

# MONTAGUE COUNTY SHERIFF'S OFFICE



**Sheriff Marshall Thomas**

**111 South Grand/ PO Box 127, Montague, Texas 76251**

**Phone: 940-894-2871 Fax: 940-894-2114**

Chris Hughes, Chief Deputy

Carolyn Berryman, Jail Administrator

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## **PERSONAL HISTORY STATEMENT**

\_\_\_\_\_  
**APPLICANT NAME**

\_\_\_\_\_  
**Position**  
**(Deputy, Detention Officer, Communication officer)**

The Montague County Sheriff Office utilizes this personal history booklet to conduct your background investigation for employment. It is very important that this booklet be completed accurately and thoroughly. Any withholding of information or deception will result in disqualification. (See the next page for further instructions.)

This booklet is the property of the Montague County Sheriff Office, and must be returned to the Office whether the applicant continues in the employment process or not.

Any questions regarding this booklet, or the material within, should contact the Montague County Sheriff Office at 940-894-2491.

Please make sure you initial every page of this personal history statement.

## Directions for completing the Personal History Statement

1. Application must be filled out by applicant only (in applicants own hand writing), print legibly and use blue ink only.
2. If a question doesn't apply to you, answer "N/A."
3. You are responsible for obtaining addresses and telephone numbers when requested.
4. If additional space is needed, please attach additional sheets of paper and reference the section and question number.
5. An accurate and complete personal history statement will expedite your background investigation. Any deliberate omissions or falsifications will result in disqualification from this process.

If you have questions regarding this booklet, contact the background investigator at 940-894-2491.

### Emergency Contact Information:

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

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you TCLEOSE Certified?      \_\_\_\_ Yes      \_\_\_\_ No

## ***IMPORTANT! – READ THESE INSTRUCTIONS CAREFULLY***

These instructions are provided as a guide to assist you in properly completing your Personal History Statement and Application for Employment. ***It is essential that the information be correct and complete!***

Your personal history statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you have applied.

**Your failure to properly and thoroughly complete this document as well as provide required additional documents will result in the rejection of your application. Deliberate omissions or misstatement(s) of required information is grounds for rejection.**

1. Your Personal History Statement should be hand printed legibly in blue ink.
2. Answer all questions completely. If a question does not apply to you, enter “N/A” in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct addresses.
5. You are responsible for obtaining correct telephone numbers. Applications with missing and/or incorrect employer and/or reference telephone numbers will be rejected.
6. If there is insufficient space to answer a question, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.
7. **The Authorization and Release to Obtain Information located on Page 26 must be signed before a Notary prior to submission of this application.**

You must provide copies of the following documents with your Application. Failure to do so will be grounds for rejection:

- Photocopy of your current Driver’s License
- Photocopy of your Social Security Card
- Photocopy of your birth certificate and/or naturalization papers (if applicable)
  - Photocopy of your official high school transcript or GED
  - Copy of Military Form DD214 (Discharge) if applicable
- Photocopy of any TCLEOSE, NCIC, TLETS, and/or jailer certificates
- Photocopy of your official college transcript, if applicable

If you have any questions concerning the required documentation or the instructions, please call the Sheriff’s Office at 940-894-2871.

***An Equal Opportunity Employer***

# IDENTIFICATION SECTION

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

Telephone number:

\_\_\_\_\_  
Area Code Number

Social security number:

\_\_\_\_\_

Driver's license number:

\_\_\_\_\_  
Number State Class Expiration

Date of birth:

\_\_\_\_\_  
Month Day Year

Place of birth:

\_\_\_\_\_  
City County State

Physical description:

\_\_\_\_\_  
Race Male/Female

\_\_\_\_\_  
Height Weight Eye Color Hair Color

\_\_\_\_\_  
Scars Tattoos

\_\_\_\_\_  
Distinguishing Marks

E-mail address:

\_\_\_\_\_

Are you a citizen of the United States of America?  Yes  No

Do you have a relative (by blood or marriage) employed by the Montague County Sheriff Office?  Yes  No

If yes, list the name of such person and how that person is related to you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CURRENT FULL-TIME JOB

Employer name: \_\_\_\_\_

Normal work hours and days: \_\_\_\_\_

Employment dates: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Salary: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever stolen anything from this place of employment?  Yes  No

Is your employer aware of the theft?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

Is your current employer aware of this application?  Yes  No

May we contact your current employer?  Yes  No

## PREVIOUS JOBS

Complete one section for each full-time/part-time job in your employment history. (Make additional copies if needed.)

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

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Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

## PREVIOUS JOBS

Complete one section for each full-time/part-time job(s) in your employment history. (Make additional copies if needed.)

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

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Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

## PREVIOUS JOBS

Complete one section for each full-time/part-time job(s) in your employment history. (Make additional copies if needed.)

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

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Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No



# PREVIOUS JOBS

Complete one section for each full-time/part-time job(s) in your employment history. (Make additional copies if needed.)

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

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Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

## PREVIOUS JOBS

Complete one section for each full-time/part-time job(s) in your employment history. (Make additional copies if needed.)

Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

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Employer name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Duties: \_\_\_\_\_

State the true reason for leaving this employer: \_\_\_\_\_

Have you ever stolen anything from the above place of employment?  Yes  No

List any punitive or disciplinary action taken against you by this employer (reprimands, suspensions, reductions, etc.) \_\_\_\_\_

Was your income from this job reported to the IRS?  Yes  No

Are you eligible for rehire by this employer?  Yes  No

Would you work for this employer again?  Yes  No

List all addresses where you have lived during the past 10 years, including the name(s) of apartment complexes. (Attach additional sheets if necessary.) **Begin with your present address and work backwards.** List the dates where you resided and the name(s) of the individual(s) you resided with.

1. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

2. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

3. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

4. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

5. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

6. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

7. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

8. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

9. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

10. Date: \_\_\_\_\_ Resided with: \_\_\_\_\_

Address: \_\_\_\_\_

List any other cities where you have lived since the age of 17, if not listed above:

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL HISTORY SECTION

List all **formal** educational schools and colleges. Also include vocational and professional schools and/or certification programs you have attended.

Documentation may be required.

Did you successfully complete a GED program?  Yes  No

Did you graduate from high school?  Yes  No

If yes, what was the name of the school?

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Did you attend any other high schools you did not graduate from?  Yes  No

If yes, which ones? \_\_\_\_\_

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Did you graduate from a college or university?  Yes  No

If yes, which one? \_\_\_\_\_

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Did you attend a college or university you did not graduate from?  Yes  No

If yes, which ones? \_\_\_\_\_

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Did you attend a vocational/professional occupational training school?  Yes  No

Did you graduate from a vocational/professional occupational training school?  Yes  No

If yes, which one(s)? \_\_\_\_\_

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Have you ever been certified by the Texas Commission on Law Enforcement Officers Standards and Education or a similar governmental agency commission (for police officer licensing)?

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# HIGH SCHOOL FROM WHICH YOU GRADUATED

(Grades 9 through 12)

Did you graduate from high school?     Yes     No

High school name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Principal's name: \_\_\_\_\_ Grade point average: \_\_\_\_\_

List all special achievements and awards:

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List all extra curricular programs in which you were enrolled:

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If you were suspended while attending the above listed high school, please explain details of suspension:

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# High schools you attended, but did not graduate

(Grades 9 through 12)

If you attended, but did not graduate from a high school, please complete the following:

High school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Principal's name: \_\_\_\_\_

Student classification:

Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

List all special achievements and awards:

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If you were suspended while attending the above listed high school, please explain details of the suspension:

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\*\*\*\*\*  
High school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Principal's name: \_\_\_\_\_

Student classification:

Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

List all special achievements and awards:

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---

If you were suspended while attending the above listed high school, please explain details of suspension:

---

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## COLLEGE(S) FROM WHICH YOU GRADUATED

Did you graduate from a college or university?  Yes  No

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Name of dean or professor: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associate with:

\_\_\_\_\_  
\_\_\_\_\_

List any special achievements and awards:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Did you graduate from a college or university?  Yes  No

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Name of dean or professor: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associated with:

\_\_\_\_\_  
\_\_\_\_\_

List any special achievements and awards:

\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE(S) WHICH YOU ATTENDED, BUT DID NOT GRADUATE**

If you attended a college or university, but did not graduate, please complete the following:

Name of individual you resided with: \_\_\_\_\_



Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College dean or professor's name: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associated with:

\_\_\_\_\_  
\_\_\_\_\_

State the true reasons for leaving and not graduating from this college or university:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

If you attended a college or university, but did not graduate, please complete the following:

Name of individual you resided with: \_\_\_\_\_

Name of college or university: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College dean or professor's name: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List the names of all groups/organizations that you are a member of or associated with:

\_\_\_\_\_  
\_\_\_\_\_

State the true reasons for leaving and not graduating from this college or university:

\_\_\_\_\_  
\_\_\_\_\_

# VOCATIONAL TRAINING/PROFESSIONAL CERTIFICATION

If you have ever been certified by the Texas Commission on Law Enforcement Officers Standards and Education, or a similar governmental agency or commission, complete the following:

Name of commission or agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date certification obtained: \_\_\_\_\_ PID # (if known): \_\_\_\_\_

Classification of certificate: \_\_\_\_\_

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# VOCATIONAL TRAINING/PROFESSIONAL CERTIFICATION

If you attended a vocational or professional occupational training school, please complete the following:

School name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Type of vocational training or professional schooling: \_\_\_\_\_

Number of credits/hours: \_\_\_\_\_

Name of vocational/professional license: \_\_\_\_\_

If you have had a vocational/professional license canceled, revoked, or suspended, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# VOCATIONAL TRAINING/PROFESSIONAL CERTIFICATION

If you attended a vocational or professional occupational training school, please complete the following:

School name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Type of vocational training or professional schooling: \_\_\_\_\_

Number of credits/hours: \_\_\_\_\_

Name of vocational/professional license: \_\_\_\_\_

If you have had a vocational/professional license canceled, revoked, or suspended, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







1. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
2. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
3. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
4. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
5. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
6. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
7. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
8. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
9. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_
10. Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Office: \_\_\_\_\_

# PERSONAL AND MARITAL INFORMATION SECTION

Please answer the following questions:

1. Are you married? Yes  No  If Yes, please answer the following questions:

Birth certificate name of spouse: \_\_\_\_\_

Married name of spouse: \_\_\_\_\_

2. List the names of all former spouses and dates of marriage(s) and divorce(s):

Name	Date married	Date divorced
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do you now or have you ever lived in a common law marriage?  Yes  No  
If Yes, list all common law marriages. (Do not include a marriage listed above.)

Name	Beginning Date	Ending Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are you the biological, adoptive or step-parent of any child?  Yes  No  
If Yes, complete the following:

Name of child	Date of birth	Living or deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Have you been ordered by a magistrate to pay child support? Yes  No



If Yes, indicate the amount below:

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6. Have you been ordered to appear in court due to non-payment of child support? Yes  No   
If Yes, indicate the number of payments you are/were behind:
- 

7. Have you been ordered by a magistrate to pay alimony to a former spouse? Yes  No   
If Yes, indicate the amount of your alimony payments below:
- 

8. Are you behind on alimony payments to a former spouse? Yes  No

9. Have your wages ever been garnished due to non-payment of child support or alimony? Yes  No

10. Do your personal convictions prohibit you from working on any certain day of the week? Yes  No

11. Do you understand that members of the Montague County Sheriff Office are subject to call to duty at all times? Yes  No

12. Is there any reason you would not be able to work any shift? Yes  No

Explain: \_\_\_\_\_

# PERSONAL REFERENCE SECTION

List three personal references. Friends, neighbors, clergy, co-workers and other professional individuals are acceptable.

**Do not** list any person who is or was your supervisor or any person who is related to you by blood or marriage.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work number: \_\_\_\_\_ Residence number: \_\_\_\_\_

How long have you known this personal reference? \_\_\_\_\_

How are you acquainted with this personal reference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work number: \_\_\_\_\_ Residence number: \_\_\_\_\_

How long have you known this personal reference? \_\_\_\_\_

How are you acquainted with this personal reference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

# PERSONAL REFERENCE SECTION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work number: \_\_\_\_\_ Residence number: \_\_\_\_\_

How long have you known this personal reference? \_\_\_\_\_

How are you acquainted with this personal reference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Declaration

I, \_\_\_\_\_, hereby declare and state that I personally answered all of the enclosed questions. I further declare and state that I answered all of the enclosed questions truthfully and without deception of any kind. I further declare and state that I did not withhold any requested information and none of the answers I gave were given for the purpose of concealing the truth. I understand that falsifying any employment document will constitute grounds denying employment and for dismissal should the falsification be discovered during my employment with the Montague County Sheriff Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public, in and for the State of Texas, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

(Seal) My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## **MONTAGUE COUNTY SHERIFF'S OFFICE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

TO WHOM IT MAY CONCERN:

I AM AN APPLICANT FOR A POSITION WITH THE MONTAGUE COUNTY SHERIFF'S OFFICE. IN ORDER TO DETERMINE MY SUITABILITY FOR EMPLOYMENT, I UNDERSTAND THAT THE MONTAGUE COUNTY SHERIFF'S OFFICE, MONTAGUE, TEXAS, MUST MAKE A THOROUGH INVESTIGATION OF MY PERSONAL RECORDS AND PERSONAL BACKGROUND. IT IS THE PUBLIC'S INTEREST THAT ALL RELEVANT INFORMATION CONCERNING MY PERSONAL AND EMPLOYMENT HISTORY BE DISCLOSED TO THE ABOVE AGENCY.

THEREFORE, I, \_\_\_\_\_, DOB \_\_\_\_\_, TEXAS DRIVER'S LICENSE NUMBER \_\_\_\_\_, DO HEREBY REQUEST AND AUTHORIZE ANY BANK, CREDIT UNION, LENDING AND FINANCIAL INSTITUTION, CREDIT BUREAU CONSUMER REPORT AGENCY, RETAIL BUSINESS ESTABLISHMENT, FORMER AND PRESENT EMPLOYER(S), EDUCATIONAL REPOSITORY OF MEDICAL RECORDS, INSURANCE COMPANY, GOVERNMENTAL AGENCY, CRIMINAL OR CIVIL COURTS, CERTIFICATION/LICENSING COMMISSION, MILITARY ORGANIZATION, AND ANY OTHER INDIVIDUAL AGENCY TO PRODUCE AND PROVIDE COPIES OF ANY AND ALL INFORMATION TO THE AUTHORIZED AGENT OF THE MONTAGUE COUNTY SHERIFF'S OFFICE, MONTAGUE, TEXAS, REGARDING ME WHETHER OF A PRIVILEGED OR CONFIDENTIAL NATURE.

MOREOVER, I HEREBY RELEASE THE MONTAGUE COUNTY SHERIFF'S OFFICE MONTAGUE, TEXAS, FROM ANY CIVIL OR CRIMINAL LIABILITY WHATSOEVER FOR SEEKING SUCH REQUESTED INFORMATION AND FOR EVALUATING SUCH INFORMATION AS IT RELATES TO MY EMPLOYMENT WITH THE MONTAGUE COUNTY SHERIFF'S OFFICE. AND, I HEREBY RELEASE THE ISSUING AGENCY AND ITS AGENTS AND EMPLOYEES, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY AT ANY TIME RESULT BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST.

I FURTHER WAIVE ALL RIGHT TO INSPECT OR REVIEW ANY INFORMATION COMPILED IN REFERENCE TO MY APPLICATION FOR EMPLOYMENT AS ALLOWED BY LAW. I DO FURTHER AUTHORIZE THE MONTAGUE COUNTY SHERIFF'S OFFICE, ITS AGENTS AND EMPLOYEES, TO RELEASE COPIES OF ANY AND ALL INFORMATION TO ANY AGENCY OR ENTITY REGULATING THE CERTIFICATION, AUTHORITY OR CONDUCT OF LAW ENFORCEMENT OFFICERS. THIS IS TO INCLUDE, BUT NOT LIMITED TO: TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION, TEXAS LAW ENFORCEMENT TELECOMMUNICATION SYSTEM, AGENCIES OF OTHER STATES AND THE FEDERAL GOVERNMENT, AND THE APPLICANT'S EMPLOYING AGENCY.

I HEREBY ACKNOWLEDGE THAT THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR OR UNTIL THE EMPLOYMENT APPLICATION OR INVESTIGATION PROCESS HAS BEEN COMPLETED, WHICHEVER IS LATER. A COPY OF THIS DOCUMENT IS CONSIDERED VALID, JUST AS THE ORIGINAL.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

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APPLICANT'S SIGNATURE

DATE

SWORN AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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NOTARY PUBLIC

DATE

STAMP: