TIOGA POLICE DEPARTMENT

APPLICATION AND PERSONAL HISTORY

STATEMENT

P.O. BOX 206

600 MAIN STREET

TIOGA, TEXAS 76271

(940) 437-5293

INSTRUCTIONS

*** READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

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

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.

2. If a question is not applicable to you enter N/A in the space provided.

3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you sign.

4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.

5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

PERSONAL HISTORY STATEMENT

A) **APPLICANT IDENTIFICATION**: Information provided in this section is used for Identification purposes only.

1. NAME:
_____
LAST FIRST MIDDLE

2. ADDRESS:
_____
NUMBER/STREET CITY/STATE/ZIP

3. TELEPHONE NUMBER:
_____

4. DATE OF BIRTH:
_____

5. NICKNAME (S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:
_____

6. SOCIAL SECURITY NUMBER: _____ - _____ - _____

7. PLACE OF BIRTH: _____.

8. ARE YOU A U.S. CITIZEN? _____YES _____NO

9. DRIVERS LICENSE:
_____
NUMBER CLASS/REST. STATE

10. WEIGHT: _____ 11. HEIGHT: _____

12. EYE COLOR: _____ 13. HAIR COLOR: _____

14. SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS:_____

_____

_____

_____

B) **RESIDENCES:** List all addresses where you have lived during the past ten (10) years, beginning with the present address. List date as Month/Year. Attach additional page, if necessary:

FROM	TO	ADDRESS/CITY	ST/ZIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C) **WORK HISTORY**: Beginning with your present or most recent job, list all employment since the age of sixteen (16), including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach additional page if necessary.

1. From: _____ To: _____ Employer: _____

   Address: _____ Zip: _____

   Phone: _____ Job Title: _____

   Duties:_____

   _____

   Supervisor: _____

   Co-Worker: _____

   Reason for leaving: _____

2. From: _____ To: _____ Employer: _____

Address: _____ Zip: _____

Phone: _____ Job Title: _____

Duties: _____

_____

Supervisor: _____

Co-Worker: _____

Reason for leaving: _____

3. From: _____ To: _____ Employer: _____

Address: _____ Zip: _____

Phone: _____ Job Title: _____

Duties: _____

_____

Supervisor: _____

Co-Worker: _____

Reason for leaving: _____

4. From: _____ To: _____ Employer: _____

Address: _____ Zip: _____

Phone: _____ Job Title: _____

Duties: _____

_____

Supervisor: _____

Co-Worker: _____

Reason for leaving: _____

5. From: _____ To: _____ Employer: _____

Address: _____ Zip: _____

Phone: _____ Job Title: _____

Duties: _____

_____

Supervisor: _____

Co-Worker: _____

Reason for leaving: _____

D) **SPECIAL QUALIFICATIONS AND SKILLS**:

1. List any special licenses you hold, i.e. pilot, radio operator, scuba, etc…., showing license authority, original date of issue and date of expiration.

_____

_____

_____

2. List any specialized machinery or equipment which you are able to operate.

_____

_____

_____

3. If you are fluent in a foreign language, indicate in each area your degree of fluency: Excellent, Good, Fair

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

4. List any other special skills or qualifications you may possess.

_____

_____

_____

_____

E) **ARRESTS, DETENTIONS, AND LITIGATION**:

1. Have you ever been arrested, detained by police, or summoned into court?
_____ YES _____ NO

If yes, then complete the following:

OFFENSE	LOCATION	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever been involved as a party in civil litigation?
_____ YES _____ NO

If yes, Give details:

_____

_____

_____

F) **TRAFFIC RECORD**:

1. Has your drivers license ever been suspended or revoked?

_____ YES _____ NO

If yes, Give date, Location and reason:

_____

_____

2. With what company do you carry auto insurance?

_____

3. List, to the best of your memory, ALL traffic citations you have received, excluding parking tickets:

CHARGE	LOCATION	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G) **MILITARY RECORD**:

1. Have you served in the U.S. Armed Forces? _____ YES _____ NO

2. Date of Service: From _____ To _____

   Branch of Service: _____

   Unit Designation: _____

   Military Service Number: _____

   Highest Rank held: _____

   Type of Discharge: _____

3. Were you ever disciplined while in the Military Service?
   Include Court Martial, Captain's masts, Company Punishment, Etc.,

   _____ YES _____ NO

CHARGE	AGENCY	DATE	AGE	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. If you received a discharge other than Honorable, Give complete details:

_____

_____

_____

_____

_____

H) **EDUCATIONAL HISTORY**:

1.

HIGH SCHOOL	CITY & STATE	FROM	TO	GRADUATED
_____	_____	_____	____	_____
_____	_____	_____	____	_____
_____	_____	_____	____	_____

2. College or University attended: _____

City and State: _____

Dates Attended: From _____ To _____

Units Completed: _____ Major/Minor _____

Degree received and Date: _____

College or University attended: _____

City and State: _____

Dates Attended: From _____ To _____

Units Completed: _____ Major/Minor _____

Degree received and Date: _____

3. List other schools attended, (trade, vocational, business, etc.,,) Give name and address of School, dates attended, course of study, certificate received and any other pertinent information.

_____

_____

_____

_____

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

_____

_____

_____

I) MARITAL AND FAMILY HISTORY:

1. Are you: _____ Single _____ Separated

   _____ Engaged _____ Divorced

   _____ Married _____ Widowed

2. If Engaged:
   Name of Fiancée: _____

   Address: _____

   Phone number: _____

3. If Married: Date _____ City & State _____

   Spouse's Name: _____
   First Middle Maiden Last

4. If ever Separated, Divorced, Or Widowed:

Date of Marriage:_____

City and State:_____

Spouse's Name:_____
First Middle Maiden Last

Present Address: _____

Phone number: _____

Separated: _____ Divorced: _____ Annulled: _____

Date of Order of Decree: _____

Court and State: _____

5. List All children related to you or your spouse (natural, step, adopted, and foster children).

Name	Relation	DOB	Address	Supported By

6. List All other Dependents:

Name	Address	Relation

J) FINANCIAL HISTORY:

Sources of Income:

1. What is your present salary or wages? _____

2. Do you have income from any source other than your principal occupation?

   _____ YES _____ NO

   IF YES: How Much?: $ _____ How Often?: _____

   Source: _____

3. Do you own any Real Estate: _____ YES _____ NO

   Value: $ _____ Location: _____

4. Do you own any Bonds, Government or Other? _____ YES _____ NO

   Value: $_____

5. Do you own any Corporate Stock? _____ YES _____ NO

Value: $ _____

6. Do you have a Bank account? _____ YES _____ NO

Savings: Average Balance: $_____

Name and Address of Bank:_____

_____

Checking: Average Balance: $_____

Name and Address of Bank:_____

_____

_____

7. Give the Names and Addresses of the individuals, Companies or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support, and any other debts or payments, include account numbers where applicable.:

DEBT TYPE/ REASON	CREDIT NAME/ADDRESS	ACCOUNT#	BALANCE	PAYMENT

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL $ _____

K) MEDICAL HISTORY:

1. List the following information concerning all doctors consulted within the last three (3) years and all periods of hospitalization within the last five (5) years:

Reason for Consult Illness or Operation	Date	# of Days	Name & Address of Physician/Hospital
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you have any Physical Handicaps, Chronic diseases or Disabilities?

_____ YES _____ NO

If yes, explain: _____

_____

3. Have you ever received Workmen's Compensation or any other Disability Insurance payment? _____ YES _____ NO

If yes, explain:_____

_____

_____

4. Are you currently taking any medications prescribed by your physician?

_____ YES _____ NO

If yes, Explain:_____

_____

L) <u>REFERENCES:</u> List five (5) persons who you know well enough to provide current information about you. <u>DO NOT</u> list relatives or former employers. Be sure to include zip codes.

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Business Address: _____

Years Known: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Business Address: _____

Years Known: _____

3. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Business Address: _____

Years Known: _____

4. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Business Address: _____

Years Known: _____

5. Name: _____

Address: _____

Home Phone: _____ Work Phone_____

Business Address: _____

Years Known: _____

M) <u>Membership In Organization:</u> (Past and/or Present)

Organization	Address	Type	Dates From	Dates To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

N) **PERSONAL DECLARATIONS**:

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

   _____

2. Have you ever used Marijuana or any other Drug NOT prescribed by your physician?

   _____ YES _____ NO

   If yes, what were the circumstances? _____

   _____

   _____

3. Have you ever sold or furnished drugs or narcotics to anyone? _____ YES _____ NO

   If yes, Explain: _____

   _____

   _____

4. If it became necessary to take a HUMAN LIFE in the course of duties as a police officer, would any Religious or other Beliefs prevent you from doing so?

   _____ YES _____ NO

   Explain: _____

   _____

   _____

5. Do you have any Religious preferences or other beliefs which would prevent you from FULLY performing the duties of a police officer, including working on weekends, evening or night shifts? _____ YES _____ NO

   If yes, explain: _____

   _____

6. Have you ever applied for employment with this or any other law enforcement or related agency? _____ YES _____ NO
If yes, fill in information below:

DATE(S)	AGENCY	STATUS OF APPLICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Are there any incidents in your life or details NOT mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?

_____ YES _____ NO

If yes, explain: _____

_____

_____

** If applicable, please provide your TCLEOSE PID # _____

IS YOUR PACKET COMPLETE?

NO APPLICANT WILL BE CONSIDERED FOR EMPLOYMENT UNTIL A **COMPLETE** APPLICATION IS RECEIVED BY THE TIOGA POLICE DEPARTMENT. A COMPLETE APPLICATION WILL CONSIST OF THE FOLLOWING DOCUMENTS OR COPIES OF SUCH DOCUMENTS:

1. **PERSONAL APPLICATION COMPLETED, DATED AND SIGNED**
2. **COPY OF BIRTH CERTIFICATE**
3. **COPY OF D. D. 214 (IF PRIOR MILITARY SERVICE)**
4. **COPY OF HIGH SCHOOL/GED DIPLOMA**
5. **COPY OF COLLEGE TRANSCRIPTS**
6. **PROOF OF TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION (TCLEOSE) BASIC PEACE OFFICER CERTIFICATION**
7. **SIGNED PRIVACY WAIVER**

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

Applicant's Signature: _____

Date: _____

PRIVACY WAIVER

I AUTHORIZE AND REQUEST ANY AND ALL OF MY FORMER EMPLOYERS AND ANY OTHER PERSON TO FURNISH TO THE CITY OF TIOGA ANY INFORMATION THAT THEY MIGHT HAVE CONCERNING MY EMPLOYMENT RECORD, CHARACTER, GENERAL REPUTATION AND PERSONAL CHARACTERISTICS. I HERBY RELEASE EACH SUCH EMPLOYER AND EACH SUCH OTHER PERSON FROM ANY AND ALL LIABILITES OF WHATEVER NATURE BY REASON OF FURNISHING SUCH INFORMATION TO THE CITY OF TIOGA OR ANY PERSON ACTING IN ITS BEHALF.

_____
Applicant's Signature

_____
Date