

# JEFFERSON COUNTY SHERIFF'S OFFICE

## OFFICE APPLICANT



You have been issued your personal history statement (PHS). This COMPLETED form and all information and documents required on the included check list MUST be returned within 30 days from the date issued in order to be considered. Any INCOMPLETED personal history statement forms or attachments returned after 30 days will be placed in an inactive status and will **not** be considered. You would then have to re-apply to be considered.

Thank you for considering Jefferson County Sheriff's Office as your employer.

If you have any questions concerning the personal history statement, please contact the Human Resources / Training Department for assistance:

Phone numbers – (409) 726-2521 or (409) 726-2588

Email – [efrancis@co.jefferson.tx.us](mailto:efrancis@co.jefferson.tx.us)

[csamuel@co.jefferson.tx.us](mailto:csamuel@co.jefferson.tx.us)

# JEFFERSON COUNTY SHERIFF'S OFFICE

**Zena Stephens, Sheriff**



APPLICANT

PERSONAL HISTORY

STATEMENT

Photograph taken within

PHOTO

The past year

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FOR POSITION OF: \_\_\_\_\_

TCOLE PID#: \_\_\_\_\_

**PLEASE BRING ORIGINAL DOCUMENTS - WE WILL MAKE COPIES**

- |                   |  |
|-------------------|--|
| _____ Check space | Certified birth certificate  |
| _____ Check space | Certified High School Diploma  |
| _____ Check space | Certified College Transcript   |
| _____ Check space | Certified College Degree   |
| _____ Check space | Naturalization Papers (if applicable)  |
| _____ Check space | Military DD-214 Form 4 (if applicable)   |
| _____ Check space | Divorce Decree (if applicable)   |
| _____ Check space | Marriage License (if applicable)   |
| _____ Check space | Valid Drivers License (with current address)   |
| _____ Check space | Social Security Card   |
| _____ Check space | Proof of Automobile Liability Insurance  |
| _____ Check space | Proof of Certification(s) (for applicants who are licensed in the State of Texas through T.C.L.E.O.S.E as a Certified Peace Officer and / or a Certified Corrections Officer |
| _____ Check space | Proof of any License applicabler to the position applying for i.e.. Medical, Counselor, Dispatcher etc.  |
| _____ Check space | Include copies of performance evaluations (if available)   |

### 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 agency. 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, guaranty 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 so please 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** by the applicant 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. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or 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**.
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 application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary
  - Completed Personal History Statement
  - Copy of your Social Security card.
  - Original certified copy of your birth certificate. (No photo copy)
  - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
  - Copy of your High School diploma or GED certificate.
  - Sealed original certified copy of your college transcript. (No photo copy)
  - Photocopy of your college diploma.
  - Copy of your Peace Officer Certificate from your police academy. (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 possess 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 Qualifications within the last 12 months.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

The Jefferson County Sheriff's Department may reject an applicant for one or more of the following reasons listed below. Time calculations for an action that constitutes rejection for a specified period of time shall be calculated from the date the application for employment is submitted by the applicant.

- Applicant fails to meet Minimum Standards for Initial Licensure as set forth by Texas Commission on Law Enforcement Officer Standards and Education for Peace Officer candidates.
- Applicant is not a citizen of the United States of America by birth or naturalization. The applicant shall be disqualified until citizenship is obtained in compliance with Federal Laws.
- Applicant is unable to perform the essential functions of the position to which he/she seeks appointment, with or without reasonable accommodation.
- Applicant has engaged in, received deferred adjudication or per-trial diversion for, or has been convicted or Conduct that constitutes a Class A Misdemeanor under the Texas Penal Code or equivalent under Federal law, to include the Uniform Code of Military Justice (UCMJ), or a Class B Misdemeanor in the past ten (10) years, or any other conduct that may be unsuitable for employment by the Jefferson County Sheriff's Department. Crimes involving moral turpitude will be considered on a case-by case basis with appropriate consideration of circumstance and recency.  
Additional restrictions may apply.
- Applicant has engaged in, received deferred adjudication or per-trial diversion for, or has been convicted of conduct which constitutes a felony under the Texas Penal Code or Federal Law, to include the UCMJ. Conviction of or engaging in conduct that constitutes a felony can result in **Permanent Disqualification.**
- An applicant shall not be considered for employment while charges are pending for any criminal offense or while he/she is currently on probation for any offense.
- Applicant has made any false statement in any material fact; withheld information, practiced or attempted to practice any deception or fraud in his/her application, examination or appointment. Depending on the variables involved, rejection may be either temporary or **Permanent.**
- An applicant may be temporarily or **Permanently** disqualified if it has been determined by the Department that, or he/she has engaged in, conduct which constitutes excessive and or recent use of intoxicants, including alcohol.  
Conduct involving recent use of illicit substances or excessive use of intoxicants shall be considered on a case-by-case basis with consideration given to circumstances and recency.

- Applicant has not used illicit substances as indicated by the following guidelines:
  1. No unlawful consumption of Marijuana within the last two (2) years.
  2. No unlawful consumption of paints, gases or other abusable chemicals.
  3. No unlawful consumption of any Texas Health and Safety Code Penalty Groups 1 and 2 drugs (excluding marijuana) within the last five (5) years.
  4. No unlawful consumption of any Texas Health and Safety Code Penalty Groups 3 and 4 within the last ten (10) years.

An applicant may be temporarily or Permanently disqualified if it has been determined by the Department, or he/she engaged in conduct which constitutes abuse of legally obtained prescription medication(s), or illegal use of prescription medication(s) of another person. Conduct involving the abuse and/or misuse of prescription medicine(s) shall be considered on a case-by-case basis with consideration given to circumstances and recency.

- Applicant has engaged in, received deferred adjudication or pre-trial diversion for, or has been convicted of DWI/BWI/FWI/DUI within the past five (5) years or violations exceeding five (5) events (moving violations or preventable accidents) within the past five (5) years.
- Applicant has been dismissed or resigned in lieu of dismissal from any employment for inefficiency, delinquency or misconduct and shall be considered on a case-by-case basis with consideration given to circumstances and recency.
- Applicant has demonstrated a failure to pay just debts. Due to variable involved, each situation shall be considered on a case-by-case basis. Just debts are to include mandated Child Support.
- Applicant has exercised poor judgment skills within the past five (5) years. The applicant has demonstrated either immaturity or poor judgment in the applicant's decision making process. Examples of such conduct would include, but is not limited to: attendance at a party or social function at which controlled substances or dangerous drugs are consumed and such activity is known or should have been known by the applicant; workplace behavior/decisions that adversely affect the business or associates with little or no objectively justifiable need for such behavior.
- Applicant has a history of unstable work, i.e., as evidenced by frequent changing of jobs for no apparent reason excluding seasonal, student or contract work. Due to variable involved, each occurrence shall be considered on a case-by-case basis with consideration given to circumstances and recency.
- Applicant has been discharged from any military service under less than honorable conditions. This may include:
  - Under other than honorable conditions
  - Bad conduct
  - Dishonorable
  - General
  - Uncharacterized; or
  - Any other characterization of service indicating bad character or conduct, even when it coincides with an honorable discharge.

Applicant Qualification Section

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

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, 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 bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name		First	Middle	Maiden
Street Address			Apt. No.	
City			State & Zip Code	
Mailing Address (if different from residence)			State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.		
Date of Birth	Social Security No.	Pager No.	Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

\_\_\_\_\_

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). \_\_\_\_\_

List ALL E-Mail Addresses (S) \_\_\_\_\_

\_\_\_\_\_



**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

**RESIDENCES**

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	State & Zip code


**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

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**ARRESTS, DETENTIONS, AND LITIGATION**

Have you ever been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you ever committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_

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Have you ever assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_

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Have you ever been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_

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Have you ever been a party to a civil suit or action? If yes, explain: \_\_\_\_\_

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Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_

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Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_

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Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name:Relationship	Charge:Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_ Spouse's current net monthly income \_\_\_\_\_

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes \_\_\_ No \_\_\_

Name(s) of financial institution(s) \_\_\_\_\_

Type(s) of account(s) \_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance


**CREDIT INFORMATION**

Have you ever filed bankruptcy personally or on behalf of a business? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to above, indicate type \_\_\_\_\_

Have you ever had any personal or real property repossessed or foreclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever failed to pay Federal, state, or other taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever failed to file a tax return, when required by law? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a judgment entered against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever defaulted on any type of loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had bills or debts turned over to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any credit account suspended, charged off, or cancelled for failure to pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever written a check that was later returned for Non Sufficient Funds (NSF)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been delinquent on court-imposed alimony or child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently more than sixty (60) days delinquent on any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Have you ever received unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Identify any person or entity to which you are more than 30 days late in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes \_\_\_ No \_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_ Yes \_\_\_ No



If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_ Yes \_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you ever expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_\_ No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

\_\_\_\_\_

\_\_\_\_\_



**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or rights granted by law? Yes \_\_\_\_\_ No \_\_\_\_\_



## Personal Declarations Cont'd

Have you ever sold any of the above listed items?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever brought any of the above listed items?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever been in possession of any prescription drug that was not prescribed to you?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever ingested any prescription drug that was not prescribed to you?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever had an illegal drug injection?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever inhaled paint, glue, or any petroleum product with the intent of becoming intoxicated?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever been involved, in any way, in the manufacturing of an illegal drug?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Have you ever been addicted to a drug prescribed by a Doctor?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Do others such as friends, family or social acquaintances use drugs in your presence?

Which	When	No. Times	___ Yes	___ No
-------	------	-----------	---------	--------

Do you use alcoholic beverages?

When	No. Times	___ Yes	___ No
------	-----------	---------	--------

Have you ever used cough medicine to get "high"?

When	No. Times	___ Yes	___ No
------	-----------	---------	--------

Have you ever been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL or STAMP

PHS 01/01/14

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_