

**GOLIAD COUNTY SHERIFF'S OFFICE  
APPLICATION FOR EMPLOYMENT**

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**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.

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Position Applied For: \_\_\_\_\_ Date Of Application: \_\_\_\_\_  
How did you learn about us?  Advertisement  Friend  Walk In  
 Relative  Other  Employment Agency

\_\_\_\_\_  
Last Name      First Name      Address      City      State      Zip  
  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_      DOB: \_\_\_\_\_  
Telephone Number      Cell Number      Social Security Number

All applicants for employment must be at least 18 years of age – can you submit proof of your age after employment       yes       no

Have you ever filed an application with us before       yes       no  
If yes give date: \_\_\_\_\_

Are you currently employed       yes       no

May we contact your present employer       yes       no

Are you prevented from lawfully becoming employed in this country because of visa or Immigration status       yes       no

\*\*\*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: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

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

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(1) \_\_\_\_\_  
Employer Address

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/Salary Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
Employer Address

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/Salary Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(3) \_\_\_\_\_  
Employer Address

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/Salary Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

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

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**EDUCATION**

	School Name & Location	Years Completed	Diploma/Degree
High School	_____	_____	_____

College	_____	_____	_____
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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 me 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 \_\_\_\_\_

**REFERENCES**

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

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Have you ever had any job related training in the United States military? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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**APPLICANT'S STATEMENT**

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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 applicant 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 with or without notice. It is further understood this "at will" employment relationship may not be changed by any written document 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.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
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 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 DD 214, 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 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 Number** \_\_\_\_\_

Subscribed to and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My commission expires \_\_\_\_\_



**TEXAS COMMISSION ON LAW ENFORCEMENT  
OFFICER STANDARDS AND EDUCATION**

**APPLICANT**

**PERSONAL HISTORY STATEMENT**

**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 an additional sheet or 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).
  - 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.
  - **Sealed original certified** copy of your college transcript. (No photo copy)
  - Photocopy of your college diploma.
  - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
  - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
  - Copy of your DD-214 if applicable. Must possess an honorable discharge.
  - **Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
  - Copy of current proof of automobile liability insurance.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.



**Applicant Qualification Section**

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 or jailer in Texas.

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ 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 bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis 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.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
		Pager No.	
Date of Birth	Social Security No.	Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

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

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

\_\_\_\_\_

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). \_\_\_\_\_

List ALL E-Mail Addresses (S) \_\_\_\_\_

\_\_\_\_\_

**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

**RESIDENCES**

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	State & Zip code

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

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

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you ever been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you ever committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been a party to a civil suit or action? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_

Spouse's current net monthly income \_\_\_\_\_

Source

Amount

Frequency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any accounts with a financial institution? Yes\_\_\_ No\_\_\_

Name(s) of financial institution(s) \_\_\_\_\_

Type(s) of account(s) \_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance



**CREDIT INFORMATION**

Have you ever filed bankruptcy personally or on behalf of a business? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to above, indicate type \_\_\_\_\_

Have you ever had any personal or real property repossessed or foreclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever failed to pay Federal, state, or other taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever failed to file a tax return, when required by law? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a judgment entered against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever defaulted on any type of loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had bills or debts turned over to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any credit account suspended, charged off, or cancelled for failure to pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever written a check that was later returned for Non Sufficient Funds (NSF)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been delinquent on court-imposed alimony or child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently more than sixty (60) days delinquent on any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Have you ever received unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Identify any person or entity to which you are more than 30 days late in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

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

Identify any disciplinary actions you received: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

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

Identify any disciplinary actions you received: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

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

Identify any disciplinary actions you received: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

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

Identify any disciplinary actions you received: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_Yes \_\_\_\_No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

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

Identify any disciplinary actions you received: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_



8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

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

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you ever expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_\_ No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

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**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you ever used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you ever used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you ever sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

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

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

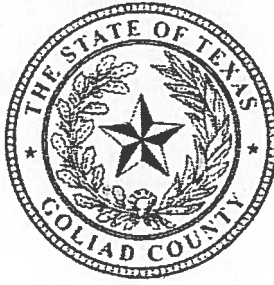
Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_

**KIRBY BRUMBY**  
Sheriff  
Goliad County, Texas



701 E. End Street  
Goliad, Texas 77963  
Office (361) 645-3451  
Fax (361) 645-2230  
kbrumby@goliadcountytx.gov

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Under authority of the Texas Local Government Code, Section 411.089 –

A criminal justice agency is entitled to obtain from the Texas Department of Public Safety, any criminal history record information maintained by the Texas Department of Safety about a person.

Persons wishing to apply for a position with the Goliad County Sheriff's Office must submit to secure electronic fingerprints from a

FAST -- Fingerprint Applicant Services of Texas

You may visit the Texas Department of Public Safety website and click on the link to the Fingerprinting Services page for information on the service, locations and how to make an appointment to submit your fingerprints electronically. Applicants are responsible for the fees incurred. You may contact the DPS Fingerprinting Service Inquiry Unit by emailing

[fingerprint.service@dps.texas.gov](mailto:fingerprint.service@dps.texas.gov)

Applicants must show proof that fingerprints have been submitted electronically as a part of their application.

## Fingerprinting Services

It is vitally important for fingerprint-based applicant criminal history checks to be processed quickly, accurately and with as little hassle as possible. Employers, licensing agencies, applicants and public safety depend on it.

[Crime Records Service](#)  
[CRS Home](#)  
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[FAQ's](#)  
[Criminal History Reporting](#)  
[Fingerprinting Services](#)  
[T.R.I.P.](#)  
[Texas Data Exchange \(TDEX\)](#)  
[Misuse of Identity](#)  
[Crime Statistics](#)  
[CRS Related Links](#)  
[Contact Us](#)  
[CRS Online Services](#)  
[Sex Offender Search](#)  
[Criminal History Search](#)  
[H.E.A.T. Enrollment](#)

[List of Locations](#)

[Texas Scheduling](#)

[Visit FAST Website](#)

**FAST Program Acknowledgments, Complaints, Suggestions, and Questions**  
 please contact 512-424-2365, option 6 or [fingerprint.service@dps.texas.gov](mailto:fingerprint.service@dps.texas.gov).

Texas law authorizes fingerprint-based criminal history checks for designated volunteers and employment or licensing applicants in a wide variety of areas such as child care providers, teachers, security and armed guards, security system contractors, and a host of others. The current methodology requiring submission of paper fingerprint cards, although effective, is centralized and may take several days to process. To overcome these problems, DPS released for bid a Request For Proposal (RFP) to deploy applicant fingerprinting service centers throughout Texas. To secure the best value for the state, the RFP declared the successful vendor as the only source of electronic submission for Texas fingerprint-based applicant criminal history checks. L-1 Solutions was selected as the vendor to implement the Fingerprint Applicant Services of Texas (FAST) and is working closely with the Texas Department of Public Safety to provide convenient applicant fingerprinting services throughout the state. For details on the Fast program, contact the DPS Fingerprinting Service Inquiry Unit by emailing [fingerprint.service@dps.texas.gov](mailto:fingerprint.service@dps.texas.gov)

[Fast Overview \(PDF\)](#)

[L-1 Solutions Texas Agency Presentation \(PDF\)](#)

[DPS and MorphoTrust USA \(formerly L-1 Identity Solutions\) Contract Documents](#)  
[Contract \(PDF\)](#)

[Preferred Escrow Agreement \(PDF\)](#)

[Service Level Agreement \(PDF\)](#)

[Amendment No. 1 \(PDF\)](#)

[Amendment No. 2 \(PDF\)](#)



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[| Compact with Texans |](#)
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