

**SEAGRAVES POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



TEXAS COMMISSION ON LAW ENFORCEMENT  
TCOLE

AGENCY NAME: \_\_\_\_\_

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS  
Appointment/Employment

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

Date Issued: \_\_\_\_\_

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, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach 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 and all training certificates awarded to you. (Peace Officer Applicants Only)
- ☐ Copy of your DD-214 if applicable. Must possess an honorable discharge.
- ☐ Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- ☐ Copy of current proof of automobile liability insurance.
- ☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months.

10. If you have any questions, please contact your assigned background investigator

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

## 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 years 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 what 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**

1. Last Name		First		MI	Suffix
2. Other Names, including nicknames, you have used or been known by.					
3. Street Address, (Apt, Unit)		City		State	Zip
4. Address if different from above.					
5. Phone #. Home	Cell	Work	Ext.	Fax	Other
6. Email: Home		Business		Other	
7. Birth Place (City / County / State / Country)				8. DOB	9. Social Security #
10. Driver License #		11. Physical description			
State:		Exp:		HT.	WT.
				Hair Color	Eye Color

12. Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the PID you were assigned: _____			
A. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number
B. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number

**13. 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 question number and page this refers to.

A. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if know)	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 ☐ Chief's oral  
☐ Conditional job offer ☐ Psychological Examination Date \_\_\_\_\_ ☐ Medical Date: \_\_\_\_\_

**Status:** ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators 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 ☐ Chief's oral  
☐ Conditional job offer ☐ Psychological Examination Date \_\_\_\_\_ ☐ Medical Date: \_\_\_\_\_

**Status:** ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators 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 ☐ Chief's oral  
☐ Conditional job offer ☐ Psychological Examination Date \_\_\_\_\_ ☐ Medical Date: \_\_\_\_\_

**Status:** ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

**SECTION 2: RELATIVES AND REFERENCES****14. 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 question number and page this refers to.

<input type="checkbox"/> NA	A. Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	B. Step-Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	C. Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	D. Step-Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	E. Spouse / Registered Domestic Partner		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Years of Marriage	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> NA	F. Father-in-Law Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	G. Mother-in-Law Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	H. Former Spouse(s) Cohabitant	1. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			



<input type="checkbox"/> NA	I. Former Spouse(s) Cohabitant	2. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N A	J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.				
1. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip	Phone #
Work Address		City	State	Zip	Phone #
Cell		Email			

2. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip	Phone #
Work Address		City	State	Zip	Phone #
Cell		Email			

3. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip	Phone #
Work Address		City	State	Zip	Phone #
Cell		Email			

4. Name				DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip	Phone #	
Work Address		City		State	Zip	Phone #	
Cell			Email				

5. Name				DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip	Phone #	
Work Address		City		State	Zip	Phone #	
Cell			Email				

6. Name				DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip	Phone #	
Work Address		City		State	Zip	Phone #	
Cell			Email				

<input type="checkbox"/> N A <b>K. CHILDREN</b> 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.					
1. Name			Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City		State
DOB	Contact Number		Email		

2. Name			Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City		State
DOB	Contact Number		Email		

3. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
DOB	Contact Number		Email	

4. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
DOB	Contact Number		Email	

5. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
DOB	Contact Number		Email	

6. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
DOB	Contact Number		Email	

<b>15. REFERENCES</b>				
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.				
A. Name		Address		City      State      Zip
Company / Work address			City	State      Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)				How long have you known this person?

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

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

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

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

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

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

### SECTION 3: EDUCATION

<b>NOTE:</b> You will be required to furnish transcripts or other proof to support all of your educational claims.			
16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty			
17. List High Schools Attended or where you obtained your GED.			
A. Name		City	State
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Name		City	State
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

18 List all colleges or universities attended:			
A. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

19. List any trade, vocational, or business schools / institutes attended.			
A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

**SECTION 3: EDUCATION** *continued.*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE****21. 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 name of base in 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 question number and page this refers to.

A. Current residence Street		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you live				

B. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

C. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

D. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

E. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

F. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

G. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					



**22.** Provide contact information for all housemates listed in Question 21 with whom you have resided 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 question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

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

24. Have you ever left a residence owing rent?

☐ Yes ☐ No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 25. 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 page 33.)
- 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.

A. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.			

B. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

C. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

D. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	From	To
---	------	----

E. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

F. PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	From	To
---	------	----

G. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
Names of co-workers	Co-workers Phone Number			

H. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

I. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
Names of co-workers	Co-workers Phone Number			

J. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

<b>K. Name of employer or military unit.</b>			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

<b>L. PERIOD OF UNEMPLOYMENT</b>			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

<b>M. Name of employer or military unit.</b>			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

<b>N. PERIOD OF UNEMPLOYMENT</b>			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

O. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

P. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

Q. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

**SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)**

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _____		
41. Branch of Service	Date of Service From	To:
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i>		
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard		If checked, date obligation ends:
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
45. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered YES to questions 44 and or 45, Explain ( Include dates and circumstances)

## SECTION 7 FINANCIAL

### 46. INCOME AND EXPENSES

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

A. From your employer(s), what is your take home monthly income? \$\_\_\_\_\_

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

If yes, fill in amount: \$\_\_\_\_\_per month Explain:\_\_\_\_\_

C. 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.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lied on an income tax form	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

## 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 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 question number and page this refers to.

**61. 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.	
A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	



C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>73. UNDETECTED ACTS - PART 2</b> At any time in your life have you <b>ever</b> committed any of the following?	
A. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault with a deadly weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Accessing, producing, or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Hit and run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No

M. Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q. Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. Possession of an explosive / destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T. Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
U. Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to **any** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) 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.  
 Barbiturates (Downers)  
 Cocaine / Crack Cocaine  
 Designer Drugs (Ecstasy, Synthetic Heroin, etc.)  
 GHB (Date Rape Drug)  
 Glue  
 Hallucinogens (Peyote, LSD, Mushrooms)  
 Hashish / Hashish Oil

Heroin / Opium  
 Marijuana  
 Mescaline  
 Morphine  
 PCP / Angel Dust  
 Quaaludes  
 Steroids  
 Tetrahydrocannabinol (THC)

**74. 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:

**75.** 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 checked, give details including drug(s) used, most recent date used, and circumstances.

**76.** 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

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

#### SECTION 9: MOTOR VEHICLE OPERATION

77. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
------------------------------	----------------	-----------------	--------------------------------------

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

State of issue	Type of license	Name under which license was granted and license number

79. Have you ever been refused a driver's license by any state

☐ Yes ☐ No

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

80. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain ( include when, where and circumstances):	

81. List your current liability insurance on your vehicle(s)									
A. Type of Coverage				Vehicle Make		Year		Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit									
Insurance Company				Policy number				Expires	
Address		City		State	Zip		Contact Number		
B. Type of Coverage				Vehicle Make		Year		Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit									
Insurance Company				Policy Number				Expires	
Address		City		State	Zip		Contact Number		
C. Type of Coverage				Vehicle Make		Year		Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit									
Insurance Company				Policy Number				Expires	
Address		City		State	Zip		Contact Number		
D. Type of Coverage				Vehicle Make		Year		Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit									
Insurance Company				Policy Number				Expires	
Address		City		State	Zip		Contact Number		

82. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

B. Nature of Violation		Location Street, City, State, Zip	
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C. Nature of Violation		Location Street, City, State, Zip	
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			
If checked, explain circumstances:			

<b>83. Have you been involved as the driver in a motor vehicle accident within the past seven years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.			
A. Date	Location (Street, City, State, Zip)		
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury	
A. Date	Location (Street, City, State, Zip)		
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury	
A. Date	Location (Street, City, State, Zip)		
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury	

<b>84. Have you ever driven a vehicle without auto insurance, as required by law?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason	
Date	Location Street, City, State, Zip
<b>85. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason:	
	Insurance Company
Date	Location Street, City, State, Zip

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

87. Are you now, 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

88. 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

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

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

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

#### SECTION 11: SOCIAL MEDIA SITES

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

92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)



## SECTION 12: CERTIFICATION

93. 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.

<hr/>		<hr/> / <hr/> / <hr/>
Signature of Applicant		Date
Sworn to and subscribed before me, this the _____ day of _____, _____		
Notary public in and for, State of _____		
My commission expires _____ / _____ / _____		Printed Name of Notary _____
Notary Seal or Stamp		<hr/> Signature of Notary

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 question and specific item being referenced.