



**CONSTABLE ALAN ROSEN**  
**HARRIS COUNTY CONSTABLE'S OFFICE**  
**Precinct One**

www.pct1constable.net

EMPLOYMENT APPLICATION

Background Division  
1302 Preston Street, 5<sup>th</sup> Floor  
Houston, Texas 77002  
(832)927-1533

**Applicant**  
**Personal History Statement**  
(Effective June 1, 2020)

DATE ISSUED \_\_\_\_\_

COMPLETE & RETURN BY \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Suffix)

**NOTE:**

- \* PEACE OFFICER APPLICANTS MUST HAVE A VALID ACTIVE TCOLE PEACE OFFICER LICENSE TO APPLY.
- \* TELECOMMUNICATOR APPLICANTS MUST HAVE A VALID ACTIVE TCOLE TELECOMMUNICATORS LICENSE TO APPLY

**ALL APPLICABLE DOCUMENTS MUST BE TURNED IN FOR YOUR APPLICATION TO BE PROCESSED.**

I am applying for:

- Peace Officer TCOLE PID# \_\_\_\_\_
- Telecommunicator TCOLE PID# \_\_\_\_\_
- Clerical Employment
- Civilian Screener



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EMPLOYMENT APPLICATION

#### MINIMUM REQUIREMENTS FOR EMPLOYMENT

-  **AGE:** Peace Officer Applicants: At least twenty-one (21) years of age on their date of employment. For Communications Officer's, Civilian Screeners, and / or Civilian Applicants: At least eighteen (18) years old on their date of employment. There are NO maximum age limits.
-  **PHYSICAL CONDITION:** Peace Officer Applicants, whose license has been out of service for more than 180 days, must be examined by a licensed physician and be declared, in writing, to be physically sound and capable of performing the essential functions of the job as a Peace Officer.
-  **PSYCHOLOGICAL EVALUATION:** Peace Officer Applicants, whose license has been out of service for more than 180 days, must be examined by a Harris County Precinct 1 Constable's Office approved licensed psychologist or psychiatrist and be declared, in writing, to be in satisfactory psychological and emotional health to be licensed as a Peace Officer or Communications Officer.
-  **EDUCATION:** All Applicants must have a high school diploma or equivalent G.E.D. (College hours, prior law enforcement and / or military service is preferred, but not required).
-  **MILITARY:** All Applicants with military experience must have an acceptable discharge designation.
-  **CITIZENSHIP/RESIDENCY:** Applicants for Peace Officer positions must be able to demonstrate proof of U.S. citizenship by showing a birth certificate (for U.S. citizens) or a birth certificate and Naturalized citizen papers.
-  **TEXAS DRIVER LICENSE:** Peace Officer and Civilian Applicants that apply for positions that require driving must hold a valid Texas Driver License.
-  **CREDIT:** Peace Officer Applicants must provide a credit report (at the applicant's expense) for evaluating personal integrity and financial responsibility.
-  **PAST EMPLOYMENT:** Employment history, including the number of jobs and reason for leaving, will be considered. Unfavorable employment records or references may be grounds for rejection.
-  **TESTING:** Applicants must successfully complete all phases of the application process.



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#### **MINIMUM REQUIREMENTS CONTINUED:**

-  **BACKGROUND INFORMATION:** A thorough background investigation is conducted on all applicants, and evidence of good moral character and reputation is mandatory. Disclosure of any one of the following may constitute grounds for disqualification:
- Admission of conviction of any felony offense;
  - Disqualification for misdemeanor offenses, which are disclosed through admissions or convictions, is based upon the type, frequency and / or recentness of the offense(s);
  - An applicant will not be under Indictment, Awaiting Trial, or on Probation for a criminal offense at the time of the application;
  - The driving record of an applicant will be reviewed. Excessive traffic violations and/or accidents may result in disqualification for deputy applicants and civilian positions that require driving.
  - A history of bad credit or failure to meet financial obligations may result in disqualification for deputy applicants;
  - Applicants who received a less than an acceptable discharge designation from the U.S. Military Service will be permanently disqualified;
  - Membership in any subversive or extremist organization;
  - Any deception, false statement(s) or evidence of fraud in your application may result in a permanent disqualification;

 **ASSIGNMENTS:** Any Applicant must be willing to accept any assignment and shift within the Harris County Constable's Office Precinct One, including weekends and holidays.

 **CERTIFICATION:** All Peace Officer and Communication Officer Applicants must be eligible for licensing by the Texas Commission on Law Enforcement (T.C.O.L.E)

 **POLYGRAPH EXAMINATION:** All Peace Officer applicants are subject to a polygraph examination upon request from the Background Investigators. **(NOT REQUIRED FOR TELECOMMUNICATORS, CIVILIAN SCREENER, OR CIVILIAN APPLICANTS.)**



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#### 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, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, 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 or BLUE 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 your answer 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). Use the "REQUIRED DOCUMENTS CHECKLIST" to ensure you have included all necessary documentation for employment.
10. If you have any questions, please contact the recruiting division at (832) 927-1533 or (832) 927-1503.
11. When submitting the completed documents, please place them in a sealed envelope marked "Personal and Confidential" to the recruiting division.



# REQUIRED DOCUMENTS CHECKLIST

Bring all original and photocopies of documents when you submit your application. Do not have documents mailed to Harris County Precinct 1 Constable's Office. You must have ALL of the required documents at the time of submission of the application. Small documents, such as social security cards and driver's licenses, should be centered in the middle of the page (both vertically and horizontally). All documents must reflect the name and date of birth as shown on your birth certificate or marriage license.

- 1. Original certified birth certificate from the Bureau of Vital Statistics (No photocopy).
- 2. Original naturalization papers, if applicable.
- 3. Original high school diploma or certified high school transcript or GED
- 4. Certified college transcript from each college attended (sealed originals). If applicable, transcript must reflect semester hours earned and all degrees obtained. (NOT MANDATORY)
- 5. Photocopy of your college diploma(s) (NOT MANDATORY)
- 6. Valid Texas driver's license with current address or receipt for change of address or renewal. The name on the license must be your legal name. If your driver's license is in another state, you must have a valid Texas driver's license prior to being offered employment or valid ID card for screeners. (1 photocopy)
- 7. Original social security card or receipt for duplicate request; must have correct spelling of your name, and the name on your card must be your legal name. (1 photocopy)
- 8. Original Divorce Petition and Final Divorce Decree, if applicable.
- 9. A current credit report, no more than 60 days old, is required. All pages of the credit report must be submitted, including pages left blank on purpose. Credit reports can be obtained through any of the three credit bureaus via: <https://www.annualcreditreport.com>
- 10. Current (Passport Size) photograph of self.
- 11. Current proof of automobile insurance. (1 photocopy) (NOT REQUIRED FOR SCREENERS)
- 12. Three (3) letters of recommendation. (NOT REQUIRED FOR SCREENERS)
- 13. Military Only: Original U.S. Military DD-214 for all past and current active duty status, if applicable. Must have Honorable Discharge. (1 photocopy)
- 14. Military Only: Original U.S. Military NGB-22 for all past and current active duty status, if applicable. Must have Honorable Discharge. (1 photocopy)
- 15. Law Enforcement Only: TCOLE Peace Officer License or other state license, if applicable.
- 16. Law Enforcement Only: Peace Officer's most recent firearms qualification record, if applicable.



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**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 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 justifications 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.

I understand and authorize Harris County Precinct 1 Constable's Office, at the time of my application for employment or during the course of employment, to obtain information from any source as to my education, experience, character, financial, credit record, and criminal history as it relates to the position for which I am being considered, or in which I may be employed. I certify that my statements in the application are true, complete, and correct to the best of my knowledge and belief. I understand that falsifications or omissions of information may bar me from employment, or if I have been appointed, may cause my immediate dismissal from the position. I also agree that statements made on this application may be investigated.

I have read and understand the application process and minimum requirements for employment and certify that I meet all requirements for employment to the position I am seeking.

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

\_\_\_\_\_  
Date



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### APPLICANT HIRING PROCESS

There are six (6) steps in the hiring process. No person will be hired until the final step is completed. No person has the authority to circumvent the process. Never assume or think you have been hired until the final step has been completed.

The steps in the hiring process are as follows:

1. Receipt of application and preliminary criminal background check of applicant.
2. A complete background investigation conducted by the Background Division, including but not limited to, the information provided by the applicant in the employment application.
3. An oral interview.
4. A drug screening test.
5. May include a polygraph examination, psychological examination, medical examination, and fingerprinting. All examinations are conducted by professionals chosen by Harris County Precinct 1 Constable's Office and paid for by the applicant (If required by TCOLE).
6. Oral Interview and swear in with the Constable. **(NOT REQUIRED FOR SCREENERS)**

I have read the preceding and understand I may be rejected at any time in the hiring process. Additionally, I understand all initial offers are conditional and contingent upon successful completion of all phases of the hiring process required by the Department and / or State law. I also understand that no one has the authority to extend a final offer of employment except the Constable, and this will only happen after all steps listed above are completed.

NOTE: Once hired, you will begin the training phase with a Field Training Officer. The training process must be successfully completed in order for the employee to proceed to his / her assignment. If the training process is not successfully completed, the individual will not be allowed to continue their employment with this agency.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

As positions become available, Harris County Precinct 1 Constable's Office reviews the open applications on hand and hires the most qualified applicants. An application is considered open for one year from the date of receipt, or until the person is hired, or the application is rejected. If the application is considered favorably, you will be notified with additional information for further processing.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



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**CONFIDENTIAL AGREEMENT**

A thorough and comprehensive investigation will be conducted on all applicants for employment with the Harris County Precinct 1 Constable's Office. All information is CONFIDENTIAL and the department will not reveal the reason for rejection to those applicants who are not accepted. At no time will any part of the investigation be made available to you.

I have read and fully understand the above statement and agree all information obtained during the application process will remain confidential and will not be made available to me.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**RELEASE AND INDEMNITY**

It has been explained to me, and I fully understand, that in connection with my applying for a position with the Harris County Precinct 1 Constable's Office, there may be costs incurred by me for:

Any and all: (1 THRU 4 ARE ONLY REQUIRED FOR LICENSED PEACE OFFICERS)

1. Pre-employment Polygraph Examinations
2. Medical Examinations
3. Psychological and/or Emotional Tests and Evaluations
4. Fingerprinting
5. Documents required to be submitted

I also fully understand that I am not guaranteed a position of employment with the Harris County Precinct 1 Constable's Office and I may be rejected for employment at any time even though I will have expended funds for examinations and documents. I have decided to proceed with my application even though I know the costs incurred by me will not be reimbursed and I agree to hold the Harris County Precinct 1 Constable's Office harmless from any loss incurred by me during and after my application process.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature





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**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Harris County Precinct 1 Constable's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including, but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis in this application with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Applicant's Notarized Signature

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in and for  
\_\_\_\_\_ County, in the State of \_\_\_\_\_,

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
My Commission Expires



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### APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION WILL BE USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name		First Name		Middle Name	Maiden Name
Cellular Telephone #		Home Telephone #		Work Telephone #	Pager Telephone #
Date of Birth (mm/dd/yyyy)	Age	Social Security Number		Driver's License # & State	TCOLE PID <small>(IF APPLICABLE)</small>
Street Address, Apt No., City, State & Zip Code					
Mailing Address, Apt No., City, State & Zip Code <i>(if different from street address)</i>					
Have you ever been known or gone by any other name (excluding nicknames)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? Provide Name(s):					
Are you a U.S. Citizen by Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a Naturalized Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Place of Birth (City, County, State, Country)					
Height:	Weight:	Eye Color:		Hair Color:	
Scars, Tattoos <i>(description and location)</i> , or other distinguishing marks:					
<small><b>NOTE: Harris County Precinct 1 Constable's Office policy requires that no employee, while on duty or in uniform, may have tattoo(s) which are visible to the public. This may require, if tattoo(s) are visible, you to wear a long sleeve shirt.</b></small>					
List all people you reside with, over the age of 18 (Full Name and Date of Birth):					
Do you have any social networking, instant messaging, or other internet based profile(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide screen name(s) and Service Provider(s):					
List all E-Mail Addresses:					
Do you know any current or previous Harris County Precinct 1 Constable's Office employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Please list names:					
Have you ever worked for Harris County Precinct 1 Constable's Office in any capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates:					
Have you ever submitted an employment application to Harris County Precinct 1 Constable's Office?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide the date of the application:					
To provide law enforcement coverage twenty-four (24) hours per day, seven (7) days a week, Harris County Precinct 1 Constable's Office employees must have and maintain the ability to work shifts differing in length, time of day or night, day of the week, and rotating shifts. This is an essential function of all department positions. Are you willing to work?					
Any Shift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Call-Out	<input type="checkbox"/> Yes <input type="checkbox"/> No



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### MARITAL & FAMILY HISTORY

<b>Marital Status (Single, Engaged, Married, Divorced, Widowed, Cohabiting, etc.):</b>			
Person's Name (include maiden name):		Date of Birth:	Date of Marriage:
Home Telephone #	Cellular Telephone #	Work Telephone #	Pager Telephone #
Employer (Company Name):		Job Title / Position:	
Employer Address, Apt No., City, State & Zip Code:			
<b>If you have been separated, divorced, or widowed, provide details below:</b>			
Ex Spouse's Name:		Ex Spouse's Name:	
Ex-Spouse's Date of Birth:		Ex-Spouse's Date of Birth:	
Ex-Spouse's Telephone #		Ex-Spouse's Telephone #	
Date of Marriage:		Date of Marriage:	
City and State Married:		City and State Married:	
Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:		Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:	
Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:		Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:	
Widowed <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:		Widowed <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:	
Court or State Issued:		Court or State Issued:	
Date Issued:		Date Issued:	
<b>Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children):</b>			
Relation	Name	Date of Birth	Address
Are you required to make child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes"? Are you current with all payments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No"? Provide the number of payments you are behind and fully describe the reason for the delinquency:			
<b>Identify relatives in the following order: Father, Mother (include maiden name), Step-Parents (if any), any Siblings:</b>			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			



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Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			
Relationship:	Name (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, Apt No., City, State & Zip Code:			

#### RESIDENCES

Identify all residences where you have lived, beginning with the most recent, including your present address. List date by Month / Year. Include military assignments.

From	To	Street Address, Apt No., City, State & Zip Code



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**PERSONAL REFERENCES**

List five (5) persons you have known for more than five (5) years who know you well enough to provide current information about you. **DO NOT LIST RELATIVES, FORMER OR CURRENT EMPLOYERS, OR SUPERVISORS.**

Name Of Reference #1	Occupation	Telephone #	Alternate Phone #	Nature of Relationship	Years Known
Street Address, Apt No., City, State & Zip Code					
Name Of Reference #2	Occupation	Telephone #	Alternate Phone #	Nature of Relationship	Years Known
Street Address, Apt No., City, State & Zip Code					
Name Of Reference #3	Occupation	Telephone #	Alternate Phone #	Nature of Relationship	Years Known
Street Address, Apt No., City, State & Zip Code					
Name Of Reference #4	Occupation	Telephone #	Alternate Phone #	Nature of Relationship	Years Known
Street Address, Apt No., City, State & Zip Code					
Name Of Reference #5	Occupation	Telephone #	Alternate Phone #	Nature of Relationship	Years Known
Street Address, Apt No., City, State & Zip Code					

**TRAFFIC RECORD** (ONLY REQUIRED FOR LICENSED PEACE OFFICERS)

Identify all vehicles you and your spouse own and / or operate:					
Year	Make	Model	Color(s)	License Plate No. & State	Owner



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#### **TRAFFIC RECORD continued** (ONLY REQUIRED FOR LICENSED PEACE OFFICERS)

Current automobile insurance carrier:			Expiration Date:			
Have you ever possessed a driver / operator license issued by any state other than Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes"?	Driver / Operator License #:	State:	Date Issued:			
If "Yes"?	Driver / Operator License #:	State:	Date Issued:			
Have you ever had your driver / operator license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes"? Give reason, date, and length of suspension:						
<b>Identify all motor vehicle accidents / crashes you have been involved in during the last ten (10) years:</b>						
Date:	Location:				Police Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of Accident (example: ran red light, failed to control speed) and disposition					At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Location:				Police Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of Accident (example: ran red light, failed to control speed) and disposition					At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Location:				Police Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of Accident (example: ran red light, failed to control speed) and disposition					At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Location:				Police Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of Accident (example: ran red light, failed to control speed) and disposition					At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Identify all traffic citations / summons you have received within the last ten (10) years, excluding parking tickets / summons:</b>						
Month / Year	Violation	Issuing Agency	Disposition			

#### **ARRESTS, DETENTIONS, AND LITIGATION**

Have you ever been arrested, detained, or issued a criminal citation (other than traffic citations) by Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? Complete the following table:					
Agency	Offense	Date	Location	Arrest, Detained, or Criminal Citation	Outcome



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<b>Are you now or were you ever a party to a civil litigation (including evictions, repossessions, and divorces)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Litigation	City / State	Date	Disposition
<b>Have you ever been sued or named in any type of lawsuit or proceeding?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes? Explain:			
<b>Have you ever been summoned to appear in court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes? Explain:			

**PERSONAL DECLARATIONS**

<b>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)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>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)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever been considered or named a suspect in a criminal investigation or criminal offense?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever been involved in any incident (do not include vehicular accidents / crashes) in which a police report was made or law enforcement was called?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	



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**Other than crimes that would have been sealed by juvenile records, have you ever been committed – or assisted another person(s) in the commission of – a felony crime, serious misdemeanor (Class B or above), or a crime involving moral turpitude that went undetected or unreported to law enforcement?  Yes  No**

If Yes? Explain:

**Do you associate with anyone who has committed a Felony offense?  Yes  No**

If Yes? Explain:

**Do you associate with anyone who has committed multiple criminal offenses (Class B Misdemeanor or above)?  Yes  No**

If Yes? Explain:

**Do you associate with any gang members?  Yes  No**

If Yes? Explain:

**Have you ever stolen or taken items or money from an individual, employer, business, or entity without permission?  Yes  No**

If Yes? Explain in detail providing dates, description of the item(s), value(s), and circumstances:

**Have you ever purchased or received items that you knew or suspected were stolen?  Yes  No**

If Yes? Explain in detail providing dates, description of the item(s), value(s), and circumstances:

**In the past twelve (12) months, have you operated a motor vehicle after consuming enough alcohol to be considered intoxicated?  Yes  No**

If Yes? Explain:

**Do you consume alcoholic beverages?  Yes  No**

If Yes? Describe frequency:

**Have you ever used / consumed marijuana or hashish?  Yes  No If yes? Use table below:**

Drug Name	Number of times used	First time used (mm/yyyy)	Last time used (mm/yyyy)







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**FINANCIAL STATUS** (ONLY REQUIRED FOR LICENSED PEACE OFFICERS)

<b>Your</b> current net annual income:		<b>Spouse's</b> current net annual income:	
Source of income (employer's name, rent, etc.)		Source of income (employer's name, rent, etc.)	

**Do you have any accounts with a financial institution?**  Yes  No **If Yes? Explain below:**

Name of Financial Institution	Type of Account

**Identify any person(s) 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., Citi Financial, Bank of America, etc.)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx. Balance

**Identify any person(s) 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	Type of Debt	Days Late	Amount	Reason



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**CREDIT INFORMATION**

<b>Have you ever filed bankruptcy personally or on behalf of a business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Indicate Type and Explain:	
<b>Have you ever had any personal or real property repossessed or foreclosed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever failed to pay Federal, State, or other taxes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever failed to file a Tax return, when required by law?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever had a lien placed against your property for failing to pay taxes or debts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever had a judgment entered against you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever defaulted on any type of loan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever had bills or debts turned over to a collection agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	
<b>Have you ever had any credit account suspended, charged off, or cancelled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes? Explain:	



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<b>Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes? Explain:		
<b>Have you ever been delinquent on court-imposed alimony or child support payments?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes? Explain:		
<b>Have you ever been disciplined regarding the use of an employer credit card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes? Explain:		
<b>Are you currently more than thirty (30) days delinquent on any debts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes? Explain:		
<b>Have you ever applied for unemployment compensation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes? When?</b>	
<b>Have you ever received unemployment compensation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes? When?</b>	

**EMPLOYMENT HISTORY**

<b>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.</b>			
<b>If you are currently employed, may we contact your present employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer #1 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			



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Employer #2 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			

Employer #3 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			



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Employer #4 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			

Employer #5 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			



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Employer #6 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			
Employer #7 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			



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Employer #8 ( <input type="checkbox"/> Not Applicable)		From(mm/yyyy):	To(mm/yyyy):
Street Address, Apt No., City, State & Zip Code:			
Telephone Number:	Hours Worked per Week	Job Title	Begin Salary:
			Ending Salary:
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worker	Co-Worker Telephone Number
Duties:			
Did you receive any disciplinary actions or documented performance problems <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:			
Were you terminated, asked to resign, resigned pending disciplinary action, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes? Explain Fully) (If No? Why did you leave this job?)			
Was there an unemployment period between previous employment and the one listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Provide Dates and Explain:			

#### EDUCATIONAL HISTORY

High School(s) attended:	Street Address, Apt No., City, State & Zip Code:	Dates Attended		Graduated		
		From(mm/yyyy)	To(mm/yyyy)			
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a General Education Development (G.E.D.) Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Were you ever expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes? Explain:						
<b>Identify all colleges, universities, or technical schools you have attended: (NOT MANDATORY)</b>						
Name	City & State	Dates Attended		Hours Completed	Major	Degree & Date
		From(mm/yyyy)	To(mm/yyyy)			





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**MILITARY OBLIGATION**

Have you ever served in the United States of America Armed Forces?  Yes  No If Yes? Complete Table Below

Branch of Service	Dates Served		Highest Rank	Unit	Last Duty Station
	From(mm/yyyy)	To(mm/yyyy)			
Job Title(s) (e.g., Rifleman, Security)					Type of Discharge

Branch of Service	Dates Served		Highest Rank	Unit	Last Duty Station
	From(mm/yyyy)	To(mm/yyyy)			
Job Title(s) (e.g., Rifleman, Security)					Type of Discharge

Are you actively serving in a Reserve Unit (including State Military Forces)?  Yes  No If Yes? Complete Table Below

Branch of Service	Dates Served		Current Rank	Unit	Last Duty Station
	From(mm/yyyy)	To(mm/yyyy)			
Job Title(s) (e.g., Rifleman, Security)					Type of Discharge

Have you ever been subject to a court martial or any other disciplinary proceeding under the Uniform Code of Military Justice (includes non-judicial, captain's Mast, etc.)?  Yes  No If Yes? Complete Table Below

Charge(s)	Date(s)	Military Court	Authority	Outcome

**SPECIAL QUALIFICATIONS & SKILLS** **(ONLY REQUIRED FOR LICENSED PEACE OFFICERS)**

Do you have any experience with firearms?  Yes  No

Identify any special licenses you hold (example: pilot license, radio operator, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know a foreign language?  Yes  No If Yes? Indicate your fluency in each block below (excellent, good, or fair)

Language	Understanding	Speaking	Reading	Writing



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

Name and Address	Type (e.g., social, fraternal, professional)	Dates	
		From(mm/yyyy)	To(mm/yyyy)

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 United State Constitution or rights granted by law?  Yes  No

If Yes? Explain:

Are there any incidents in your life, or details not mentioned herein, which may influence this Department's evaluation of your suitability for employments as a peace officer, tele-communicator, or law enforcement clerk?  Yes  No

If Yes? Explain:

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:

Have you ever been employed by or applied with any other law enforcement agency, fire department, or EMS department?

Yes  No If Yes? Identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Have you ever been named in an Internal Affairs Investigations or investigation conducted by an employer alleging wrongdoing

Yes  No If Yes? Explain:

Have you ever been placed on a disclosure database (e.g. Brady List) the Local, State, or Federal Level?

Yes  No If Yes? Explain:



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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.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Applicant's Notarized Signature

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in and for

\_\_\_\_\_ County, in the State of \_\_\_\_\_,

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
My Commission Expires