EMPLOYMENT APPLICATION

# Background Division 1302 Preston Street, 5<sup>th</sup> Floor Houston, Texas 77002

COMPLETED BACKGROUND PACKETS WITH ALL APPLICABLE DOCUMENTS

MUST BE HAND DELIVERED IN PERSON TO THE BACKGROUND DIVISION.

IF ANY QUESTIONS AND / OR TO MAKE AN APPOINTMENT TO SUBMIT A BACKGROUND PACKET,

CONTACT ONE OF THE FOLLOWING INVESTIGATORS:

DEPUTY INVESTIGATOR, STERLING CASHION: STERLING.CASHION@CN1.HCTX.NET

DEPUTY INVESTIGATOR, ASHLEY LOPEZ: ASHLEY.LOPEZ@CN1.HCTX.NET

832-927-1533

# Applicant Personal History Statement

(Effective October 2, 2023)

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 API	ALL APPLICABLE DOCUMENTS MUST BE TURNED IN FOR YOUR APPLICATION TO BE PROCESSED.						
I am app	lying for:						
	Peace Officer	TCOLE PID#					
	Telecommunicator	TCOLE PID#					
	Clerical Employmen	t					
	Civilian Screener						
			DATE F	RECEIVED:			

EMPLOYMENT APPLICATION

#### MINIMUM REQUIREMENTS FOR EMPLOYMENT



<u>AGE:</u> 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.



<u>PHYSICAL CONDITION:</u> 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.



<u>CITIZENSHIP/RESIDENCY:</u> 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.



**<u>CREDIT:</u>** All Applicants must provide a credit report (at the applicant's expense) for evaluating personal integrity and financial responsibility.



<u>PAST EMPLOYMENT:</u> 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.

EMPLOYMENT APPLICATION

## 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.)

EMPLOYMENT APPLICATION

#### 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.
- 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. <u>Omissions or falsifications will result in disqualification.</u>
- 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, <u>WILL NOT BE CONSIDERED FOR</u> <u>EMPLOYMENT.</u> Your application will be evaluated on completeness and neatness.
- 9. All documents requested must be submitted with the application (photocopies are acceptable in some cases). Use the "REQUIRED DOCUMENTS CHECKLIST" to ensure you have included all necessary documentation for employment and to verify which documents require originals.
- 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, all applications must be submitted **in person** accompanying all required documents (including originals to be verified against any copies provided).

**EMPLOYMENT APPLICATION** 

# 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.

		be centered in the middle of the page (both vertically and horizontally). All documents must reflect me 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: <a href="https://www.annualcreditreport.com">https://www.annualcreditreport.com</a>
	10.	Current photograph of self (Approximately 1.5" x 2" size photo)
	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)
□ 1	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.

**EMPLOYMENT APPLICATION** 

# **APPLICANT QUALIFICATION SECTION**

	ou begin to fill out this personal history statement, pleas ents. You must meet all five of these requirements to q	
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 co community service/probation or deferred adjudica	
_	During the last ten (10) years, I have not been concommunity service/probation or deferred adjudication other state, or while serving in the military.	
_	I have never had a military court martial that resul discharge.	ted in a dishonorable or bad conduct
	DISQUALIFICATION	<u>on</u>
termination deliberate of the nat backgrout their pros	e very few automatic justifications for rejection. Even issons, and arrests are usually not, in and of themselves, are misstatements or omissions can, and often will, result ture or reason for the misstatements/omissions. In fact, and investigations is because they deliberately withhold spective employer.	automatically disqualifying. However, in your application being rejected, regardless the number one reason individuals "fail" or misrepresent job-relevant information from
•	sonal history statement is a governmental document. Be on a governmental document.	e truthful, as there are criminal consequences
employme experience being con complete, information from the p	and and authorize Harris County Precinct 1 Constable's ent or during the course of employment, to obtain inforce, character, financial, credit record, and criminal histonsidered, or in which I may be employed. I certify that re, and correct to the best of my knowledge and belief. I on may bar me from employment, or if I have been approsition. I also agree that statements made on this approach and understand the application process and minimulate all requirements for employment to the position I am	mation from any source as to my education, ry as it relates to the position for which I am my statements in the application are true, understand that falsifications or omissions of ointed, may cause my immediate dismissal plication may be investigated.  m requirements for employment and certify
	Applicant Signature	Date

EMPLOYMENT APPLICATION

## **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.
- 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 process not successfully completed, the individual will not be allowed	•
Applicant's Printed Name	Date
Applicant's Signature	
As positions become available, Harris County Precinct 1 Constant and hires the most qualified applicants. An application is receipt, or until the person is hired, or the application is reject will be notified with additional information for further processing	is considered open for one year from the date of ed. If the application is considered favorably, you
Applicant's Printed Name	Date
Applicant's Signature	<u> </u>

EMPLOYMENT APPLICATION

# **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.

made available to you.	At no time will arry part of the livestigation be
I have read and fully understand the above statement and agre- process will remain confidential and will not be made available	
Applicant's Printed Name	Date
Applicant's Signature	-
RELEASE AND INDEMNITY  It has been explained to me, and I fully understand, that in conr	nection with my applying for a position with the
Harris County Precinct 1 Constable's Office, there may be costs	
<ul> <li>Any and all: (1 THRU 4 ARE ONLY REQUIRED FOR LICENSED PEACE OFFIC</li> <li>1. Pre-employment Polygraph Examinations</li> <li>2. Medical Examinations</li> <li>3. Psychological and/or Emotional Tests and Evaluations</li> <li>4. Fingerprinting</li> <li>5. Documents required to be submitted</li> </ul>	ERS)
I also fully understand that I am not guaranteed a position of em Constable's Office and I may be rejected for employment at any for examinations and documents. I have decided to proceed wi incurred by me will not be reimbursed and I agree to hold the H harmless from any loss incurred by me during and after my app	y time even though I will have expended funds ith my application even though I know the costs arris County Precinct 1 Constable's Office
Applicant's Printed Name	Date
Applicant's Signature	_

EMPLOYMENT APPLICATION

# **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 educations 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	f,, in and for
County, in the State of	,
NOTARY SEAL	Signature of Notary Public
	Printed Name of Notary Public
	My Commission Expires

**EMPLOYMENT APPLICATION** 

# **APPLICANT IDENTIFICATION**

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

Last Name	st Name First Name		Middle Name		Maiden Name	Maiden Name	
Cellular Telephone #	Home Tele	ephone #	Work Telepho	one #	Pager Telepho	Pager Telephone #	
Date of Birth (mm/dd/yyyy)	Age	Social Security Number		Driver's License # or Identification Card # 8	k State	TCOLE PID (IF APPLICABLE)	
Street Address, Apt No., City, State &	Zip Code	1		l		1	
Mailing Address, Apt No., City, State & Zip Code (if different from street address)							
Have you ever been known or gone by	any other	name (excluding nicknames)	? □ Yes □ No	o If yes? Provide N	ame(s):		
Are you a U.S. Citizen by Birth?   Y			Are you a Na	turalized Citizen?  \[ \]	′es □ No		
Place of Birth (City, County, State, Co	1		I - 0 :		1		
Height:	Weight:	P. C. T. L. W	Eye Color:		Hair Color:		
Scars, Tattoos (description and location	on), or other	distinguishing marks: Yes	No				
NOTE: Harris County Precinct 1 Constable's O	ffice policy req	uires that no employee, while on du	ıty or in uniform, m	nay have tattoo(s) which are v	visible to the public. Ti	his may require, if tattoo(s)	
are visible, you to wear a long sleeve shirt.  List all people you reside with, over the	e age of 18	(Full Name and Date of Birth	):				
		( )	,				
Do you have any social networking, in: If Yes? Provide screen name(s) and s			profile(s)? □	Yes □ No			
List all E-Mail Addresses:							
Do you know any current or previous h	Harris Coun	ty Precinct 1 Constable's Offi	ice employees?	P □ Yes □ No	If Yes? Please	list names:	
						<b>-</b> .	
Have you ever worked for Harris Cour				☐ Yes ☐ No	If Yes? Provide	Dates:	
Have you ever submitted an employment application to Harris County Precinct 1 Constable's Office?							
☐ Yes ☐ 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 s department positions. Are you willing	hifts differin	ig in length, time of day or nig	ght, day of the v	week, and rotating shifts	s. This is an esser	ntial function of all	
Any Shift ☐ Yes ☐ No	Holidays	□ Yes □ No	Weekends	□ Yes □ No	Call-Out	∕es □ No	

**EMPLOYMENT APPLICATION** 

# **MARITAL & FAMILY HISTORY**

						_	
		rried, Divorced, Widov	ved, Cohabitatir				
Spouse/Domes	stic Partner's Name (inc	lude maiden name):		Date of Birth:	Date of Marriage:		
		T					
Home Telepho	ne #	Cellular Telephone #		Work Telephone #	Pager Telephone	#	
Employer (Company Name):			Job Title / Position:				
Employer Addr	ess, Apt No., City, State	e & Zip Code:					
If you have be	en separated, divorce	d, or widowed, provide	e details below:				
Ex Spouse's N	ame:			Ex Spouse's Name:			
Ex-Spouse's D	ate of Birth:			Ex-Spouse's Date of Birth:			
Ex-Spouse's T	elephone #			Ex-Spouse's Telephone #			
Date of Marria	ge:			Date of Marriage:			
City and State	Married:			City and State Married:			
Separated	es □ No If Yes, Date	):		Separated ☐ Yes ☐ No If	Yes, Date:		
Divorced ☐ Ye	es 🗆 No If Yes, Date:			Divorced ☐ Yes ☐ No If Ye	es, Date:		
Widowed □ Ye	es   No If Yes, Date:			Widowed □ Yes □ No If Yes, Date:			
Court or State	Issued:			Court or State Issued:			
Date Issued:				Date Issued:			
Identify childr	en related to you or yo	our spouse (Natural, S	tep-Children, Ad	dopted, or Foster Children):			
Relation	Na	me	Date of Birth		Address		
If "Yes"? Are yo	ed to make child suppor ou current with all paym	ents?	☐ Yes ☐ No ☐ Yes ☐ No				
If "No"? Provid	le the number of payme	ents you are behind and	fully describe the	e reason for the delinquency:			
Identify relativ	ves in the following or	der: Father Mother (ir	nclude maiden r	name), Step-Parents (if any),	any Siblings:		
Relationship:	•	ame (Last Name, First N		,, , , , , , , , , , , , , , , , , , , ,	Phone Number:	Date of Birth:	
	Thorac (autoritation). The reality of the reality o						
Street Address	, Apt No., City, State &	Zip Code:					
Relationship:	N:	ame (Last Name, First N	Name, Middle Na	me Suffix):	Phone Number:	Date of Birth:	
Street Address	, Apt No., City, State &	Zip Code:			1	<u>.I.</u>	

			EMPLOYMENT A	PPLICATION
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		<u>I</u>
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:	I	
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		
Relationship:	N	ame (Last Name, First Name, Middle Name Suffix):	Phone Number:	Date of Birth:
Street Address, A	Apt No., City, State &	Zip Code:		
RESIDEN	<u>CES</u>			
Identify all resid		ave lived, beginning with the most recent, including your p	present address. List date by Month	/ Year. Include
From	То	Street Address, Apt No., City, State & Zip Code		



**RESIDENCES** continued

www.pct1constable.net

PRO	FESSIONAL AND I	PERSONAL	REFERENC	<u>ES</u>				
List two	(2) persons you have knough to provide current in	own profession formation abou	ally and <u>three (3)</u> It you. <u>DO NOT</u> L	persons you have k IST RELATIVES, FC	nown personal DRMER OR CUF	ly for m	ore than five (5) years, w	ho know you RVISORS.
Name Of	Professional Reference #1		Occupation	Telephone #	Alternate Ph	one #	Nature of Relationship	Years Known
Street Add	dress, Apt No., City, State	& Zip Code		l	1		<u>I</u>	
Name Of	Professional Reference #2		Occupation	Telephone #	Alternate Ph	one #	Nature of Relationship	Years Known
Street Add	dress, Apt No., City, State	& Zip Code						
Name Of	Personal Reference #1		Occupation	Telephone #	Alternate Ph	one #	Nature of Relationship	Years Known
Street Add	dress, Apt No., City, State	& Zip Code						
Name Of	Personal Reference #2		Occupation	Telephone #	Alternate Ph	one #	Nature of Relationship	Years Known
Street Add	dress, Apt No., City, State	& Zip Code						
Name Of	Personal Reference #3		Occupation	Telephone #	Alternate Ph	one #	Nature of Relationship	Years Known
Street Add	dress, Apt No., City, State	& Zip Code						
TRA	TRAFFIC RECORD (ONLY REQUIRED FOR LICENSED PEACE OFFICERS)							
Identify a	II vehicles you and your	spouse own an	d / or operate:	T				
Year	Make	Model	Color(	s) License Pla	te No. & State		Owner	

**EMPLOYMENT APPLICATION** 

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

Current automob	oile insurance carrier:					Expiration Date:	
			lles and a decade	T 0	- D N-		
	ossessed a driver / opera ver / Operator License #:	ator license issued	by any state other tha	an rexas? □ Yes State:		Date Issued:	
	ver / Operator License #:			State:		Date Issued:	
	ad your driver / operator	licana ayananda	d or reveled? $\Box$ Vec			Date issued.	
-			d of fevoked?   Tes	L NO			
ii res : Give i	If "Yes"? Give reason, date, and length of suspension:						
Identify all motor vehicle accidents / crashes you have been involved in during the last ten (10) years:							
Date:	Date: Location:						
						Police Report:  ☐ Yes ☐ No	
Cause of Accide	nt (example: ran red light	, failed to control s	speed) and disposition	ı			At Fault: □ Yes □ No
Date:	Location:						Police Report:
							☐ Yes ☐ No
						At Fault: ☐ Yes ☐ No	
Date:	Date: Location:					Police Report:  ☐ Yes ☐ No	
Cause of Accide	nt (example: ran red light	, failed to control s	speed) and disposition	ı			At Fault:  ☐ Yes ☐ No
Date:	Location:						Police Report: ☐ Yes ☐ No
Cause of Accide	nt (example: ran red light	, failed to control s	speed) and disposition	l			At Fault:  ☐ Yes ☐ No
Identify all traff	ic citations / summons	you have receive	ed within the last ten	(10) years, exclu	ıding parking tick	ets / summons:	
Month / Year	Violation		Issuing Agency		Disposition		
ARRESTS	S, DETENTIONS, A	AND LITIGA	TION				
Have you ever □ □ Yes □ No	been arrested, detained If yes? Complete the		ninal citation by Law	Enforcement? (	(Include any Juve	nile arrests)	
Agency	Offense	Date	Location	on	Arrest, Detained	, or Criminal Citation	Outcome

	EMPLOYMENT APPLICATION					
Are you now or w	ere you ever a party to a civil litigation (i	ncluding evictions, repossess	sions, and divorces)?			
Type of Litigation	City / State	Date	Disposition			
Have you ever be	en sued or named in any type of lawsuit	or proceeding? ☐ Yes ☐ N	0			
If Yes? Explain:						
·						
		- ··				
	en summoned to appear in court? 🛚 Ye	es 🗆 No				
If Yes? Explain:						
PERSONAL	DECLARATIONS					
member of the far reasonably places	mily or household that is intended to res	ult in physical harm, bodily in al harm, bodily injury, assault,	y a member of a family or household against another jury, assault, or sexual assault or that is a threat that , or sexual assault, but does not include defensive			
If Yes? Explain:						
_						
with imminent bo	saulted another person since the age of a dily injury, or to cause physical contact v t as offensive or provocative.) (Texas Pe	with another when the person	eans to cause bodily injury to another, threaten another knows or should reasonably believe that the other will Yes   No			
If Yes? Explain:						
Have you ever be	en considered or named a suspect in a c	riminal investigation or crimir	nal offense? □ Yes □ No			
If Yes? Explain:						
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?   Yes No						
If Yes? Explain:	53 ∐ NU					
п 163: Ехріаііі.						

			ZIVII ZOTIVIZIVI TUTO LIOTITO IV
Other than crimes that would have been sealed by juve commission of – a felony crime, serious misdemeanor unreported to law enforcement?   Yes  No			
If Yes? Explain:			
Do you associate with anyone who has committed a Fe	elony offense?   Yes	□ No	
If Yes? Explain:			
Do you associate with anyone who has committed mu	Itiple criminal offenses (	Class B Misdemeanor or above	ve)? □ 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			nission?
If Yes? Explain in detail providing dates, description of the	e item(s), value(s), and cire	cumstances:	
Have you ever purchased or received items that you know the second items that you know the se	-		
If Yes? Explain in detail providing dates, description of the	e item(s), value(s), and cire	cumstances:	
In the past twelve (12) months, have you operated a m	otor vehicle after consu	ming enough alcohol to be co	nsidered intovicated?
If Yes? Explain:	otor vernore arter corrisa	ming enough alcohol to be co	madered intoxicated: 1 res 1 No
Do you consume alcoholic beverages? ☐ Yes ☐ No			
If Yes? Describe frequency:			
Have you ever used / consumed marijuana or hashish	2	s? Use table below:	
Drug Name	Number of times used	First time used (mm/yyyy)	Last time used (mm/yyyy)
g . w		ot amo dood (mmyyyy)	

						EMPLOYMENT A	APPLICATION
Have you ever tried, used, or experi drugs not prescribed to you by your	mented with any o	other illegal drug o ☐ No If yes? U	r narce Jse tak	otic (including ble below:	performance-e	nhancing steroids) o	r prescription
Drug Name	Number of times used First time used		ed (mm/yyyy)	<sup>/</sup> yyyy)			
Have you ever purchased, sold, furr  ☐ Yes ☐ No If yes? Use table b		red any illegal dru	gs or ı	narcotics, incli	uding prescript	ion drugs?	
Drug Name		Date (mm/yyyy)	Expl	ain (provide det	tails):		
FAMILY AND RELATIVES	S' ARRESTS						
Have members of your immediate fa ☐ Yes ☐ No If yes? Use table b	amily or close related	tives ever been arr	ested	for any offens	e, Class B Misc	lemeanor or above?	
Name	Relationship	Charge	/ Offe	nse	Outcome	Year	Agency
	i	i			1		1

**EMPLOYMENT APPLICATION** 

# FINANCIAL STATUS (ONLY REQUIRED FOR LICENSED PEACE OFFICERS)

Your current net annual income:	Spor	Spouse's current net annual income:							
Source of income (employer's name, r	ent, etc.)		Sour	Source of income (employer's name, rent, etc.)					
Do you have any accounts with a fir	nancial institution?	res □	No If Yes	? Explain belo	ow:				
Name of Financial Institution					Type of Acc	count			
					,,,				
Identify any person(s) or entity to w accounts, credit cards, loans, child	hom you are indebted, a support payments, and	and the	e extent of yo	our indebtedne payments:	ess. Include	mortgages, vehicle p	payments, charge		
Name of Creditor (e.g., Citi Financial,	Bank of America, etc.)	Туре	of Debt (e.g.	, student loan, a	automobile)	Monthly Payment	Approx. Balance		
Identify any person(s) or entity to w cards, loans, child support payment	hich you are more than ts, and any other debts	30 day or pay	ys late in pay ments:	ring. Include n	nortgages, v	ehicle payments, cha	rge accounts, credit		
Name of Creditor	Type of Debt		Days Late	Amount	Reason				

**EMPLOYMENT APPLICATION** 

# **CREDIT INFORMATION**

Have you ever filed bankruptcy personally or on behalf of a business? ☐ Yes ☐ No
If Yes? Indicate Type and Explain:
Have you ever had any personal or real property repossessed or foreclosed? ☐ Yes ☐ No
If Yes? Explain:
Have you ever failed to pay Federal, State, or other taxes? ☐ Yes ☐ No
If Yes? Explain:
Have you ever failed to file a Tax return, when required by law? ☐ Yes ☐ No
If Yes? Explain:
Have you ever had a lien placed against your property for failing to pay taxes or debts? ☐ Yes ☐ No
If Yes? Explain:
Have you ever had a judgment entered against you? ☐ Yes ☐ No
If Yes? Explain:
Have you ever defaulted on any type of loan? ☐ Yes ☐ No
If Yes? Explain:
птоз: Едріані.
Have very every had hills as debte trimed everyte a collection everyor?
Have you ever had bills or debts turned over to a collection agency? ☐ Yes ☐ No  If Yes? Explain:
II 169: LAPIGIII.
Have you ever had any credit account suspended, charged off, or cancelled? ☐ Yes ☐ No
If Yes? Explain:

				LIVI	PLOTIVILI	VI APPLICATION
Have you ever written a check that w	vas later returned for Non-Sufficient F	Funds (NSF)?	Yes □ No			
If Yes? Explain:						
ii res: Expiaiii.						
Have you ever been delinquent on c	ourt-imposed alimony or child suppo	rt navmonts?	Vos □ No			
	ourt-imposed anniony of crinic suppo	rt payments:	103 🗆 110			
If Yes? Explain:						
Have you ever been disciplined rega	rding the use of an employer credit c	ard? ☐ Yes ☐ □	No			
If Yes? Explain:	<u> </u>					
ii res: Expiaiii.						
Are you currently more than thirty (3	80) days delinquent on any debts?	Yes □ No				
If Yes? Explain:						
,						
Have you ever applied for unemploy	ment compensation?   Yes   No		If Yes? V	When?		
Have you ever received unemployme	ent compensation? ☐ Yes ☐ No		If Yes? V	When?		
EMPL OVMENT LUCTORY	,			I		
EMPLOYMENT HISTORY	•					
Beginning with your present or mos	t recent job, list all employment since inpaid internships, plus all periods of	the age of seven	teen (17). In	nclude full-	-time, part- t	time, temporary,
	ve contact your present employer?					
Employer #1 ( Not Applicable)	ve contact your present employer:	_ 163	l F	rom(mm/y	vvv):	To(mm/yyyy):
Employer #1 (   Not Applicable)			'		,,,,.	
Street Address, Apt No., City, State & 2	Zip Code:		<b>,</b>			•
		Lite				
Telephone Number:	Hours Worked per Week	Job Title		<u> </u>	Begin Salary	
Name of Supervisor	Cupariaar Talanhana Numbar	Name of Ca War	lor		Ending Sala	ry: orker Telephone Number
Name of Supervisor	Supervisor Telephone Number	Name of Co-Worl	Kei		C0-WC	orker releptione Number
Duties:						
	s or documented performance problems	□ Yes □ No. If	Yes? Explai	in·		
Did you receive any disciplinary delient	o di documented periormance problems		TOO. EXPIG			
Mana variate de la colonia	and an and an analysis at the state of the s	and and to the control	tamada - d 0		Na	
Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why did	resigned pending disciplinary action, or dyou leave this job?)	resigned in lieu of t	termination?	⊔ res ⊔	INU	
7, (	1/					

Employer #2 (☐ Not Applicable)	From(mm/y	ууу):	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 action	s or documented performance problems	s □ Yes □ No If Yes? Exp	olain:						
Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	resigned pending disciplinary action, or d you leave this job?)	resigned in lieu of terminatio	n? □ Yes □	] No					
Was there an unemployment period be	etween previous employment and the or	e listed above? ☐ Yes ☐ N	lo If Yes?	Provide Dates	s and Explain:				
Employer #3 (☐ <i>Not Applicable</i> )			From(mm/y	ww).	To(mm/yyyy):				
Zimployof no (= Not ripplicable)				,,,,,					
Street Address, Apt No., City, State &	Zip Code:								
Telephone Number:	Hours Worked per Week	Job Title		Begin Salary	:				
Telephone Number:	Hours Worked per Week	Job Title		Begin Salary Ending Salar					
Telephone Number:  Name of Supervisor	Hours Worked per Week  Supervisor Telephone Number	Job Title  Name of Co-Worker		Ending Salar					
	·		-	Ending Salar	y:				
	·		-	Ending Salar	y:				
Name of Supervisor  Duties:	·	Name of Co-Worker	olain:	Ending Salar	y:				
Name of Supervisor  Duties:	Supervisor Telephone Number	Name of Co-Worker	plain:	Ending Salar	y:				
Name of Supervisor  Duties:	Supervisor Telephone Number	Name of Co-Worker	olain:	Ending Salar	y:				
Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign,	Supervisor Telephone Number s or documented performance problems resigned pending disciplinary action, or	Name of Co-Worker  □ Yes □ No If Yes? Exp		Ending Salar Co-Wo	y:				
Name of Supervisor  Duties:  Did you receive any disciplinary action	Supervisor Telephone Number s or documented performance problems resigned pending disciplinary action, or	Name of Co-Worker  □ Yes □ No If Yes? Exp		Ending Salar Co-Wo	y:				
Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign,	Supervisor Telephone Number s or documented performance problems resigned pending disciplinary action, or	Name of Co-Worker  □ Yes □ No If Yes? Exp		Ending Salar Co-Wo	y:				
Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	Supervisor Telephone Number s or documented performance problems resigned pending disciplinary action, or	Name of Co-Worker  □ Yes □ No If Yes? Expressioned in lieu of termination	n? □ Yes □	Ending Salar Co-Wo	y: rker Telephone Number				
Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	Supervisor Telephone Number s or documented performance problems resigned pending disciplinary action, or d you leave this job?)	Name of Co-Worker  □ Yes □ No If Yes? Expressioned in lieu of termination	n? □ Yes □	Ending Salar Co-Wo	y: rker Telephone Number				

Employer #4 (☐ Not Applicable)									
Employer #4 ( Not Applicable)	From(mm/yy	/yy):	To(mm/yyyy):						
Street Address, Apt No., City, State &	Zip Code:								
Telephone Number:	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 action	s or documented performance problem	s □ Yes □ No If Yes? Ex	olain:						
Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	resigned pending disciplinary action, o d you leave this job?)	resigned in lieu of termination	n? □ Yes □	No					
Was there an unemployment period be	etween previous employment and the o	ne listed above?   Yes   1	No If Yes? F	Provide Dates	s and Explain:				
Employer #5 (☐ <i>Not Applicable</i> )			From(mm/yy	νν.).	To(mm/yyyy):				
Zimployof no (= Not ripplicable)				,,,,,					
Otracat Astalasas Asst No. Otraca Otraca									
Street Address, Apt No., City, State &	Zip Code:								
Street Address, Apt No., City, State &	Zip Code:				I				
Telephone Number:	Zip Code: Hours Worked per Week	Job Title	1	Begin Salary	:				
		Job Title	-	Begin Salary Ending Salar					
		Job Title  Name of Co-Worker	-	Ending Salar					
Telephone Number:	Hours Worked per Week		-	Ending Salar	y:				
Telephone Number:	Hours Worked per Week		-	Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:	Hours Worked per Week	Name of Co-Worker		Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:	Hours Worked per Week  Supervisor Telephone Number	Name of Co-Worker		Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:	Hours Worked per Week  Supervisor Telephone Number	Name of Co-Worker		Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action	Hours Worked per Week  Supervisor Telephone Number  s or documented performance problem  resigned pending disciplinary action, o	Name of Co-Worker  S □ Yes □ No If Yes? Ex	plain:	Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign,	Hours Worked per Week  Supervisor Telephone Number  s or documented performance problem  resigned pending disciplinary action, o	Name of Co-Worker  S □ Yes □ No If Yes? Ex	plain:	Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign,	Hours Worked per Week  Supervisor Telephone Number  s or documented performance problem  resigned pending disciplinary action, o	Name of Co-Worker  S □ Yes □ No If Yes? Ex	plain:	Ending Salar	y:				
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	Hours Worked per Week  Supervisor Telephone Number  s or documented performance problem  resigned pending disciplinary action, o	Name of Co-Worker  S □ Yes □ No If Yes? Expressions of the second of th	plain:	Ending Salar Co-Wo	y: rker Telephone Number				
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	Hours Worked per Week  Supervisor Telephone Number  s or documented performance problem  resigned pending disciplinary action, od you leave this job?)	Name of Co-Worker  S □ Yes □ No If Yes? Expressions of the second of th	plain:	Ending Salar Co-Wo	y: rker Telephone Number				

Employer #6 (☐ Not Applicable)					From(mm/yyyy): To(mm/yyyy		To(mm/yyyy):
Street Address, Apt No., City, State &	Zip Co	de:					
Telephone Number:	elephone Number: Hours Worked per Week Job Title						:
					Endi	ng Salar	y:
Name of Supervisor							rker Telephone Number
Duties:							
Did you receive any disciplinary action	s or do	ocumented performance problems	☐ Yes ☐ No If Yes? Exp	olain:			
Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di			resigned in lieu of terminatio	n? □ Yes [	□ No		
Was there an unemployment period be	etween	n previous employment and the on	e listed above? ☐ Yes ☐ N	No If Yes?	Provi	de Dates	s and Explain:
		1 2					<u> </u>
Employer #7 (☐ Not Applicable)				From(mm/	уууу):		To(mm/yyyy):
		1					
Street Address, Apt No., City, State &	Zip Co	de:					
Street Address, Apt No., City, State & Telephone Number:		rs Worked per Week	Job Title		Begi	n Salary	:
			Job Title			n Salary ng Salar	
			Job Title  Name of Co-Worker			ng Salar	
Telephone Number:		rs Worked per Week				ng Salar	y:
Telephone Number:  Name of Supervisor	Hour	rs Worked per Week Supervisor Telephone Number	Name of Co-Worker	olain:		ng Salar	y:
Telephone Number:  Name of Supervisor  Duties:	Hour	rs Worked per Week Supervisor Telephone Number	Name of Co-Worker	olain:		ng Salar	y:
Telephone Number:  Name of Supervisor  Duties:	Hour	rs Worked per Week Supervisor Telephone Number	Name of Co-Worker	olain:		ng Salar	y:
Telephone Number:  Name of Supervisor  Duties:	Hour	rs Worked per Week Supervisor Telephone Number	Name of Co-Worker	plain:		ng Salar	y:
Telephone Number:  Name of Supervisor  Duties:	Hour sor do	Supervisor Telephone Number  Documented performance problems  and pending disciplinary action, or	Name of Co-Worker  ☐ Yes ☐ No If Yes? Ex		Endii	ng Salar	y:
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign,	Hour sor do	Supervisor Telephone Number  cumented performance problems  ned pending disciplinary action, or	Name of Co-Worker  ☐ Yes ☐ No If Yes? Ex		Endii	ng Salar	y:
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	Hour es or do	Supervisor Telephone Number  Documented performance problems  need pending disciplinary action, or leave this job?)	Name of Co-Worker  ☐ Yes ☐ No If Yes? Expended in lieu of termination	n? □ Yes [	Endi	ng Salar Co-Woo	y: rker Telephone Number
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign,	Hour es or do	Supervisor Telephone Number  Documented performance problems  need pending disciplinary action, or leave this job?)	Name of Co-Worker  ☐ Yes ☐ No If Yes? Expended in lieu of termination	n? □ Yes [	Endi	ng Salar Co-Woo	y: rker Telephone Number
Telephone Number:  Name of Supervisor  Duties:  Did you receive any disciplinary action  Were you terminated, asked to resign, (If Yes? Explain Fully) (If No? Why di	Hour es or do	Supervisor Telephone Number  Documented performance problems  need pending disciplinary action, or leave this job?)	Name of Co-Worker  ☐ Yes ☐ No If Yes? Expended in lieu of termination	n? □ Yes [	Endi	ng Salar Co-Woo	y: rker Telephone Number

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Employer #8 (☐ Not Applicable	<del>)</del>					From(mn	n/yyyy)	): To	o(mm	n/yyyy):
Street Address, Apt No., City, S	State & Zip C	Code:						<u> </u>		
Telephone Number:	Hou	urs Worked per W	/eek	Job Title			Bed	nin Salary:		
	ber: Hours Worked per Week Job Title Begin Salary:  Ending Salary:									
Name of Supervisor	Supervisor Telephone Number Name of Co-Worker Co-Worker Telephone Numb									phone Number
Duties:										
Did you receive any disciplinary	actions or o	documented perfo	ormance problems	☐ Yes ☐ No I	f Yes? E	xplain:				
Were you terminated, asked to			ciplinary action, or	resigned in lieu of	terminat	ion? 🗆 Yes	s □ N	0		
(If Yes? Explain Fully) (If No?	Why did you	ı leave this job?)								
Was there an unemployment p	eriod betwee	en previous emplo	syment and the on-	e listed above?	☐ Yes ☐	No If Yes	? Pro	vide Dates an	d Ex	plain:
1 , 1			,							·
<b>EDUCATIONAL HIS</b>	TORY									
									1	
High School(s) attended:	S	street Address, Ap	ot No., City, State 8	& Zip Code:		Da From(mm/y		ended To(mm/yyy	v)	Graduated
							,,,,		,,	□ Yes □ No
										□ Yes □ No
										☐ Yes ☐ No
Do you have a General Educat		, ,								
Were you ever disciplined / sus	pended / exp	pelled from schoo	l? ☐ Yes ☐ No	If Yes? Explain:						
Identify all colleges, universit	ties, or tech	nical schools vo	ou have attended:	(NOT MANDATORY)						
		-		ttended	Hour	9				
Name	City	y & State	From(mm/yyyy)	To(mm/yyyy)	Comple		Ma	ajor		Degree & Date
				1						
			I	1	ĺ				1	

**EMPLOYMENT APPLICATION** 

# **MILITARY OBLIGATION**

Have you ever served in the United	States of America Armed F	orces?   Yes	□ No If \	es? Comple	te Table Belo	w	
Branch of Service	Dates Servi	ed o(mm/yyyy)	Highes Rank		Unit	La	ast Duty Station
	Job Title(s) (e.g., Rifler	man, Security)	•	1		Ту	pe of Discharge
Branch of Service	Dates Servi	ed o(mm/yyyy)	Highes Rank		Unit	La	ast Duty Station
	Job Title(s) (e.g., Rifler	man, Security)	I.			Ту	pe of Discharge
							<del>.</del>
Are you actively serving in a Reserv					mplete Table	Below	
Branch of Service	Dates Serv	ed o(mm/yyyy)	Currer Rank		Unit	La	ast Duty Station
	T TOTT(TITTE Y Y Y Y Y Y	O(IIIIII/yyyy)	Italik				
	Job Title(s) (e.g., Rifler	man, Security)		I		Ту	pe of Discharge
							<del>-</del>
Have you ever been subject to a co Mast, etc.)? ☐ Yes ☐ No If Yes?		iplinary proceed	ling under	the Uniform (	Code of Milita	ry Justice (include	es non-judicial, captain's
Charge(s)	Date(s)	Military C	ourt	Auth	ority		Outcome
SPECIAL QUALIFICAT	TIONS & SKILLS (O	NLY REQUIRE	D FOR LI	CENSED PEA	ACE OFFICER	<u>(S)</u>	
Do you have any experience with fi	rearms? ☐ Yes ☐ No If y	es, advise the	caliber of	our primary v	veapon:		
Identify any special licenses you ho	old (example: pilot license, ra	adio operator, et	tc.)				
Do you know a foreign language?	☐ Yes ☐ No If Yes? Indica	ate your fluency	in each b	lock below (ex	xcellent, good	, or fair)	
Language	Unders	tanding	5	peaking	F	Reading	Writing
			1				

#### **EMPLOYMENT APPLICATION**

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

Name and Address		social, fraternal,	Dat	
Name and Addiess	prof	essional)	From(mm/yyyy)	To(mm/yyyy)
				I
Have you ever been an officer or a member of, or made a contribution to, an org	anization that advocates	or practices the	commission of acts	of force or
violence to discourage others from exercising their rights under the United State				or force of
If Yes? Explain:				
Are there any incidents in your life, or details not mentioned herein, which may in peace officer, tele-communicator, or law enforcement clerk? ☐ Yes ☐ No	nfluence this Departmen	t's evaluation of yo	our suitability for em	iployments as a
If Yes? Explain:				
Identify any additional information you think should be considered in your applica	ation for the position you	are seeking and /	or any further expl	anation of
answers to previous questions:				
Have you ever been employed by or applied with any other law enforcement age ☐ Yes ☐ No If Yes? Identify to the best of your knowledge:	ency, fire department, or	EMS department	?	
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:	ave you ever been place n the Local, State, or Fe	deral Level?	database (e.g. Bra lo If Yes? Explain:	
·				

EMPLOYMENT APPLICATION

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers