Round Rock Police Department
2701 N. Mays Street
Round Rock, Texas 78665

512.218.5500
Joinroundrockpd.com
Training1@roundrocktexas.gov

APPLICANT PERSONAL HISTORY STATEMENT

Date Personal History Statement was issued:
Personal History Statement is due:

This application was issued to: _____

I am applying for: ☐ Peace Officer PID: ☐ Telecommunicator PID:
☐ Cadet PID: ☐ Civilian Employment

PERSONAL HISTORY STATEMENT INSTRUCTIONS

RESET FORM

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 submitted electronically as a typed document. 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 below must be submitted after successful completion of your Preliminary Board Interview.
10. **Email completed Personal History Statement to Training1@roundrocktexas.gov**

Initial this page to indicate that you have provided complete and accurate information: _____

The following documents must be included in your personal history statement application:

Completed Personal History Statement
Copy of your Social Security card
Original certified copy of your birth certificate (no photocopy)
Copy of your valid Texas driver license or a copy of another State's driver license, front and back, (applicant must possess a valid Texas driver license prior to being offered employment)
Copy of your High School diploma or GED ***OR*** A 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 photocopy)
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 your DD-214 and/or other military discharge documents (if applicable)
Original certified copy of your Naturalization papers, if applicable (no photocopy)
Copy of current proof of automobile liability insurance
Copy Marriage License (if applicable)
Copy of Divorce Decree (if applicable)
Current Credit Report
Copy of last two bank statements
Copy of TCOLE approved Firearms Qualifications within last 12 months (If applicable)

APPLICANT ELIGIBILITY

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.

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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.

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.

WHAT INFLUENCED YOUR DECISION TO APPLY

This information is used solely for the purpose of determining how the agency can improve marketing for future applicants. (check all that apply)

- ☐ Saw job posting online
- ☐ Recommended by family / friend
- ☐ Have family & friends locally
- ☐ Completed Internship at agency
- ☐ Social Media
  - ☐ Instagram ☐ Facebook
- ☐ Job Fair Location: _____
- ☐ Recommended by other law enforcement agency
- ☐ Compensation / Benefits
- ☐ Junior Police Academy
- ☐ City of Round Rock Job Posting

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.

Initial this page to indicate that you have provided complete and accurate information:

_____

SECTION 1: APPLICANT INFORMATION

Last Name:	First Name:	
Middle Name:	Suffix:	
Other Names, including nicknames, you have used or been known by:		
Maiden Name:	SSN:	Date of Birth:
Driver's License #:	State:	Expiration:
Street Address (Apt/Unit):		
City:	State:	Zip Code:
Mailing Address (If different than above):		
City:	State:	Zip Code:
Home Phone #:	Cell Phone:	Work Phone:
Fax:	Other #:	
List all email addresses:		
Place of Birth (City, County, State, Country):		

Height:	Weight:	Hair Color:	Eye Color:
Physical Description – Include scars, tattoo location and design, or other marks:			

PRIOR LAW ENFORCEMENT AGENCY TRAINING INFORMATION

Have you ever attended a basic law enforcement licensing course: ☐ Yes ☐ No

If yes, provided the PID you were assigned:

Academy Name:	From: To:
Academy City:	Academy State:
Training Coordinator:	Contact #:
Did you graduate: ☐ Yes ☐ No	
Training Type: ☐ Peace Officer ☐ Jailer ☐ Telecommunications ☐ Other:	

Academy Name:	From: To:
Academy City:	Academy State:
Training Coordinator:	Contact #:
Did you graduate: ☐ Yes ☐ No	
Training Type: ☐ Peace Officer ☐ Jailer ☐ Telecommunications ☐ Other:	

Initial this page to indicate that you have provided complete and accurate information: _____

LAW ENFORCEMENT APPLICATIONS

Have you ever applied to any other law enforcement agency (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 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:
Date applied:	Address:	
City:	State:	Zip Code:
Background Investigators Name:		Phone #:
Email:		

Check each step in the process you COMPLETED:

STEPS: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional Job Offer ☐ Psychological Exam Date: Medical Exam Date:

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

B. Name of Agency:		Position:
Date applied:	Address:	
City:	State:	Zip Code:
Background Investigators Name:		Phone #:
Email:		

Check each step in the process you COMPLETED:

STEPS: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional Job Offer ☐ Psychological Exam Date: Medical Exam Date:

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

C. Name of Agency:		Position:
Date applied:	Address:	
City:	State:	Zip Code:
Background Investigators Name:		Phone #:
Email:		

Check each step in the process you COMPLETED:

STEPS: ☐ Application ☐ Written ☐ Physical Agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional Job Offer ☐ Psychological Exam Date: Medical Exam Date:

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

INVESTIGATOR COMMENTS

Initial this page to indicate that you have provided complete and accurate information: _____

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.

FATHER'S INFORMATION ☐ N/A Explain:		
Father's Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

STEP-FATHER'S INFORMATION ☐ N/A Explain:		
Father's Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

MOTHER'S INFORMATION ☐ N/A Explain:		
Mother's Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

STEP-MOTHER'S INFORMATION ☐ N/A Explain:		
Father's Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

SPOUSE / REGISTERED DOMESTIC PARTNER INFORMATION ☐ N/A		
Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		Years of marriage:

Initial this page to indicate that you have provided complete and accurate information: _____

FATHER-IN-LAW'S INFORMATION ☐ N/A		
Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

MOTHER-IN-LAW'S INFORMATION ☐ N/A		
Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

FORMER SPOUSE/COHABITANT INFORMATION ☐ N/A		
1. Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

FORMER SPOUSE/COHABITANT INFORMATION ☐ N/A		
2. Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc. N/A (I have no brothers or sisters)		
1. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling		
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
2. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling		
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
3. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling		
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
4. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling		
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
5. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling		
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

Initial this page to indicate that you have provided complete and accurate information: _____

6. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling		
Home Address:		
City:	State:	Zip Code:
Work Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		

CHILDREN: List all 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:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling Other:		
Home Address:		
City:	State:	Zip Code:
Custodial Parent or guardian (if other than you):		
Home #:	Cell #:	Work #:
Email:		
☐ N/A 2. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling Other:		
Home Address:		
City:	State:	Zip Code:
Custodial Parent or guardian (if other than you):		
Home #:	Cell #:	Work #:
Email:		
☐ N/A 3. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling Other:		
Home Address:		
City:	State:	Zip Code:
Custodial Parent or guardian (if other than you):		
Home #:	Cell #:	Work #:
Email:		
☐ N/A 4. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling Other:		
Home Address:		
City:	State:	Zip Code:
Custodial Parent or guardian (if other than you):		
Home #:	Cell #:	Work #:
Email:		
☐ N/A 5. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling Other:		
Home Address:		
City:	State:	Zip Code:
Custodial Parent or guardian (if other than you):		
Home #:	Cell #:	Work #:
Email:		

Initial this page to indicate that you have provided complete and accurate information: _____

☐ N/A 6. Name:		Date of Birth:
☐ Male ☐ Female Relationship: ☐ Full sibling ☐ Half-sibling ☐ Foster sibling Other:		
Home Address:		
City:	State:	Zip Code:
Custodial Parent or guardian (if other than you):		
Home #:	Cell #:	Work #:
Email:		
Has anyone in your family EVER been arrested for a criminal offense: ☐ Yes ☐ No If yes, please completed the following:		
1. Name:	Relationship:	
Offense / Reason for arrest:		
Location of arrest – City:	County:	State:
Approximate date/time of arrest - Month:	Year	
Disposition of arrest:		
2. Name:	Relationship:	
Offense / Reason for arrest:		
Location of arrest – City:	County:	State:
Approximate date/time of arrest - Month:	Year	
Disposition of arrest:		
Do you have any relatives or other personal contacts working in any capacity for the City of Round Rock? ☐ Yes ☐ No If yes, please complete the following:		
1. Name:	Department:	
Position:	Phone #:	
2. Name:	Department:	
Position:	Phone #:	
3. Name:	Department:	
Position:	Phone #:	

SECTION 3: REFERENCES

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

1. Name:		
How do you know this person? ☐ Friend ☐ Teacher/Coach ☐ Coworker ☐ Military ☐ Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: REFERENCES CONTINUED		
2. Name:		
How do you know this person? ☐ Friend ☐ Teacher/Coach ☐ Coworker ☐ Military ☐ Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		
3. Name:		
How do you know this person? ☐ Friend ☐ Teacher/Coach ☐ Coworker ☐ Military ☐ Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		
4. Name:		
How do you know this person? ☐ Friend ☐ Teacher/Coach ☐ Coworker ☐ Military ☐ Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		
5. Name:		
How do you know this person? ☐ Friend ☐ Teacher/Coach ☐ Coworker ☐ Military ☐ Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: REFERENCES CONTINUED		
6. Name		
How do you know this person? ☐Friend ☐Teacher/Coach ☐Coworker ☐Military ☐Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		
7. Name		
How do you know this person? ☐Friend ☐Teacher/Coach ☐Coworker ☐Military ☐Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		
8. Name:		
How do you know this person? ☐Friend ☐Teacher/Coach ☐Coworker ☐Military ☐Other: (Explain):		
How long have you known this person?		
Address:		
City:	State:	Zip Code:
Home #:	Cell #:	Work #:
Email:		
Employer Name:		
Employer Address:		

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 4: EDUCATION

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

List high schools attended OR where you obtained your GED

HIGH SCHOOL EDUCATION

Select applicable: ☐ High School Diploma ☐ GED
☐ Discharge documents from armed services w/ 2 years of active duty

1. Name of School:	City:	State:
Dates attended - From: To:	Did you graduate? ☐ Yes ☐ No	
2. Name of School:	City:	State:
Dates attended - From: To:	Did you graduate? ☐ Yes ☐ No	

COLLEGE/UNIVERSITY EDUCATION

Select your maximum college education: ☐ Some college ☐ Associate's Degree ☐ Bachelor's Degree
☐ Master's Degree ☐ Doctorate

List education with most recent first college or university attended

1. Name of Institution:	City:	State:
Attended from: to	Degree Earned:	Total Units Earned:
2. Name of Institution:	City:	State:
Attended from: to	Degree Earned:	Total Units Earned:
3. Name of Institution:	City:	State:
Attended from: to	Degree Earned:	Total Units Earned:

VOCATION, TRADE OR BUSINESS SCHOOLS OR INSTITUTES

1. Name of Institution:	City:	State:
Attended from: to	Type of training:	
Did you complete the course? ☐ Yes ☐ No		
2. Name of Institution:	City:	State:
Attended from: to	Type of training:	
Did you complete the course? ☐ Yes ☐ No		
3. Name of Institution:	City:	State:
Attended from: to	Type of training:	
Did you complete the course? ☐ Yes ☐ No		

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

If yes, describe in detail below beginning with high school. List any disciplinary actions received in any school or educational institution. Include the date of the disciplinary action(s), name of the institution, and explanation of circumstances.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: RESIDENCES

List all residences during the last 10 years and/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. DONOT 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 it refers to.

1. Current residence address:

City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From:	to	

☐ N/A List the names of people who lived with you:

2. Former residence address:

City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From:	to	

☐ N/A List the names of people who lived with you:

Reason for moving:

3. Former residence address:

City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From:	to	

☐ N/A List the names of people who lived with you:

Reason for moving:

4. Former residence address:

City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From:	to	

☐ N/A List the names of people who lived with you:

Reason for moving:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: RESIDENCES CONTINUED		
5. Former residence address:		
City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From: to		
☐ N/A List the names of people who lived with you:		
Reason for moving:		
6. Former residence address:		
City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From: to		
☐ N/A List the names of people who lived with you:		
Reason for moving:		
7. Former residence address:		
City:	State:	Zip Code:
If renting list property manager, rent collector, or owner name:		
Address:		
Email:	Phone:	
Dates of residence list month/year: From: to		
☐ N/A List the names of people who lived with you:		
Reason for moving:		
HOUSEMATES: Provide contact information for all housemates listed in the above entries for Section 5 that you have resided with during the past 10 years, and/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:	Phone:	
Email:		
Current street address:		
City:	State:	Zip Code
Nature of relationship: ☐ Friend ☐ Relative ☐ Landlord ☐ Housemate ☐ Other:		
2. Housemate Name:	Phone:	
Email:		
Current street address:		
City:	State:	Zip Code
Nature of relationship: ☐ Friend ☐ Relative ☐ Landlord ☐ Housemate ☐ Other:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 5: RESIDENCES CONTINUED		
3. Housemate Name:		Phone:
Email:		
Current street address:		
City:	State:	Zip Code
Nature of relationship: ☐ Friend ☐ Relative ☐ Landlord ☐ Housemate ☐ Other:		
4. Housemate Name:		Phone:
Email:		
Current street address:		
City:	State:	Zip Code
Nature of relationship: ☐ Friend ☐ Relative ☐ Landlord ☐ Housemate ☐ Other:		
5. Housemate Name:		Phone:
Email:		
Current street address:		
City:	State:	Zip Code
Nature of relationship: ☐ Friend ☐ Relative ☐ Landlord ☐ Housemate ☐ Other:		
6. Housemate Name:		Phone:
Email:		
Current street address:		
City:	State:	Zip Code
Nature of relationship: ☐ Friend ☐ Relative ☐ Landlord ☐ Housemate ☐ Other:		
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 question above, explain and include when, where and circumstances:		

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT

List ALL jobs you have had since 17 years of age, including part-time, temporary, self-employment, and volunteer positions, beginning 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 more than 30 days.

Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?
☐ Yes ☐ No If yes, include it in this section.

☐ N/A 1. Name of employer or military unit:		
Dates of employment: (list month and year) From	to	
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Would there be a problem if we contacted your current employer? ☐ Yes ☐ No		
If yes, please explain:		

☐ N/A 2. Period of unemployment: (list month and year) From		to			
Check if applicable: ☐ Student	☐ Between jobs	☐ Leave of absence	☐ Travel	☐ Other:	

3. Name of employer or military unit:		
Dates of employment: (list month and year) From	to	
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		

☐ N/A 4. Period of unemployment: (list month and year) From		to			
Check if applicable: ☐ Student	☐ Between jobs	☐ Leave of absence	☐ Travel	☐ Other:	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT CONTINUED		
☐ N/A 5. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		
☐ N/A 6. Period of unemployment: (list month and year) From to		
Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:		
☐ N/A 7. Name of employer or military unit:		
Dates of employment: (list month and year) From fgdf to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		
☐ N/A 8. Period of unemployment: (list month and year) From fgdf to fgdf		
Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:		
☐ N/A 9. Name of employer or military unit:		
Dates of employment: (list month and year) From fgdf to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT CONTINUED		
☐ N/A 10. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		
☐ N/A 11. Period of unemployment: (list month and year) From to		
Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:		
☐ N/A 12. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		
☐ N/A 13. Period of unemployment: (list month and year) From to		
Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:		
☐ N/A 14. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT CONTINUED		
☐ N/A 14. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		
☐ N/A 15. Period of unemployment: (list month and year) From to		
Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:		
☐ N/A 16. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		
☐ N/A 17. Period of unemployment: (list month and year) From to		
Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel Other:		
☐ N/A 18. Name of employer or military unit:		
Dates of employment: (list month and year) From to		
Street address or base:		
City:	State:	Zip Code:
Supervisor:	Title	Phone:
Email:		
Duties/Assignments:		
☐ Full-time ☐ Part-time ☐ Temporary ☐ Self-employed ☐ Volunteer ☐ Unemployed		
Coworker name:	Phone:	
Email:		
Coworker name:	Phone:	
Email:		
Reason for leaving:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 6: EXPERIENCE AND EMPLOYEMENT CONTINUED		
19. Have you ever been disciplined at work: (this includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions)	☐ Yes	☐ No
20. Have you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes	☐ No
21. Have you ever resigned without giving two weeks' notice?	☐ Yes	☐ No
22. Have you ever resigned in lieu of termination?	☐ Yes	☐ No
23. Have you ever been involved in a physical/verbal altercation with a supervisor, coworker, or customer?	☐ Yes	☐ No
24. Have you ever been accused of discrimination such as sexual harassment, racial bias, sexual orientation harassment or other by a coworker, superior, subordinate and/ or customer or citizen?	☐ Yes	☐ No
25. Where you ever the subject of a written complaint at work?	☐ Yes	☐ No
26. Have you ever been counseled at work due to tardiness or absences?	☐ Yes	☐ No
27. Have you ever received an unsatisfactory performance review?	☐ Yes	☐ No
28. Have you ever sold, released or given away legally confidential information?	☐ Yes	☐ No
29. 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?	☐ Yes	☐ No
If you answered "yes" to any of questions 19-28, explain below. Include when, where, and circumstances. Indicate the corresponding question number for your explanation.		
Has your work performance ever been affected by your use of alcohol or drugs?	☐ Yes	☐ No
When (month/year):	Name of employer:	
In the past 10 years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	☐ Yes	☐ No
When (month/year):	Name of employer:	

Investigator comments:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 7: MILITARY EXPERIENCE

Complete for ALL branches of the military served and add pages if necessary.

1. Are you required to register for the Selective Service?	☐ Yes	☑ No
If yes, have you registered	☑ Yes	☐ No
If no, explain:		
Branch of Service:	Dates served: (month/year) From:	to:
Type of discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable		
Re-entry Code (1-4) if applicable; refer to your DD-214:		
2. Are you currently participating in one of the following: ☐ Military Reserve ☐ National Guard		
If checked, when does your obligation end:		
3. 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, etc.)	☐ Yes	☐ No
If yes, explain when, where and circumstances:		
4. Have you ever been rejected for military services?	☐ Yes	☐ No
If yes, explain:		
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 yes, explain:		
Additional Information: Please use this area to provide any additional information related to your military experience.		

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: FINANCIAL

INCOME AND EXPENSES: For each of the following questions, fill in the amounts to the nearest dollar.

1. What is your monthly income from your employer?	$

2. Do you have income other than from your employer? (salary or wages)

If yes: ☐ Child Support ☐ Disability Income ☐ Other:

Amount / Month:	$

Monthly Expenses: Estimate you monthly living expenses to include housing, utilities, credit cards, loan payments, food, gas, car maintenance, entertainment or any other expenses or financial obligations you have.

Expense:	$	Expense:	$
Expense:	$	Expense:	$
Expense:	$	Expense:	$
Expense:	$	Expense:	$
Expense:	$	Expense:	$
Expense:	$	Expense:	$
Expense:	$	Expense:	$
Expense:	$	Expense:	$

3. Have you ever filed for or declared bankruptcy? (Chapter 7, 11 or 13)	☐ Yes	☐ No
If yes, please provide the following information: Date filed: Court:		
4. Have any of your financial obligations ever been turned over to a collection agency?	☐ Yes	☐ No

If yes, please provide the following information:

Creditor:	$	Creditor:	$
Creditor:	$	Creditor:	$
Creditor:	$	Creditor:	$

5. Have you ever had purchased goods repossessed?	☐ Yes	☐ No

If yes, complete the following:

Creditor:	$	Date repossessed:
Reason:		
Creditor:	$	Date repossessed:
Reason:		

6. Have your wages ever been garnished?	☐ Yes	☐ No
If yes, explain:		
7. Have you ever been delinquent on income, student loans, or other tax payments?	☐ Yes	☐ No

If yes, complete the following:

Obligation:	$	Date:
Reason:		
Obligation:	$	Date:
Reason:		
Obligation:	$	Date:
Reason:		

8. Have you ever failed to file income tax or cheated/lied on an income tax form?	☐ Yes	☐ No

If yes, complete the following:

Date (month/year):
Reason:
Date (month/year):
Reason:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: FINANCIAL - CONTINUED

9. Have you ever had an employment bond refused?	☐ Yes	☐ No
If yes, complete the following:		
Date (month/year):		
Reason:		
10. Have you ever avoided paying any lawful debt by moving away?	☐ Yes	☐ No
If yes, complete the following:		
Date (month/year):		
Reason:		
11. Have you ever defaulted on a loan, including a student loan?	☐ Yes	☐ No
If yes, complete the following:		
Date (month/year):		
Reason:		
12. Have you ever borrowed money to pay for a gambling debt?	☐ Yes	☐ No
If yes, complete the following:		
Date (month/year):		
Reason:		
13. Do you have any outstanding gambling debt?	☐ Yes	☐ No
If yes, complete the following:		
How much total gambling debt?	$	
14. Have you ever spent money for illegal purposes? (illegal drugs, prostitution, purchase fraudulent documents, etc.)	☐ Yes	☐ No
If yes, explain:		
15. Have you ever failed to make or been late on a court-ordered payment? (Child support, alimony, restitution, etc.?)	☐ Yes	☐ No
If yes, explain:		
16. Are you in arrears on court-ordered child support?	☐ Yes	☐ No
If yes, explain:		
17. Have you written three or more bad checks in a one-year period?	☐ Yes	☐ No
If yes, explain:		
18. Have you had any foreclosures?	☐ Yes	☐ No
If yes, explain:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 8: FINANCIAL - CONTINUED

19. Have you made attempts to resolve a debt with a creditor without it being sent to collections?	☐ Yes ☐ No
If yes, explain:	

20. Have you attempted to reestablish your credit?	☐ Yes ☐ No
If yes, explain:	

21. List ALL financial obligations of yours AND your spouse. Include creditor/location, balance, monthly payment amount, and status of account (current, late – how many days, collection, etc.)

Creditor / Location	Balance	Monthly Payment	Status

- **IF MORE SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET.**

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: 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.
- 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

1. Date:	Agency:
☐ Suspicion ☐ Questioned ☐ Fingerprinted ☐ Arrested ☐ Indicted ☐ Criminally Charged ☐ Convicted	
Charge/Allegation:	Offense level:
Disposition or Penalty:	
2. Date:	Agency:
☐ Suspicion ☐ Questioned ☐ Fingerprinted ☐ Arrested ☐ Indicted ☐ Criminally Charged ☐ Convicted	
Charge/Allegation:	Offense level:
Disposition or Penalty:	
3. Date:	Agency:
☐ Suspicion ☐ Questioned ☐ Fingerprinted ☐ Arrested ☐ Indicted ☐ Criminally Charged ☐ Convicted	
Charge/Allegation:	Offense level:
Disposition or Penalty:	
4. Date:	Agency:
☐ Suspicion ☐ Questioned ☐ Fingerprinted ☐ Arrested ☐ Indicted ☐ Criminally Charged ☐ Convicted	
Charge/Allegation:	Offense level:
Disposition or Penalty:	
5. Date:	Agency:
☐ Suspicion ☐ Questioned ☐ Fingerprinted ☐ Arrested ☐ Indicted ☐ Criminally Charged ☐ Convicted	
Charge/Allegation:	Offense level:
Disposition or Penalty:	
6. Date:	Agency:
☐ Suspicion ☐ Questioned ☐ Fingerprinted ☐ Arrested ☐ Indicted ☐ Criminally Charged ☐ Convicted	
Charge/Allegation:	Offense level:
Disposition or Penalty:	
7. Have you ever been placed on court probation as an adult?	☐ Yes ☐ No
If yes, explain:	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: LEGAL - CONTINUED

8. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	☐ Yes ☐ No
If yes, explain:	
9. 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
If yes, explain:	
10. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	☐ Yes ☐ No
If yes, explain:	
11. Have the police ever been called to your home for ANY reason?	☐ Yes ☐ No
If yes, explain:	
12. Have you or your spouse/partner ever been referred to Child Protective Services?	☐ Yes ☐ No
If yes, explain:	
13. Have you ever been the subject of an emergency protective, restraining or stay-away order?	☐ Yes ☐ No
If yes, explain:	
14. 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
If yes, explain:	
15. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?	☐ Yes ☐ No
If yes, explain:	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: LEGAL - CONTINUED

15. Have you ever filed a false insurance or workers' compensation claim?	☐ Yes	☐ No

If yes, explain:

If you need additional space to explain any of the questions from above, please use the area below. Include details such as case numbers, cause numbers, dates, or circumstance. Indicate the corresponding question number from above.

Additional details:

UNDETECTED ACTS – Part One

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?

16. Annoying or obscene phone calls	☐ Yes	☐ No
17. Assault (use of force or violence upon another)	☐ Yes	☐ No
18. Assault on a family member (use force or violence upon a family member)	☐ Yes	☐ No
19. Brandishing ANY type of weapon	☐ Yes	☐ No
20. Carrying a concealed weapon without a permit or authority	☐ Yes	☐ No
21. Contributing to the delinquency of a minor	☐ Yes	☐ No
22. Defrauding an innkeeper (not paying for food or a room at a hotel/motel)	☐ Yes	☐ No
23. Driving under the influence of alcohol or drugs	☐ Yes	☐ No
24. Drunk or intoxicated in public (so intoxicated in a public place that you are not able to care for yourself)	☐ Yes	☐ No
25. Hit and run collision (no injuries)	☐ Yes	☐ No
26. Hunting or fishing without a license	☐ Yes	☐ No
27. Illegal gambling	☐ Yes	☐ No
28. Impersonating a peace officer or public servant	☐ Yes	☐ No
29. Indecent exposure (including "flashing" or "mooning")	☐ Yes	☐ No
30. "Joyriding" (using a car or other vehicle without permission)	☐ Yes	☐ No

UNDETECTED ACTS – Part Two

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

31. Arson (intentionally destroying property by setting a fire	☐ Yes	☐ No
32. Assault with a deadly weapon	☐ Yes	☐ No
33. Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: LEGAL - CONTINUED		
34. Burglary (entering a structure or vehicle to commit theft or other crime	☐ Yes	☐ No
35. Child molestation (performing unlawful acts with a child)	☐ Yes	☐ No
36. Accessing, producing, or possessing child pornography	☐ Yes	☐ No
37. Cause injury to a child, elderly, or disabled person	☐ Yes	☐ No
38. Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
39. Felony drunk driving (involving injuries)	☐ Yes	☐ No
40. Forceable sexual assault, rape, or other act of unlawful intercourse/sexual activity	☐ Yes	☐ No
41. Forgery (falsifying any type of document, check, certificate, license, currency, etc.)	☐ Yes	☐ No
42. Hit and run (with injuries)	☐ Yes	☐ No
43. Hate crime	☐ Yes	☐ No
44. Insurance fraud	☐ Yes	☐ No
45. Theft over $500 and/or any firearm	☐ Yes	☐ No
46. Murder, homicide, or attempted murder	☐ Yes	☐ No
47. Perjury (lying under oath)	☐ Yes	☐ No
48. Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No
49. Stalking (repeated unwanted contact or harassment of another)	☐ Yes	☐ No
50. Blackmail or extortion	☐ Yes	☐ No
51. Any other act amounting to a felony	☐ Yes	☐ No
52. Engage in any illegal activity that was not, to your knowledge, reported to law enforcement	☐ Yes	☐ No
53. 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
54. 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
55. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?	☐ Yes	☐ No
56. Have you ever hit or physically overpowered a spouse, romantic partner, or family members?	☐ Yes	☐ No
If you answer ed “YES” to any of the previous questions (16-52), fully explain circumstances, including dates, names, individuals involved, and resolution. Indicate the corresponding question number for each explanation.		
Responses to questions above:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: LEGAL - CONTINUED

53. List ALL incidents that police responded to a location you were at. Include date of incident, location, responding agency, and details.

Date:	Location:	Agency
Details		

Date:	Location:	Agency
Details		

Date:	Location:	Agency
Details		

Date:	Location:	Agency
Details		

54. Have you ever been investigated as a suspect in a crime?	☐ Yes	☐ No
If yes, describe in detail.		

55. List all cash and/or items you have ever stolen. List the item, quantity, date, value and from whom the items or cash was stolen from.

Date:	Item:	Value:
Quantity:	Person taken from:	

Date:	Item:	Value:
Quantity:	Person taken from:	

Date:	Item:	Value:
Quantity:	Person taken from:	

Date:	Item:	Value:
Quantity:	Person taken from:	

Date:	Item:	Value:
Quantity:	Person taken from:	

Date:	Item:	Value:
Quantity:	Person taken from:	

Date:	Item:	Value:
Quantity:	Person taken from:	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: LEGAL - CONTINUED

56. What is the worst thing you have ever done?

Explain.

57. Describe in your own words the frequency and extent of your use of alcoholic beverages.

Explain.

Drug Use

In the past THREE years, have you used any of the following non-prescribed drug(s) OR prescription drugs?

Amphetamines/Methamphetamine (Uppers, Speed, Crank, etc.)	☐ Yes ☐ No	Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	☐ Yes ☐ No
Barbiturates (Downers)	☐ Yes ☐ No	Marijuana	☐ Yes ☐ No
Cocaine/Crack Cocaine	☐ Yes ☐ No	Mescaline	☐ Yes ☐ No
Morphine	☐ Yes ☐ No	Heroin / Opium	☐ Yes ☐ No
GHB (Date Rape Drugs)	☐ Yes ☐ No	PCP/Angel Dust	☐ Yes ☐ No
Glue	☐ Yes ☐ No	Quaaludes	☐ Yes ☐ No
Hallucinogens (Peyote, LSD, Mushrooms)	☐ Yes ☐ No	Steroids	☐ Yes ☐ No
Hashish/Hashish Oil	☐ Yes ☐ No	Tetrahydrocannabinol (THC)	☐ Yes ☐ No

If you indicated yes to any of the drug use questions, provide the details to include the approximate date, drug(s) used, number of times and circumstances.

Date:	Drug(s) used:	Number of times:
Details:		

Date:	Drug(s) used:	Number of times:
Details:		

Date:	Drug(s) used:	Number of times:
Details:		

Date:	Drug(s) used:	Number of times:
Details:		

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 9: LEGAL - CONTINUED

58. **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, or special events, etc.)

If you checked either box above, provide details:

Date:	Drug(s) used:	Number of times:
Details:		

Date:	Drug(s) used:	Number of times:
Details:		

Date:	Drug(s) used:	Number of times:
Details:		

59. Have you **EVER** engaged in any of the activities listed below for drugs, narcotics, or illegal substances include marijuana?

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

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

Additional details:

IINVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 10: MOTOR VEHICLE OPERATION

Current Driver License #:	State of issue:	Expiration:
Full name which license was granted:		
List other states where you have been licensed to operate a motor vehicle:		

☐ N/A	State of Issue:	License Type:	License number:
Full name which license was granted:			
☐ N/A	State of Issue:	License Type:	License number:
Full name which license was granted:			
☐ N/A	State of Issue:	License Type:	License number:
Full name which license was granted:			

1. Have you ever been refused a driver's license by any state?	☐ Yes	☐ No
If yes, explain (when, where, and circumstances)		

2. Has your driver's license ever been suspended or revoked?	☐ Yes	☐ No
If yes, explain (when, where, and circumstances)		

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

Type of coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit			
Vehicle Year:	Make:	Model:	Color:
License Plate:	State:		
Insurance Company:	Policy Number:		
Type of coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit			
Vehicle Year:	Make:	Model:	Color:
License Plate:	State:		
Insurance Company:	Policy Number:		
Type of coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit			
Vehicle Year:	Make:	Model:	Color:
License Plate:	State:		
Insurance Company:	Policy Number:		
Type of coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit			
Vehicle Year:	Make:	Model:	Color:
License Plate:	State:		
Insurance Company:	Policy Number:		

Have you ever driven a vehicle without auto insurance, as required by law?	☐ Yes	☐ No
If yes, give reason:		
Date:	Location (street, city, state):	

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:	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 10: MOTOR VEHICLE OPERATION - CONTINUED

List all traffic stops, ordinance violations, detentions, warnings, citations, excluding parking citations you have received, or were detained by the police in which a citation was NOT issued. This includes written or verbal warnings:

Date:	Nature of violation:	
Location:	City:	State:
Disposition: ☐ Not Guilty ☐ Fined ☐ Driving safety course ☐ Dismissed ☐ Warning ☐ Other:		
Date:	Nature of violation:	
Location:	City:	State:
Disposition: ☐ Not Guilty ☐ Fined ☐ Driving safety course ☐ Dismissed ☐ Warning ☐ Other:		
Date:	Nature of violation:	
Location:	City:	State:
Disposition: ☐ Not Guilty ☐ Fined ☐ Driving safety course ☐ Dismissed ☐ Warning ☐ Other:		
Date:	Nature of violation:	
Location:	City:	State:
Disposition: ☐ Not Guilty ☐ Fined ☐ Driving safety course ☐ Dismissed ☐ Warning ☐ Other:		

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following: ☐ Failed to appear ☐ Failed to complete driver safety school ☐ failed to pay the required fine ☐ Other

If you checked any of the previous boxes, please explain the circumstances:

MOTOR VEHICLE CRASHES

Have you been involved as the driver in a motor vehicle accident within the past SEVEN years?	☐ Yes ☐ No

If you answered yes, please provide the details below:

Date:	Location:	
City:	State:	☐ Injuries ☐ No Injuries
Police Report: ☐ Yes ☐ No	Law Enforcement Agency:	
Date:	Location:	
City:	State:	☐ Injuries ☐ No Injuries
Police Report: ☐ Yes ☐ No	Law Enforcement Agency:	
Date:	Location:	
City:	State:	☐ Injuries ☐ No Injuries
Police Report: ☐ Yes ☐ No	Law Enforcement Agency:	
Date:	Location:	
City:	State:	☐ Injuries ☐ No Injuries
Police Report: ☐ Yes ☐ No	Law Enforcement Agency:	

List any vehicles registered to you, or operated by you, that are not already included in the insurance section above:

Vehicle Year:	Make:	Model:	Color:
License Plate:	State:		
Vehicle Year:	Make:	Model:	Color:
License Plate:	State:		

Initial this page to indicate that you have provided complete and accurate information: ________

SECTION 10: MOTOR VEHICLE OPERATION - CONTINUED

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

SECTION 11: SOCIAL MEDIA

List all social media sites OR websites you have a profile or involvement of any kind on. Provide a link to the site and your username:

Facebook Username/Screen name:	
Link:	
Instagram Username/Screen name:	
Link:	
Tik Tok Username/Screen name:	
Link:	
Snap Chat Username/Screen name:	
Link:	
Twitter Username/Screen name:	
Link:	
Website Name:	Username/Screen name:
Link:	
Website Name:	Username/Screen name:
Link:	
Website Name:	Username/Screen name:
Link:	
Website Name:	Username/Screen name:
Link:	
Website Name:	Username/Screen name:
Link:	
Website Name:	Username/Screen name:
Link:	
Website Name:	Username/Screen name:
Link:	

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 12: MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS

List the name, addresses, type of organization(s) you are involved with or have previously been involved with. (Professional, Fraternal, Social, etc.)

Name of organization:		
Physical Address:	City:	State:
Website URL:		
Name of organization:		
Physical Address:	City:	State:
Website URL:		
Name of organization:		
Physical Address:	City:	State:
Website URL:		
Name of organization:		
Physical Address:	City:	State:
Website URL:		
Name of organization:		
Physical Address:	City:	State:
Website URL:		
Name of organization:		
Physical Address:	City:	State:
Website URL:		

INVESTIGATOR COMMENTS:

SECTION 13: SPECIAL QUALIFICATIONS AND SKILLS

List all police certifications you hold.

Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:
Certification:	Date Received:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 13: SPECIAL QUALIFICATIONS AND SKILLS - CONTINUED

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

Language:	Reading:	
Writing:	Speaking	Understanding:
Language:	Reading:	
Writing:	Speaking	Understanding:
Language:	Reading:	
Writing:	Speaking	Understanding:
Language:	Reading:	
Writing:	Speaking	Understanding:

SECTION 14: PERSONAL DECLARATIONS

Describe any beliefs and/or precepts you may have that would prevent you from **taking a human life** in the course of your law enforcement duties.

Describe any beliefs and/or precepts you may have that would prevent you from **fully performing the duties** of a law enforcement officer (i.e., working weekends, holidays, evenings, etc.)

Now is the time to consider and declare **anything else** in your background that has not been covered in this application that you believe has relevance and that should be considered.

INVESTIGATOR COMMENTS:

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 15: ADDITIONAL INFORMATION

Use the space below to document any information you were not able to document in other areas of this personal history statement.

Your signature below indicates the information you have provided is true and correct to the best of your knowledge. You understand providing false information or omitting known information makes you subject to disqualification from the hiring process for the Round Rock Police Department.

_____ _____

Applicant Full Name Applicant signature Date