known | |
| Briefly describe your relationship:_ | |
| | |
| Name | |
| Address | |
| Home Phone | Cell Phone |
| Work Phone | _E-mail |
| Place of employment | |
| Address of employment | |
| Years Known | |
| Briefly describe your relationship:_ | |
| | |

| Name | |
|--------------------------------------|------------|
| Address | |
| Home Phone | Cell Phone |
| Work Phone | E-mail |
| Place of employment | |
| Address of employment | |
| Years Known | |
| Briefly describe your relationship:_ | |
| | |
| | |
| | |
| Name | |
| Address | |
| Home Phone | Cell Phone |
| Work Phone | E-mail |
| Place of employment | |
| Address of employment | |
| Years Known | |
| Briefly describe your relationship:_ | |
| | |

| Name | | | |
|---------------------|------------------|-----------------------|---------|
| Address | | | |
| Home Phone | | Cell Phone | |
| Work Phone | | E-mail | |
| Place of employme | nt | | |
| Address of employ | ment | | |
| Years Known | | - | |
| Briefly describe yo | ur relationship: | : | |
| | | | |
| FOREIGN TRAVI | <u>EL</u> : | | |
| DATE FROM | DATE TO | COUNTRY VISITED | PURPOSE |
| | | | |
| | | | |
| PAST OR PRESEN | NT MEMBERS | HIP IN ORGANIZATIONS: | |
| ORGANIZATION | SOCIAL/F | RATERNAL OFFICE HELD | DATES |
| | | | |
| | | | |

| YES | NO | | ou ever been detained b or on a traffic stop? Li | by the police for anything other than as a | | | |
|-----|--------|-----------|---|--|---|--|--|
| YES | NO | | | | ndicted, arrested or charged forcement agency? List below | | |
| | AGEN | CY | CHARGE | DATE | DISPOSITION | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| YES | | | ver been convicted, place or any Arrest(s) ? List | | iven deferred | | |
| YES | | cation fo | | | iven deferred DISPOSITION | | |
| YES | adjudi | cation fo | or any Arrest(s)? List | below | | | |
| YES | adjudi | cation fo | or any Arrest(s)? List | below | | | |
| YES | adjudi | cation fo | or any Arrest(s)? List | below | | | |

| _ | | _ |
|-------|--|---|
| | | |

Use space below for any explanations:

Have you ever been involved in any way in any of the following WHETHER ARRESTED OR NOT? (Circle the appropriate response)

| YES | NO | Murder | YES | NO | Kidnapping |
|-----|----|--------------------------------|----------|-----|--------------------------|
| YES | NO | False Imprisonment | YES | NO | Fighting in public |
| YES | NO | Injury to a child | YES | NO | Injury to the elderly |
| YES | NO | Terrorristic Threat | YES | NO | Violate protective order |
| YES | NO | Criminal Non-support | YES | NO | Criminal Mischief |
| YES | NO | Robbery | YES | NO | Burglary |
| YES | NO | Unauthorized use of vehicle | YES | NO | Theft |
| YES | NO | Forgery | YES | NO | Disorderly conduct |
| YES | NO | Perjury | YES | NO | Riot |
| YES | NO | Harassment | YES | NO | Public Intoxication |
| YES | NO | Violation of civil rights | YES | NO | Abuse of a Corpse |
| YES | NO | Cruelty to Animals | YES | NO | Theft of Utilities |
| YES | NO | Organized criminal activity | YES | NO | Intoxicated Assault |
| YES | NO | Keeping a gambling place | YES | NO | Credit Card Abuse |
| YES | NO | Unlawful Carry Weapon | | | |
| YES | NO | Use of glue or aerosol as an i | intoxica | ınt | |

Have you ever committed any of the following acts?

| VEC | NO | I 1 4 P |
|-----|----|---|
| YES | NO | Indecent Exposure |
| YES | NO | Public Lewdness (sexual act in a public place) |
| YES | NO | Urinating in Public (regardless of whether others are around) |
| YES | NO | Any sexual act on the job |
| YES | NO | Masturbation on the job |
| YES | NO | Sexual Assault |
| YES | NO | Sexually explicit "prank" phone calls |
| YES | NO | Sexual contact with a sleeping, drugged or unconscious person |
| YES | NO | Sexual act with a child (person under the age of 17) |
| YES | NO | Sexual act with a person under the age of 17 when you were 18 or older? |
| YES | NO | Sexual act with a person that had a mental or physical handicap |
| YES | NO | Solicitation of Prostitution (sex for money/whether legal or not) |
| YES | NO | Prostitution |
| YES | NO | Window peeping (voyeurism) |
| | | |

circumstances. If referring to theft, be specific with items of value taken itemized with dates and values.

Please give details on any items that are circled "YES", dates, times locations and

Have you ever possessed, used, transported, manufactured or sold any item below?

| YES NO | Illegal firearm, knife or weapon |
|---------------|---|
| YES NO | Automatic weapon |
| YES NO | Explosive Weapon |
| YES NO | Illegal club |
| YES NO | Armor piercing ammunition |
| YES NO | Chemical weapons |
| YES NO | Hoax bomb/components of explosive device |
| YES NO | Firearm silencer |
| YES NO | Illegal ammunition |
| YES NO | Have you ever run from or attempted to elude a police officer either on foot or in a vehicle? |
| YES NO | Have you ever illegally entered onto or into the property, house, |
| ILS NO | building or a vehicle of another when you did not have permission to do so? |
| YES NO | Have you ever assaulted (struck, pushed, or hit) anyone, including a |
| 120 110 | family member, roommate or partner? |
| YES NO | Have you ever requested, suggested or received money or anything of |
| LS NO | value from a person as a gift to thank you for your protection or for |
| | not harassing or hurting them? |
| YES NO | Have you ever viewed, purchased, possessed, manufactured or |
| LS NO | distributed child pornography? |
| YES NO | Have you ever owned, operated or participated in the operation of a |
| ILS NO | "Web Site" that depicted child pornography, nudity and/or sexual acts? |
| YES NO | Have you ever purchased, sold or furnished any alcoholic beverage |
| 120 110 | to a person that you knew to be under 21 years of age? |
| YES NO | Have you ever testified before a grand jury? |
| YES NO | Have you ever illegally sold or attempted to sell government |
| 110 | information or secrets? |
| YES NO | Have you ever taken anything from a store without paying? (No matter |
| 110 | what your age) If yes, please list items and value. |
| | what your age, if yes, prease list tells and value. |
| lf you circle | ed yes to any of the above, please explain: |
| | |
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| | |

| YES | NO | Have you ever changed or altered the price tags on any merchandise? | | | | |
|-------|--------|---|--|--|--|--|
| YES | | Have you ever used a credit card without the owner's permission? | | | | |
| YES | | Have you ever converted government property to your own use or sold it? If yes, please list items and value. Have you ever taken a "iev ride" in a stalen vehicle? | | | | |
| YES | | Have you ever taken a "joy ride" in a stolen vehicle? | | | | |
| YES | NO | Have you ever entered a vehicle (not your own) and taken anything out of it? | | | | |
| YES | NO | Have you ever used a vehicle without the permission of the owner? | | | | |
| YES | | Have you ever been present when someone committed a crime? | | | | |
| YES | | Have you ever committed any Criminal Mischief offenses? | | | | |
| YES | NO | Have you ever entered a house or a building with the intent of hurting someone or stealing any property? | | | | |
| YES | NO | Have you ever suggested to anyone that you might be able to protect | | | | |
| T.E.C | NO | them from harm if they paid you? | | | | |
| YES | NO | Have you ever received any money or item of value from a person as a gift to thank you for your protection? | | | | |
| YES | NO | Have you ever worked as a body guard? | | | | |
| YES | NO | Have you ever forged any checks or prescriptions? | | | | |
| YES | NO | Have you ever been married to more than one person at the same time? This would include common-law marriages. | | | | |
| YES | NO | Have you ever taken part in an act of civil disobedience? | | | | |
| YES | NO | Have you ever committed any criminal act that went undetected by any law enforcement entity? | | | | |
| YES | NO | Have you ever been fingerprinted for any reason? If YES | | | | |
| DAT | E | AGENCY REASON (job, arrest, etc.) | | | | |
| | | | | | | |
| Use s | pace b | elow for any explanations for "YES" answers: | | | | |
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DRUG USAGE AND POSSESSION

The usage of illegal drugs has become common in today's society. It is important that the department be aware of your past or current drug usage since you may be called to testify as a witness in a criminal prosecution who is charged with drug use or possession. The defense could ask you about your personal drug usage in an effort to attack your credibility.

For our purposes, drug usage means the ingestion of drugs into your system. Ingestion is defined as, but not limited to: snorting, sniffing, injecting, smoking, puffing, oral ingestion (by pill, tasting, or mixing with food or drink), or being absorbed into the body by any means. Each separate instance of usage, regardless of the quantity consumed, constitutes "one time used".

Each drug you have used or experimented with must be identified. You will also list the first time and last time each individual drug was used. You will also explain how the drug was ingested, for example, smoked, injected, etc...

When asked to give the maximum number of times used, you must give the **absolute maximum number of times** you used that drug. If you are not sure how many times you used that drug, then state the absolute maximum number of times that you <u>could</u> have used that drug. Any discrepancies relating to the maximum number of times used will be viewed as deceptive and will be cause for immediate disqualification.

DRUG USAGE;

Under the laws in the State of Texas it is a criminal offense to possess, use, buy, sell or trade a dangerous drug and controlled substance. Usage refers to any form of introducing the substance into your body's system. This includes terms like "experimentation", "trying", or "taking a hit".

| NO NO NO NO | Marijuana Hashish Amphetamines Methamphetamines | | |
|----------------------|--|--|---|
| NO NO NO | Hashish Amphetamines | | |
| NO NO | - | | |
| NO | - | | |
| | 14101114111411011014111111105 | | |
| | "Speed" | | |
| NO | Cocaine | | |
| NO | Crack-cocaine | | |
| NO | LSD-"Acid" | | |
| NO | Ecstasy "X" | | |
| NO | PCP "Angel Dust" | | |
| NO | Mescaline "Peyote" | | |
| NO | Zanax "4 Bars" | | |
| NO | "Cheese" | | |
| NO | Tranquilizers | | |
| | (non prescribed) | | |
| NO | Methadone | | |
| NO | Steroids | | |
| NO | Heroin | | |
| NO | Psilocybin | | |
| NO | Mushrooms | | |
| NO | Morphine | | |
| NO | Codeine | | |
| NO | Opiates | | |
| NO | Barbiturates | | |
| NO | Methadone | | |
| NO | GHB | | |
| NO | dangerous drug not listed ab | pove. If yes, list the ed: | |
| | Type of Drug | Times used | Last Use |
| | NO N | NO PCP "Angel Dust" NO Mescaline "Peyote" NO Zanax "4 Bars" NO "Cheese" NO Tranquilizers (non prescribed) NO Methadone NO Steroids NO Heroin NO Psilocybin NO Mushrooms NO Morphine NO Codeine NO Opiates NO Barbiturates NO Methadone NO GHB NO Have you ever used any oth dangerous drug not listed abtimes used and when last us | NO PCP "Angel Dust" NO Mescaline "Peyote" NO Zanax "4 Bars" NO "Cheese" NO Tranquilizers (non prescribed) NO Methadone NO Steroids NO Heroin NO Psilocybin NO Mushrooms NO Morphine NO Codeine NO Opiates NO Barbiturates NO Methadone NO GHB NO Have you ever used any other illicit drug, contradangerous drug not listed above. If yes, list the times used and when last used: |

| YES NO | Have you ever sold or provided any illicit drugs, controlled substance, dangerous drugs, or marijuana whether listed above or not to anyone? If yes, please explain: | | | | |
|------------------|--|--|---------------------------|--|--|
| | Type of Drug | Sold or Provided | Number of times | | |
| YES NO | Have you ever used high? If yes, please | glue, paints, Freon, or petr | roleum products to get | | |
| | Type of Drug | Number of times | Last time used | | |
| YES NO | • | ht an illicit drug, controlled If yes, please explain: | d substance, dangerous | | |
| | Type of Drug | Number of times | Last time bought | | |
| YES NO | Have you ever been present when someone else was buying, selling or using drugs? If yes, please explain: | | | | |
| | Type of Drug | Number of times | Last time | | |
| YES NO | Have you ever used | a prescription drug that wa | as not prescribed to you? | | |
| | Drug | Number of times | First Time/Last time | | |
| | | | | | |
| YES NO YES NO | | th any individual(s) who use a doctor in order to obtains? What drug | | | |

| YES | NO | Have you ever taken amounts? What drug | a prescription drug more th | - | |
|--------|----------|--|--|-----------------------|--|
| YES | NO | amounts? What drugWhen Have you ever grown marijuana? | | | |
| YES | | Have you ever grown | • | | |
| YES | | Have you ever had a | | | |
| YES NO | | Have you ever need a wehicle after using any of the above illicit drugs, controlled substances, dangerous drugs, or marijuana? If yes, please explain: | | | |
| | | Type of Drug | Number of times | Last time | |
| YES | NO | transportation of any | involved, or assisted anyon y illegal contraband (drugs, | chemicals for drug | |
| | | manufacturing, mon illegal purpose? If y | ey, weapons etc), persons yes, please explain: | s or property for any | |
| | | | | | |
| YES NO | NO | • | or provided any illicit drugs, marijuana whether listed abo Sold or Provided | | |
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| Use s | space be | clow for any explanati | ions for "YES" answers: | | |
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SUBVERSIVE ORGANIZATIONS AND ACTIVITIES

| YES | NO | Are you now or have you ever been a member of a Fascist organization? |
|-------|-----------|--|
| YES | NO | Are you now or have you ever been a member of a terrorist cell or organization? |
| YES | NO | Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted that policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? |
| YES | NO | Are you now associating with, or have you associated with any individuals, including relatives who you know or have reason to believe are or have been members of any of the organizations described above? |
| YES | NO | Have you ever engaged in any activities for an organization of the type described above, made contribution(s) to, attended or participated in any social, or other activities of said organizations, or of any projects sponsored by them, including the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced or published, by them or any of their agents? |
| | | ed yes to any of the above 5 questions, please attach an additional page railed statement. If associated with any of these organizations, please |
| speci | fy nature | e and extent of association with each, including office or position held. |
| | | dates, places and credentials now or formerly held. If associations h individuals who are members of these organizations, then list the |
| | | nd the organizations with which they were or are affiliated. |
| | | |
| YES | NO | To your knowledge, has any member of your family (or your spouse's family) been a member of, or associated with any subversive or militant organization or group? |
| YES | NO | Have you ever associated with a person who advocated the overthrow of the government? |
| YES | NO | Have you ever wanted to overthrow this form of government by force or violence? |
| Use s | pace belo | ow for any explanations for "YES" answers: |
| | | |
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PERSONAL DECLARATIONS

| YES NO | Have you ever been a member of any street gang? | | | |
|-------------|--|--|--|--|
| YES NO | Have you ever attended a street gang activity or street gang gathering? | | | |
| YES NO | Have you ever carried a weapon without the proper permit? | | | |
| YES NO | Have you ever bought, sold, traded or possessed erotic images of | | | |
| IES NO | children? | | | |
| YES NO | Have you ever taken erotic pictures of children? | | | |
| YES NO | Have you ever viewed images of child pornography on the internet? | | | |
| YES NO | Have you ever illegally gained access to a computer that you were not | | | |
| IES NO | authorized to enter? | | | |
| YES NO | Without the permission of the owner, have you ever used the password of | | | |
| IES NO | 1 , 1 | | | |
| | another person to gain access to a secure computer, web site or other electronic device? | | | |
| YES NO | Have you ever set any item, regardless of value or ownership, on fire; for | | | |
| IES NO | personal reasons, profit, revenge, self-gratification, pleasure or fun? | | | |
| YES NO | Do you have any personal contacts, family or friends that are involved in | | | |
| IES NO | any criminal activities now? | | | |
| YES NO | Have you ever or are you currently friends with anyone that is a felon? | | | |
| YES NO | Have you ever lived with a felon? | | | |
| YES NO | Have you ever lived with a felon? Have you ever bought anything that you suspected was stolen? | | | |
| YES NO | Do you currently possess any property that you believe may have been | | | |
| 120 1,0 | stolen? | | | |
| YES NO | Have you ever participated in any money laundering operations? | | | |
| YES NO | Have you ever made money from placing a bet with a bookmaker? | | | |
| YES NO | Have you ever worked for any illegal book making organization? | | | |
| YES NO | Have you ever been a paid or unpaid police informant? | | | |
| YES NO | Are there any incidents in your life not mentioned herein which may | | | |
| | reflect upon your suitability to perform the duties which you may be | | | |
| | called upon to take or which might require further explanation? | | | |
| | If yes, please explain: | | | |
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| TT 1 | | | | |
| Use space b | elow for any explanations for "YES" answers: | | | |
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| YES NO | Do you have a relative or spouse currently employed with the City of | | | | |
|------------|--|--|--|--|--|
| | Carrollton? If so, please give the following: | | | | |
| | Name | | | | |
| | Relationship | | | | |
| | Department | | | | |
| | Contact number | | | | |
| | e-mail | | | | |
| DI 11.4 | | | | | |
| | any comments that you would care to make concerning your background | | | | |
| or quannic | ations in relation to the law enforcement profession. | | | | |
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| As a prospective employee, what qualities and characteristics do you possess that you believe would compliment the Carrollton Police Department? |
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| CERTIFICATE |
| I represent and warrant the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief. In order that the officials of the City of Carrollton Police Department may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage which occurs as a result of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from eligibility or discharge during or after probation. I further acknowledge that I am aware that once submitted, this application and any other records submitted become the property of the City of Carrollton. |
| Signature of Applicant |
| Date Submitted |

The following documents must be included if you are applying for Police Officer:

| 1. Military Form DD214 |
|---|
| 2. Certified High School Transcript or copy of your GED *** |
| 3. Copy of High School Diploma |
| 4. Certified college and university transcripts *** |
| 5. Copy of College Diploma |
| 6. Certified Copy of Birth Certificate *** |
| 7. Copies of Marriage License |
| 8. Copies of Divorce Decree |
| 9. Copies of Naturalization |
| 10.Copy of Drivers License, Insurance, & Social Security |
| 11.Notarized Release of Personal Information |
| |

*** These documents may be mailed directly to the Carrollton Police Department address listed on page (1) of this personal history statement.

If any item from the above list is missing from your packet, please make a note in regards to its status (i.e. being mailed, requested, unable to obtain, etc.).

WAIVER OF LIABILITY

EMPLOYMENT TERMINATION HISTORY RELEASE

| NAME (LAST, FIRST, MIDDLE INIT.) | | | |
|--|---|---|--|
| SOCIAL SECURITY NUMBER | | | |
| DEPARTMENT REQUESTING RECORDS | | | |
| I understand that a report is submitted to the C or appointment with a law enforcement agency. | | me I resign or am terminated from employment | |
| I understand the report must include an extermination. | xplanation of the | circumstances of my resignation or | |
| I understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses. | | | |
| I understand the Commission is not liable for concerning the circumstances cited above, when administrator and this release is presented to | n a written reques | st, on agency letterhead, from a chief | |
| I understand a law enforcement agency, chief enforcement official is not liable for civil dama in good faith. | | law enforcement agency or other law de by that agency or person if the report is made | |
| | official liable for coeace officer, reserve on file with the Co | ivil damages for the contents of reports we law enforcement officer, county jailer, public mmission, if the law enforcement agency, chief | |
| I expressly waive my right to hold the Commi enforcement agency, or other law enforcement information contained in my reports concerning employment or appointment with a law enforce | official liable for cast the circumstance | ivil damages for any action based on | |
| I have read and understand the foregoing stareports concerning my resignation or termin officer, reserve law enforcement officer, cour Commission to the department named above | ation pertaining t nty jailer, or publi | o circumstances cited above as a peace | |
| Signature of Licensee | | Date | |
| Sworn to and subscribed before | ore me, this | | |
| | the | day of | |
| Notary public in and for, State of Texas My Commission expires | | Printed Name of Notary | |
| Notary Seal or Stamp | | Signature of Notary | |

CITY OF CARROLLTON, TEXAS POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

| I,disclosure of all records concerning myse | , do hereby authorize a review of and full If to any duly authorized agent of: |
|---|--|
| <u>CARROLLTON</u> F | POLICE DEPARTMENT |
| whether the said records are of a public, p | private, or confidential nature. |
| but not limited to, the records of: educati records of loans, the records of comme and/or ratings), and other financial st psychiatric treatment and/or consultation, U.S. Veterans Administration; employme reports, efficiency ratings, complaints, gri and the records and recollections of attoriors. | my consent for full and complete disclosure, including onal institutions; financial or credit institutions, including ercial or retail credit agencies (including credit reports atements and records whenever filed; medical and including hospitals, clinics, private practitioners, and the ent and pre-employment records, including background evances, and disciplinary actions filed by or against me orneys at law or of other counsel, whether representing a criminal or civil, in which I presently have, or have had |
| | ed by a personal history background investigation which nole or in part, upon this release authorization will be or employment by: |
| <u>CARROLLTON F</u> | POLICE DEPARTMENT |
| concerning me shall not be held accour indemnity, and hold harmless said person which may be incurred as a result of | ernmental entit(y)(ies) who may furnish such information stable for giving this information; and I hereby release, h(s) and government entit(y)(ies) from any and all liability furnishing such information. I also release and hold my claim or demand related to the City of Carrollton formation. |
| | and full disclosure of all records concerning myself to other law enforcement agencies, and for any other |
| A photocopy or facsimile copy of this releasaid photocopy does not contain an origin | ase form will be valid as an original thereof, even though all writing of my signature. |
| Notary | Applicant's Printed Name (include maiden name) |
| Date | Applicant's Signature |
| | Social Security # |
| | Telephone () |
| | Address |
| | City, State, Zip Code |