

# TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE)



## FAIRVIEW POLICE DEPARTMENT

APPLICANT'S PERSONAL HISTORY STATEMENT FOR POLICE OFFICER

TOWN OF FAIRVIEW  
ATTN: Human Resources  
372 Town Place  
Fairview, Texas 75069  
Phone: (972)886-4226  
Fax: (972)548-1087  
Appointment/Employment

Name: \_\_\_\_\_

Date Issued/Submitted: \_\_\_\_\_

Complete and Return By: \_\_\_\_\_

I am applying for:

Peace Officer                      PID#

County Jailer                        PID#

Telecommunicator                    PID#

Civilian Employment

## **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 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 additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

- Completed Personal History Statement
- Copy of your Social Security card
- Original certified copy of your birth certificate (no photo copy)
- Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)
- Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service
- Sealed original certified copy of your college transcript (no photo copy)
- Photocopy of your college diploma
- Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)
- Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only). Copy of TCOLE Training Records.
- Copy of your DD-214 and/or other military discharge documents (if applicable)
- Original certified copy of your Naturalization papers, if applicable (no photo copy)
- Copy of current proof of automobile liability insurance
- Copy of a TCOLE approved Firearms Qualifications within the last 12 months (currently license applicants)

10. If you have questions, please contact the Police Department or your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to the Fairview Police Department or your assigned background investigator.

## Instructions to the Applicant

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, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

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 other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

There are very few automatic bases 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.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

### Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

**SECTION 1: PERSONAL**

Last Name:  First Name:  Middle Name:  Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden:  SSN#:  Date of Birth:

Driver's License #:  State:  Exp:

Street Address, (Apt/Unit):

City:  State:  Zip Code:

Mailing Address (if different than above):

City:  State:  Zip Code:

Home Phone #:  Cell:  Work (Ext):

Fax:  Other Phone #(s):

List All Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description: (scars, marks, tattoos, etc.):

Height:  Weight:  Hair Color:  Eye Color:

Have you ever attended a TCOLE basic licensing course?  Yes  No

If yes, provide the PID you were assigned:

A. Academy Name:  From:  To:

Location (City, State):

Name Training Coordinator:  Contact Number:

Did you graduate?  Yes  No

B. Academy Name:  From:  To:

Location (City, State):

Name Training Coordinator:  Contact Number:

Did you graduate?  Yes  No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes       No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

**A. Name of Agency:**  **Position Applied for:**

**Date Applied:**  **Address:**

**City:**  **State:**  **Zip:**

**Background Investigator's Name (if known):**

**Contact Number, (ext):**  **Email:**

Check each step in the process that you completed, and your status:

**Steps:**     Application     Written     Physical agility     Oral     Polygraph/CVSA     Background

Conditional job offer     Psychological examination    **Date:**     **Medical**     **Date:**

**Status:**     Hired                       On List                       Withdrawn                       Disqualified

**B. Name of Agency:**  **Position Applied for:**

**Date Applied:**  **Address:**

**City:**  **State:**  **Zip:**

**Background Investigator's Name (if known):**

**Contact Number, (ext):**  **Email:**

Check each step in the process that you completed, and your status:

**Steps:**     Application     Written     Physical agility     Oral     Polygraph/CVSA     Background

Conditional job offer     Psychological examination    **Date:**     **Medical**     **Date:**

**Status:**     Hired                       On List                       Withdrawn                       Disqualified

**C. Name of Agency:**  **Position Applied for:**

**Date Applied:**  **Address:**

**City:**  **State:**  **Zip:**

**Background Investigator's Name (if known):**

**Contact Number, (ext):**  **Email:**

Check each step in the process that you completed, and your status:

**Steps:**     Application     Written     Physical agility     Oral     Polygraph/CVSA     Background

Conditional job offer     Psychological examination    **Date:**     **Medical**     **Date:**

**Status:**     Hired                       On List                       Withdrawn                       Disqualified

**SECTION 2: RELATIVES AND REFERENCES**

**IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A    **A. Father's Name:**     **D.O.B.:**

Home Address:

City:     State:     Zip:

Work Address:

City:     State:     Zip:

Home Phone:     Cell Phone:     Work Phone:

Email:

N/A    **B. Step-Father's Name:**     **D.O.B.:**

Home Address:

City:     State:     Zip:

Work Address:

City:     State:     Zip:

Home Phone:     Cell Phone:     Work Phone:

Email:

N/A    **C. Mother's Name:**     **D.O.B.:**

Home Address:

City:     State:     Zip:

City:     State:     Zip:

Home Phone:     Cell Phone:     Work Phone:

Email:

N/A    **D. Step-Mother's Name:**     **D.O.B.:**

Home Address:

City:     State:     Zip:

City:     State:     Zip:

Home Phone:     Cell Phone:     Work Phone:

Email:

N/A **E. Spouse/Registered Domestic Partner's Name:**  D.O.B.:

Home Address:

City:  State:  Zip:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes  No

N/A **F. Father-in-Law's Name:**  D.O.B.:

Home Address:

City:  State:  Zip:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**  D.O.B.:

Home Address:

City:  State:  Zip:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name:**

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:  Years of Dissolution

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes  No

N/A I. Former Spouse/Cohabitant's Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:  Years of Dissolution

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes  No

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**J. BROTHERS AND SISTERS:** List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

N/A 2. Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

N/A 3. Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:



N/A 4. Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

N/A 5. Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

N/A 6. Name:

D.O.B.:   Male  Female

Home Address:

City:  State:  Zip:

Work Address:

City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

Email:

**K. CHILDREN:** List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

N/A 1. Name:   Male  Female

D.O.B.:  Custodial parent or guardian (if other than you):

Address:

City:  State:  Zip:

Contact Number:  Email:

N/A 2. Name:   Male  Female

D.O.B.:  Custodial parent or guardian (if other than you):

Address:

City:  State:  Zip:

Contact Number:  Email:

N/A 3. Name:   Male  Female

D.O.B.:  Custodial parent or guardian (if other than you):

Address:

City:  State:  Zip:

Contact Number:  Email:

N/A 4. Name:   Male  Female

D.O.B.:  Custodial parent or guardian (if other than you):

Address:

City:  State:  Zip:

Contact Number:  Email:

N/A 5. Name:   Male  Female

D.O.B.:  Custodial parent or guardian (if other than you):

Address:

City:  State:  Zip:

Contact Number:  Email:

N/A 6. Name:   Male  Female

D.O.B.:  Custodial parent or guardian (if other than you):

Address:

City:  State:  Zip:

Contact Number:  Email:

**L. REFERENCES** List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name:  Address:

City:  State:  Zip:

Company/Work Address:

City:  State:  Zip:

Home Phone:  Work Phone:  Cell Phone:  Email:

How do you know this person (friend, teacher, family, co-worker?)

How long have you known this person?

2.Name:  Address:   
City:  State:  Zip:   
Company/Work Address:   
City:  State:  Zip:   
Home Phone:  Work Phone:  Cell Phone:  Email:   
How do you know this person (friend, teacher, family, co-worker?)   
How long have you known this person?

3.Name:  Address:   
City:  State:  Zip:   
Company/Work Address:   
City:  State:  Zip:   
Home Phone:  Work Phone:  Cell Phone:  Email:   
How do you know this person (friend, teacher, family, co-worker?)   
How long have you known this person?

4.Name:  Address:   
City:  State:  Zip:   
Company/Work Address:   
City:  State:  Zip:   
Home Phone:  Work Phone:  Cell Phone:  Email:   
How do you know this person (friend, teacher, family, co-worker?)   
How long have you known this person?

5.Name:  Address:   
City:  State:  Zip:   
Company/Work Address:   
City:  State:  Zip:   
Home Phone:  Work Phone:  Cell Phone:  Email:   
How do you know this person (friend, teacher, family, co-worker?)   
How long have you known this person?

6.Name:  Address:   
City:  State:  Zip:   
Company/Work Address:   
City:  State:  Zip:   
Home Phone:  Work Phone:  Cell Phone:  Email:   
How do you know this person (friend, teacher, family, co-worker?)   
How long have you known this person?

7.Name:  Address:   
 City:  State:  Zip:   
 Company/Work Address:   
 City:  State:  Zip:   
 Home Phone:  Work Phone:  Cell Phone:  Email:   
 How do you know this person (friend, teacher, family, co-worker?)

How long have you known this person?   
 8.Name:  Address:   
 City:  State:  Zip:   
 Company/Work Address:   
 City:  State:  Zip:   
 Home Phone:  Work Phone:  Cell Phone:  Email:   
 How do you know this person (friend, teacher, family, co-worker?)   
 How long have you known this person?

9.Name:  Address:   
 City:  State:  Zip:   
 Company/Work Address:   
 City:  State:  Zip:   
 Home Phone:  Work Phone:  Cell Phone:  Email:   
 How do you know this person (friend, teacher, family, co-worker?)   
 How long have you known this person?

**SECTION 3: EDUCATION**

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable:  High School Diploma  GED  Discharged documents from armed services with 2 years active duty

**List high schools attended or where you obtained your GED:**

1.Name:  City:  State:   
 From:  To:  Did you graduate?  Yes  No  
 2.Name:  City:  State:   
 From:  To:  Did you graduate?  Yes  No

**List all colleges or universities attended:**

1.Name:  City:  State:   
 From:  To:  Type of Degree Earned:  Total Units Earned:   
 2.Name:  City:  State:   
 From:  To:  Type of Degree Earned:  Total Units Earned:

3.Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

**List any trade, vocational, or business schools/institutes attended:**

1.Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you complete the course?  Yes  No

2.Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you complete the course?  Yes  No

3.Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you complete the course?  Yes  No

Have you ever been placed on academic discipline, suspended, or expelled  Yes  No  
from any high school, college/university, business, or trade school?

If yes, describe in detail below. Starting with high school, list any discipline actions received in any school or educational institution. Include when the discipline action(s) occurred, name of school(s), and explanation of circumstances.

List any special licenses held (Pilot, Radio Operator, Scuba, etc.)

List any specialized machinery/equipment you can operate

Indicate your degree of fluency in any foreign language (excellent, good, fair,)

Language	Reading	Writing	Speaking	Understanding
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 4: RESIDENCES**

**LIST OF RESIDENCES**

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City:  State:  Zip:

If renting; property manager, rent collector, or owner:  Contact Number:

Address of property mgr., rent collector, or owner:  Email:

City:  State:  Zip:

From:  To:

N/A Name(s) of those with whom you lived:

2. Former Address:

City:  State:  Zip:

If renting; property manager, rent collector, or owner:  Contact Number:

Address of property mgr., rent collector, or owner:  Email:

City:  State:  Zip:

From:  To:

N/A Name(s) of those with whom you lived:

3. Former Address:

City:  State:  Zip:

If renting; property manager, rent collector, or owner:  Contact Number:

Address of property mgr., rent collector, or owner:  Email:

City:  State:  Zip:

From:  To:

N/A Name(s) of those with whom you lived:

Reason for moving:

4. Former Address:   
City:  State:  Zip:   
If renting; property manager, rent collector, or owner:  Contact Number:   
Address of property mgr., rent collector, or owner:  Email:   
City:  State:  Zip:   
From:  To:   
 N/A Name(s) of those with whom you lived:

5. Former Address:   
City:  State:  Zip:   
If renting; property manager, rent collector, or owner:  Contact Number:   
Address of property mgr., rent collector, or owner:  Email:   
City:  State:  Zip:   
From:  To:   
 N/A Name(s) of those with whom you lived:

Reason for moving:

6. Former Address:   
City:  State:  Zip:   
If renting; property manager, rent collector, or owner:  Contact Number:   
Address of property mgr., rent collector, or owner:  Email:   
City:  State:  Zip:   
From:  To:   
 N/A Name(s) of those with whom you lived:

7. Former Address:   
City:  State:  Zip:   
If renting; property manager, rent collector, or owner:  Contact Number:   
Address of property mgr., rent collector, or owner:  Email:   
City:  State:  Zip:   
From:  To:   
 N/A Name(s) of those with whom you lived:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name:  Contact Number:  Email:

Current Street Address:

City:  State:  Zip:

Nature or relationship (friend, relative, landlord, housemate only):

2. Housemate Name:  Contact Number:  Email:

Current Street Address:

City:  State:  Zip:

Nature or relationship (friend, relative, landlord, housemate only):

3. Housemate Name:  Contact Number:  Email:

Current Street Address:

City:  State:  Zip:

Nature or relationship (friend, relative, landlord, housemate only):

4. Housemate Name:  Contact Number:  Email:

Current Street Address:

City:  State:  Zip:

Nature or relationship (friend, relative, landlord, housemate only):

5. Housemate Name:  Contact Number:  Email:

Current Street Address:

City:  State:  Zip:

Nature or relationship (friend, relative, landlord, housemate only):

6. Housemate Name:  Contact Number:  Email:

Current Street Address:

City:  State:  Zip:

Nature or relationship (friend, relative, landlord, housemate only):



Have you ever been evicted or asked to leave a residence?  Yes  No

Have you ever left a residence owing rent?  Yes  No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**JOB EXPERIENCE**

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?  
 Yes  No

**If YES, list below.**

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Title:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

Would there be a problem if we contact your current employer?  Yes  No

If yes, explain:

**2. Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

3.Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Tittle:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

**4.Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

5.Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Tittle:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

**6.Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

7.Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Tittle:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

**8.Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

9.Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Tittle:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

**10.Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

11. Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Title:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

**12. Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

13. Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Title:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

**14. Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

15. Name of Employer or Military Unit:  From:  To:

Address or Base:

City:  State:  Zip:

Supervisor:  Contact Number:  Email:

Job Title:  Reason for Leaving:

Duties/Assignments:

Full-Time  Part-Time  Temporary  Self-Employed  Unemployed

Name of Co-worker(s) and their Phone Number(s) and Email(s):

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**16. Period of Unemployment**

From:  To:

Check if applicable:  Student  Between Jobs  Leave of absence  Travel  Other

---

17. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).  Yes  No

18. Have you ever been fired, released from probation, or asked to resign from any place of employment?  Yes  No

19. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  Yes  No

20. Have you ever resigned without giving two weeks-notice?  Yes  No

21. Have you ever resigned in lieu of termination?  Yes  No

22. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer?  Yes  No

23. Were you ever the subject of a written complaint at work?  Yes  No
24. Have you ever been counseled at work due to lateness or absences?  Yes  No
25. Did you ever receive an unsatisfactory performance review?  Yes  No
26. Have you ever sold, released, or given away legally confidential information?  Yes  No
27. Have you ever called in sick when you were neither sick nor caring for a sick family member?  Yes  No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any Question 18-28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs?  Yes  No

When?  Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?  Yes  No

When?  Name of Employer:

**SECTION 6: MILITARY EXPERIENCE**

1. Are you required to register for the Selective Service?  Yes  No

2. If yes, have you registered?  Yes  No

If no, explain:

Branch of Service:  Dates Served From:  To:

Type of Discharge:  Entry Level  Honorable  General  Other than Honorable

Re-Entry Code (1-4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following?  Military Reserve  National Guard  TX State Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?  Yes  No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?  Yes  No

If you answered "Yes" to either of the last two questions (question 4 and 5), explain. Include dates and circumstances.

**SECTION 7: FINANCIAL**

**INCOME AND EXPENSES:**

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer (s), what is your monthly income?

2. Do you have income other than from your salary or wages?  Yes  No

If yes, fill in amount:  per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?  Yes  No

5. Have any of your bills ever been turned over to a collection agency?  Yes  No

6. Have you ever had purchased goods repossessed?  Yes  No

7. Have your wages ever been garnished?  Yes  No

8. Have you ever been delinquent on income or other tax payments?  Yes  No

9. Have you ever failed to file income tax or cheated/lie on an income tax form?  Yes  No

10. Have you ever had an employment bond refused?  Yes  No

11. Have you ever avoided paying any lawful debt by moving away?  Yes  No

12. Have you ever defaulted on a loan, including a student loan?  Yes  No

13a. Have you ever borrowed money to pay for a gambling debt?  Yes  No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling?  Yes  No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?  Yes  No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?  Yes  No

16. Have you written three or more bad checks in a one-year period?  Yes  No

17. Are you in arrears on court-ordered child support?  Yes  No

If you answered "Yes" to any Questions 4-17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

**SECTION 8: LEGAL**

**Disclosure of Citations, Arrests, and Convictions:**

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

**Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?**  Yes  No

**If yes, explain each incident:**

1. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			
2. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			
3. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			
4. Approximate Date:		Arresting or detaining agency:	
Charge:			
Disposition or Penalty:			



5. Have you ever been placed on court probation as an adult?  Yes  No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?  
 Yes  No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult?  Yes  No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?  
 Yes  No
9. Have the police ever been called to your home for any reason?  Yes  No
10. Have you or your spouse/partner ever been referred to Child Protective Services?  Yes  No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order?  Yes  No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?  Yes  No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?  Yes  No
14. Have you ever filed a false insurance or workers' compensation claim?  Yes  No

If you answered "Yes" to any Questions 5 - 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

**UNDETECTED ACTS – PART 1**

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls  Yes  No
16. Assault (use of force or violence upon another)  Yes  No
17. Assault on a family member (use of force or violence upon a family member)  Yes  No
18. Brandishing a weapon (any type of weapon)  Yes  No
19. Carrying a concealed weapon without a permit  Yes  No
20. Contributing to the delinquency of a minor  Yes  No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel)  Yes  No
22. Driving under the influence of alcohol and/or drugs  Yes  No
23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)  Yes  No

- 24. Hit and run collision (no injuries)  Yes  No
- 25. Hunting or fishing without a license  Yes  No
- 26. Illegal gambling  Yes  No
- 27. Impersonating a peace officer  Yes  No
- 28. Indecent exposure (including flashing or mooning)  Yes  No
- 29. Joyriding (using a car or other vehicle without owner's permission)  Yes  No

**Undetected Acts – Part 1**

At any time in your life, have you **ever** committed any of the following?

- 30. Arson (intentionally destroying property by setting a fire)  Yes  No
- 31. Assault with a deadly weapon  Yes  No
- 32. Theft of a vehicle and/or vehicle parts  Yes  No
- 33. Burglary (entering a structure or vehicle to commit theft or other crime)  Yes  No
- 34. Child molestation (performing unlawful acts with a child)  Yes  No
- 35. Accessing, producing, or possessing child pornography  Yes  No
- 36. Injury to a child, elderly, and/or disabled  Yes  No
- 37. Embezzlement (theft of money or other valuables entrusted to you)  Yes  No
- 38. Felony drunk driving (involving injuries)  Yes  No
- 39. Forcible rape or other act of unlawful intercourse/sexual activity  Yes  No
- 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.)  Yes  No
- 41. Hit and run (with injuries)  Yes  No
- 42. Hate crime  Yes  No
- 43. Insurance fraud  Yes  No
- 44. Theft (value of over \$500 and/or any firearm)  Yes  No
- 45. Murder, homicide, or attempted murder  Yes  No
- 46. Perjury (lying under oath)  Yes  No
- 47. Possession of an explosive/destructive device  Yes  No
- 48. Robbery (theft from another person using a weapon, force, or fear)  Yes  No
- 49. Stalking  Yes  No
- 50. Blackmail or extortion  Yes  No
- 51. Any other act amounting to a felony  Yes  No

If you answered "Yes" to any Questions 15 - 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involving, and resolutions. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

- |   |                            |
|---|----------------------------|
| Amphetamines/Methamphetamine Uppers, Speed, Crank, etc. | Heroin/Opium               |
| Barbiturates (Downers)                                  | Marijuana                  |
| Cocaine/Crack Cocaine                                   | Mescaline                  |
| Designer Drugs (Ecstasy, Synthetic Heroin, etc.)        | Morphine                   |
| GHB (Date Rape Drug)                                    | PCP/Angel Dust             |
| Glue  | Quaaludes                  |
| Hallucinogens (Peyote, LSD, Mushrooms)                  | Steroids                   |
| Hashish/Hashish Oil                                     | Tetrahydrocannabinol (THC) |

**52. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?  Yes  No

If yes, give details, including drug(s) used and circumstances:

**53. Prior to the past three years (check all that apply):**

- I have never used any drug recreationally.
- I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

Sold    Manufactured    Purchased    Furnished    Cultivated    Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

**SECTION 9: MOTOR VEHICLE OPERATION**

Current Driver License #:    State of Issue:    Expiration Date:

List other states where you have been licensed to operate a motor vehicle:

1.    N/A   State of Issue:    Type of License:    License Number:

Name under which license was granted:

2.    N/A   State of Issue:    Type of License:    License Number:

Name under which license was granted:

3.    N/A   State of Issue:    Type of License:    License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state?    Yes    No

If yes, explain (include when, where, and circumstance):

Has your driver's license ever been suspended or revoked?    Yes    No

If yes, explain (include when, where, and circumstance):

**List your current liability insurance on your vehicle(s):**

4.Type of Coverage:  Insured  Bonded  Cash Deposit

Vehicle Make/Model:  Year:  Vehicle License:

Insurance Company:  Policy Number:  Expires:

Address:

City:  State:  Zip:

5.Type of Coverage:  Insured  Bonded  Cash Deposit

Vehicle Make/Model:  Year:  Vehicle License:

Insurance Company:  Policy Number:  Expires:

Address:

City:  State:  Zip:

6.Type of Coverage:  Insured  Bonded  Cash Deposit

Vehicle Make/Model:  Year:  Vehicle License:

Insurance Company:  Policy Number:  Expires:

Address:

City:  State:  Zip:

7.Type of Coverage:  Insured  Bonded  Cash Deposit

Vehicle Make/Model:  Year:  Vehicle License:

Insurance Company:  Policy Number:  Expires:

Address:

City:  State:  Zip:

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**List all traffic citations, excluding parking citations, that you have received within the past seven years:**

8.Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred  Action Taken:  Not Guilty  Fined  Traffic School  Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred  Action Taken:  Not Guilty  Fined  Traffic School  Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred  Action Taken:  Not Guilty  Fined  Traffic School  Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following?  
(Check all that apply).

Failed to appear  Failed to complete traffic school  Failed to pay the required fine

If checked, explain circumstance:

Have you been involved as the driver in a motor vehicle accident within the past seven years?  Yes  No **If yes, give details:**

11. Date:  Location (Street, City, State, Zip):

Police Report:  Yes  No Injury or Non-Injury?  Injury  Non-Injury

Law Enforcement Agency:

12. Date:  Location (Street, City, State, Zip):

Police Report:  Yes  No Injury or Non-Injury?  Injury  Non-Injury

Law Enforcement Agency:

13. Date:  Location (Street, City, State, Zip):

Police Report:  Yes  No Injury or Non-Injury?  Injury  Non-Injury

Law Enforcement Agency:

14. Date:  Location (Street, City, State, Zip):

Police Report:  Yes  No Injury or Non-Injury?  Injury  Non-Injury

Law Enforcement Agency:

Have you ever driven a vehicle without auto insurance, as required by law?  Yes  No

If yes, give reason:

Date:

Location (Street, City, State, Zip):

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled?  Yes  No

If yes, give reason:

Insurance Company:

Date:

Location (Street, City, State, Zip):

Use this space for additional information you would like to include regarding your driving record.

#### SECTION 10: OTHER

1. Describe any beliefs or perceptions you may have that would prevent you from fully performing the duties of a police officer. Including working weekends, holidays, evenings, or at night.

2. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

3. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

4. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?  Yes  No

5. Have you ever hit or physically overpowered a spouse, romantic partner, or family members?  Yes  No

If you answered "Yes" to any of the questions 1-5 (above), give details, dates, and circumstances. Indicate the corresponding question number.

6. Describe the frequency and extent of your use of alcohol beverages.

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**SECTION 11: SCOCIAL MEDIA SITES**

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)?  Yes  No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.



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**SECTION 12: ADDITIONAL SPACE**

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

---

**SECTION 13: CERTIFICATION**

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification: or if I have been appointed, may disqualify me from continued employment.

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

\_\_\_\_\_  
Date

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

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

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

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

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

Notary Seal or Stamp:

**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 record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privilege 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 \_\_\_\_\_, 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: \_\_\_\_\_