

**PERSONAL HISTORY STATEMENT  
FOR  
POLICE OFFICER**

**TOWN OF FAIRVIEW  
POLICE DEPARTMENT  
ATTN: Human Resources  
372 Town Place  
FAIRVIEW, TEXAS 75069  
PHONE (972) 886-4226  
FAX (972) 548-1087**

Copies of the following documentation must be submitted along with your Personal History Statement, if applicable. Failure to provide this documentation will result in your termination from the application process. Please explain in writing what you have done to secure any missing documents and when we can expect their submission.

- ❑ **DD 214 (if applicable)**
- ❑ **Marriage License (if applicable)**
- ❑ **Divorce Decree (if applicable)**
- ❑ **High School Diploma / G. E. D. Certificate**
- ❑ **College Transcript(s)**
- ❑ **Current Credit Report (may obtain on-line)**
- ❑ **A copy of a current utility bill (address verification)**
- ❑ **Citizenship Papers (if applicable)**
- ❑ **A legible copy of your Texas Driver License**
- ❑ **A copy of your Social Security Card**
- ❑ **Copies of report of any accident where you were involved**
- ❑ **Copies of any arrest reports and court disposition**
- ❑ **Copy of T.C.L.E.O.S.E. license (if applicable)**
- ❑ **Copy of T.C.L.E.O.S.E. Basic Peace Officer test score (if applicable)**
- ❑ **Copy of current T.C.L.E.O.S.E. in service training records (if applicable)**

# **INSTRUCTIONS**

**READ THESE INSTRUCTIONS CAREFULLY**

**BEFORE PROCEEDING**

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

- 1. Your Personal History Statement must be printed legibly in ink, by you and no other person and must be dated. Answer all questions to the best of your ability.**
- 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 correct and in proper sequence before you begin.**
- 4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library or the internet may have a directory service or copies of area telephone directories.**
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the attached sheets.**
- 6. An accurate and complete form will help expedite your investigation. On the other hand, omissions or falsifications may result in disqualification.**
- 7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.**
- 8. Authorization to release information forms must be Signed by you and notarized.**



**B. RESIDENCES** - List all addresses where you have lived during the past 20 years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

FROM	TO	ADDRESS (Number, Street, City, State, Zip Code)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. WORK HISTORY** - Beginning with your present, or most recent job, list all employment within the past 20 years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach additional pages if necessary.

**EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** (\_\_\_\_\_) \_\_\_\_\_

**EMPLOYED FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**DUTIES** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_

**NAME OF CO-WORKER** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

\_\_\_\_\_

**C. WORK HISTORY (continued)**

**EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**C. WORK HISTORY (continued)**

**EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

NAME OF CO-WORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**D. EDUCATIONAL HISTORY**

**HIGH SCHOOL** \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

GRADUATED: \_\_\_\_\_ NO \_\_\_\_\_ YES

If NO, do you have a G.E.D.? \_\_\_\_\_ NO \_\_\_\_\_ YES (attach copy of G.E.D.)

**COLLEGE/UNIVERSITY** \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SEMESTER HOURS COMPLETED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SEMESTER HOURS COMPLETED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SEMESTER HOURS COMPLETED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_



DEGREE RECEIVED \_\_\_\_\_

**LIST OTHER SCHOOLS ATTENDED** (Trade, Vocational, Business, etc.)

SCHOOL \_\_\_\_\_

CITY/STATE \_\_\_\_\_

SUBJECT MATTER \_\_\_\_\_

DIPLOMA/CERTIFICATE RECEIVED \_\_\_\_\_

**LIST OTHER SCHOOLS ATTENDED** (Trade, Vocational, Business, etc.)

SCHOOL \_\_\_\_\_

CITY/STATE \_\_\_\_\_

SUBJECT MATTER \_\_\_\_\_

DIPLOMA/CERTIFICATE RECEIVED \_\_\_\_\_

**LIST OTHER SCHOOLS ATTENDED** (Trade, Vocational, Business, etc.)

SCHOOL \_\_\_\_\_

CITY/STATE \_\_\_\_\_

SUBJECT MATTER \_\_\_\_\_

DIPLOMA/CERTIFICATE RECEIVED \_\_\_\_\_

**E. MILITARY RECORD**

BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_ RANK \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

DISCIPLINARY ACTIONS RECEIVED (Describe in full):  
\_\_\_\_\_

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**F. SPECIAL QUALIFICATIONS AND SKILLS**

LIST ANY SPECIAL LICENSES HELD (Pilot, Radio Operator, Scuba, etc.)  
Show licensing authority, date of issue, and date of expiration.

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LIST ANY SPECIALIZED MACHINERY/EQUIPMENT YOU CAN OPERATE

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INDICATE YOUR DEGREE OF FLUENCY IN ANY FOREIGN LANGUAGE  
(Excellent, Good, Fair)

<u>LANGUAGE</u>	<u>READING</u>	<u>WRITING</u>	<u>SPEAKING</u>	<u>UNDERSTANDING</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**G. ARRESTS, DETENTIONS, LITIGATION** (Include all felonies, misdemeanors, except traffic violations. Attach copy of court documents showing final disposition.)

<u>DATE</u>	<u>AGENCY</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL CIVIL LITIGATIONS IN WHICH YOU HAVE BEEN A RESPONDENT (DEFENDANT) THAT INVOLVE EXCESSIVE USE OF FORCE OR CIVIL RIGHTS VIOLATIONS.

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**H. TRAFFIC RECORD** - List all traffic citations you have received.

<u>DATE</u>	<u>CITY/STATE</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC ACCIDENTS THAT YOU HAVE BEEN INVOLVED WITHIN THE PAST 10 YEARS.

<u>DATE</u>	<u>CITY/STATE</u>	<u>WERE YOU AT FAULT?</u>	<u>(YES / NO)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTOMOBILE INSURANCE COMPANY** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

If your driver's license has ever been suspended or revoked in any state, attach extra page giving dates of suspension or revocation, state of issuance, and the reason for the action.

**I. MARITAL AND FAMILY HISTORY - Check appropriate status.**

\_\_\_ SINGLE    \_\_\_ MARRIED    \_\_\_ SEPARATED    \_\_\_ DIVORCED    \_\_\_ WIDOWED



**LIST ALL OTHER DEPENDENTS**

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____

**J. HAVE YOU FILED FOR BANKRUPTCY WITHIN THE PAST 7 YEARS? \_\_\_ NO \_\_\_ YES**

<u>DATE</u>	<u>TYPE</u>	<u>DISPOSITION</u>	<u>CAUSE #</u>	<u>CITY / STATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ANY ALIMONY OR CHILD SUPPORT PAYMENTS - (Include name to whom paid, frequency, and whether payment is current or in arrears.)

\_\_\_\_\_

\_\_\_\_\_

**K. MEMBERSHIP IN GROUPS, CLUBS, AND ASSOCIATIONS:** List name, address, type of organization (Professional, Fraternal, Social, etc.)

<u>NAME &amp; ADDRESS</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**L. PERSONAL DECLARATIONS**

DESCRIBE THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE THE LEVEL, FREQUENCY, AND CIRCUMSTANCES SURROUNDING YOUR USE OF MARIJUANA WITHIN THE LAST FIVE YEARS AND YOUR USE OF ANY OTHER ILLEGAL DRUGS AT ANY TIME DURING YOUR LIFE.

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DESCRIBE, IN DETAIL, ANY INCIDENT, IN WHICH YOU SOLD OR FURNISHED ANY MARIJUANA, ILLEGAL DRUGS, OR NARCOTICS TO ANYONE.

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DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE THAT WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS, OR AT NIGHT.

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LIST ALL LAW ENFORCEMENT AGENCIES YOU HAVE APPLIED AT WITHIN THE PAST FIVE YEARS. (Attach additional pages if necessary.)

<u>AGENCY</u>	<u>DATE</u>	<u>POSITION SOUGHT</u>	<u>STATUS</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**M. REFERENCES:** List three persons, other than relatives or employers, who know you well enough to give detailed information about you.

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

**TO:** \_\_\_\_\_

**I hereby request and authorize you to furnish the Town of Fairview Police Department with any and all information they may request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Police Officer.**

**I hereby release you and your organization from any liability, which may, or could, result from furnishing any requested information or from any subsequent use of such information in determining my qualifications to serve as a Police Officer for the Town of Fairview**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Social Security Number**

**Before me, \_\_\_\_\_, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing, and declared that the statements contained herein are true and correct.**

\_\_\_\_\_  
**Notary Public in and for the State of Texas**

**My Commission Expires:** \_\_\_\_\_