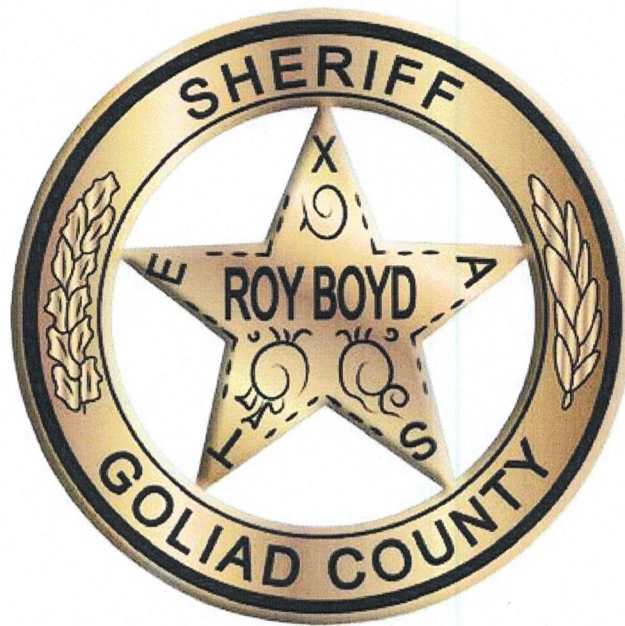


**GOLIAD COUNTY
SHERIFF'S OFFICE**

**APPLICATION
FOR EMPLOYMENT**





GOLIAD COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

Position applied for: _____ Date of application: _____

How did you learn about us? _____

Last Name First Name Address, City, State, Zip
(_____) (_____)

Telephone Number Cell Number

Social Security No. _____ DOB: _____ PID: _____

All applicants for employment must be at least 18 years of age – can you submit proof of age: _____

Have you ever filed an application with us before: _____ If yes, give date _____

Are you currently employed _____ Yes _____ No If yes, may we contact your employer? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____

** Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you currently on lay off status and subject to recall _____ Yes _____ No

Can you travel if the job requires it _____ Yes _____ No

Have you been convicted of a felony within the last 10 years (conviction will not necessarily disqualify an applicant from employment) _____ Yes _____ No

If Yes, please explain: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience

EDUCATION

School Name & Location

Years Completed

Diploma / Degree

High School _____

College _____

Describe courses of study _____

Describe any specialized training, apprenticeship, skills or extra-curricular activities _____

Describe any honors you have received _____

State any additional information you feel may be helpful to us in considering your application _____

Indicate any foreign languages you can speak, read and/or write _____

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

(1) _____
Employer _____ Address _____
Phone _____ Supervisor _____ Job Title _____
Work performed: _____

Employed From: _____ To: _____
Hourly Rate or Salary Start: _____ Final: _____
Reason for leaving: _____

(2) _____
Employer _____ Address _____
Phone _____ Supervisor _____ Job Title _____
Work performed: _____

Employed From: _____ To: _____
Hourly Rate or Salary Start: _____ Final: _____
Reason for leaving: _____

(3) _____
Employer _____ Address _____
Phone _____ Supervisor _____ Job Title _____
Work performed: _____

Employed From: _____ To: _____
Hourly Rate or Salary Start: _____ Final: _____
Reason for leaving: _____

REFERENCES

Give name, address and telephone number of 3 references who are not related to you and are not previous employers.

- 1. _____

- 2. _____

- 3. _____

APPLICANTS STATEMENT

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicants wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with Goliad County is an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time or without notice. It is further understood that this "at will" employment relationship may not be charged by any written documents or by conduct unless such change is specifically acknowledged in writing by an elected official of the county.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicants Name: (Signature) and (Print)

Date

GOLIAD COUNTY SHERIFF'S OFFICE
Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Goliad County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Goliad County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Goliad County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Goliad County sheriff's Office to consider in determining my suitability for employment in that agency. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my medical and psychiatric treatment, and/or consultation, including hospitals, clinics, private practitioners, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I personally have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release to you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records for the organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Goliad County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Goliad County Sheriff's Office acceptance and processing of my application for employment, I agree to hold you, your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Goliad County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Goliad County Sheriff's Office in conjunction with employment procedures.

Applicant's Signature: _____ Printed Name: _____

I hereby authorize the national Personnel Records Center, St. Louis, MO, or other custodian of my military records (if applicable) to release to the Goliad County Sheriff's Office information or photocopies from my military personnel records. This could include a photocopy of my DD214, Report of Separation, etc.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Signature: _____ Printed Name: _____

Address/City/State/Zip _____

Telephone Number _____ Social Security No. _____

Subscribed to and sworn before me, this the _____ day of _____, 20_____.

Notary Public in and for the State of Texas – My commission expires _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

IMPORTANT INFORMATION

TCOLE Personal History Statement

Template Instructions

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

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 & 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 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 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 (2) years of active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

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

Disclosure of Medically Related Information

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

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

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

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

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

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

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

Yes No

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

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

Date Applied: **Address:**

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

Background Investigator's Name (if known):

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

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

Steps: Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological examination Date: Medical Date:

Status: Hired On List Withdrawn Disqualified

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

Date Applied: **Address:**

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

Background Investigator's Name (if known):

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

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

Steps: Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological examination Date: Medical Date:

Status: Hired On List Withdrawn Disqualified

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

Date Applied: **Address:**

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

Background Investigator's Name (if known):

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

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

Steps: Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological examination Date: Medical Date:

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

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

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

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Years of Marriage: _____

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

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A H. Former Spouse/Cohabitant's Name(s): _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Years of Dissolution: _____

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

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

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Years of Dissolution: _____

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

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

N/A 1. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A 2. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A 3. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A 4. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A 5. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A 6. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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

N/A 1. Name: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 2. Name: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 3. Name: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 4. Name: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 5. Name: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

N/A 6. Name: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

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

1. Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Company/Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

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

How long have you known this person? _____

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

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

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

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

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

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

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

SECTION 3: EDUCATION

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

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

List high schools attended or where you obtained your GED:

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

List all colleges or universities attended:

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

3. Name: [] City: [] State: []
From: [] To: [] Type of Degree Earned: [] Total Units Earned: []

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

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

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

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

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

If yes, describe in detail below. Starting with high school, list any 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: RESIDENCES

LIST OF RESIDENCES

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

1. Current Residence Address:

City: State: Zip:

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

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

City: State: Zip:

From: To:

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

2. Former Address:

City: State: Zip:

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

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

City: State: Zip:

From: To:

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

Reason for moving:

3. Former Address:

City: State: Zip:

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

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

City: State: Zip:

From: To:

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

Reason for moving:

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

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

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

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

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

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

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

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

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

Have you ever left a residence owing rent? Yes No

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

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

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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

If yes, explain:

2. Period of Unemployment

From: To:

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From: _____ To: _____

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From: _____ To: _____

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From: _____ To: _____

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From: _____ To: _____

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From: _____ To: _____

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From: _____ To: _____

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

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

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From: _____ To: _____

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

17. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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

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

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? 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 accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

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

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

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

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

When? Name of Employer:

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

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

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

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

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

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

If checked, date obligation ends:

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

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

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

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

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

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

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

If yes, fill in amount: per month Explain:

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

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

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

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

7. Have your wages ever been garnished? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

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

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

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

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

If yes, explain each incident:

1. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition or Penalty:	<input type="text"/>		
2. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition or Penalty:	<input type="text"/>		
3. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition of Penalty:	<input type="text"/>		
4. Approximate Date:	<input type="text"/>	Arresting or detaining agency:	<input type="text"/>
Charge:	<input type="text"/>		
Disposition or Penalty:	<input type="text"/>		

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

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

Undetected Acts – Part 1

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

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

- 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- 24. Hit and run collision (no injuries) Yes No
- 25. Hunting or fishing without a license Yes No
- 26. Illegal gambling Yes No
- 27. Impersonating a peace officer Yes No
- 28. Indecent exposure (including flashing or mooning) Yes No
- 29. Joyriding (using a car or other vehicle without owner's permission) Yes No

Undetected Acts – Part 1

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

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

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

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

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

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

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

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

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

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

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

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

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

Full name under which license was granted:

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

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

Name under which license was granted:

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

Name under which license was granted:

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

Name under which license was granted:

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

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

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

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

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

4. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

5. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

6. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

7. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

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

8. Nature of Violation: _____
Location (Street, City, State, Zip): _____
Date Violation Occurred: _____ Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation: _____

Location (Street, City, State, Zip): _____

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

10. Nature of Violation: _____

Location (Street, City, State, Zip): _____

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

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

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

If checked, explain circumstances:

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

If yes, give details:

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

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

Law Enforcement Agency: _____

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

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

Law Enforcement Agency: _____

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

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

Law Enforcement Agency: _____

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

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

Law Enforcement Agency: _____

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

If yes, give reason:

Date:

Location (Street, City, State, Zip):

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

If yes, give reason:

Insurance Company:

Date:

Location (Street, City, State, Zip):

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

15. 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

16. 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

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

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

If you answered "YES" to any of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

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

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

SECTION 11: ADDITIONAL SPACE

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

SECTION 12: CERTIFICATION

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

Signature of Applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp: