

LAMAR COUNTY SHERIFF'S OFFICE
125 BROWN AVENUE – PARIS, TEXAS 75460
PHONE: 903-737-2400 FAX: 903-737-2498

APPLICATION FOR EMPLOYMENT

**PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE**

1. MUST ATTACH TO APPLICATION AT TIME OF SUBMITTAL:
2. COPY OF DRIVER'S LICENSE
3. CERTIFIED PROOF OF EDUCATION
4. BIRTH CERTIFICATE, PASSPORT, OR NATURALIZATION PAPERS
5. ATTACH COPY OF DD214 (MILITARY)

AN EQUAL OPPORTUNITY EMPLOYER Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Office. ALL APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.

Name _____ DATE _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Home Telephone (____) _____ Day Time Telephone to Schedule Interview (____) _____

May we contact you at work? Yes No. If yes, work number and best time to call (____) _____ Time: _____

List any relatives who work/have worked for this department: _____

Position applied for (1) _____
(2) _____
Have you interviewed here before? Yes No
If yes, Approximate date: _____

Have you ever been employed here before? Yes No If yes, give dates: _____

Employment desired: FULL-TIME PART-TIME Date available for work? _____

Typing skills: Yes No If yes, how many words per minute: _____

List any additional skills pertinent to the position: _____

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME? No Yes (Such conviction may be relevant if job related, but does not necessarily bar you from employment.) If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), date of arrest where offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DRIVING HISTORY

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? Yes No If Yes, How many? _____ List Below

| | | | |
|-------|------|-------|--|
| Date: | City | State | At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------|------|-------|--|

Details:

| | | | |
|-------|------|-------|--|
| Date: | City | State | At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------|------|-------|--|

Details:

| | | | |
|-------|------|-------|--|
| Date: | City | State | At Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------|------|-------|--|

Details:

Have you had any moving violations during the past three years? Yes No If Yes, How Many? _____ List Below

| | | | |
|-------|--------|--------|-------------|
| Date: | Agency | Charge | Disposition |
|-------|--------|--------|-------------|

| | | | |
|-------|--------|--------|-------------|
| Date: | Agency | Charge | Disposition |
|-------|--------|--------|-------------|

| | | | |
|-------|--------|--------|-------------|
| Date: | Agency | Charge | Disposition |
|-------|--------|--------|-------------|

EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NO OF YEARS COMPLETED | MAJOR & DEGREE |
|---------------------|----------------|--|--------------------------|----------------|
| High School | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Bus or Trade School | | | | |

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No - If Yes, Complete the following & attach copy of your DD214(s):

Branch of Service: _____ From: _____ To: _____

Rank: _____ Type of Discharge: _____

Are you now or were you ever in any reserve military force of National Guard unit? Yes No - If Yes, Complete the following:

Specialty _____ From: _____ To: _____

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WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|---|-------------------------|--------------------------------|---------------------------------|
| Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____ | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
| Your last job title | | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF YES NO

IF NOT, WHO DID? _____

| | | | |
|---|-------------------------|--------------------------------|---------------------------------|
| Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____ | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
| Your last job title | | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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WORK EXPERIENCE – Continued

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

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WORK EXPERIENCE – Continued

| | | | |
|--|-------------------------|------------------|---------------|
| Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

| | | | |
|--|-------------------------|------------------|---------------|
| Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____ | Name of last supervisor | Employment dates | Pay or salary |
| | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

AFFIRMATION ACTION VOLUNTARY INFORMATION

(Completion of Information is Voluntary)

We consider applicants for all positions without regard to race, color religion, sex, national origin, age, disability, veteran status or any other legally protected status.

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmation action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable: Gulf War (1990-1991) Vietnam Era Veteran (served between 1964-1975) Disabled Veteran Individual with a Disability

READ AND SIGN BELOW:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give Lamar County Sheriff's Office the right to investigate all referenced and to secure additional information about me, if job-related. I hereby release from liability, Lamar County Sheriff's Office and its representatives and all other persons, corporations or organizations for furnishing such information.

Lamar County Sheriff's Office is an Equal Opportunity Employer. Lamar County Sheriff's Office does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is Lamar County Sheriff's Office policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

I also understand that (1) Lamar County Sheriff's Office has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Lamar County Sheriff's Office may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Lamar County Sheriff's Office, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Lamar County Sheriff's Office shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Lamar County Sheriff's Office is terminable at will for any reason by either party.

APPLICANT SIGNATURE

DATE

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Lamar County Sheriff's Office is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Department depends solely on your qualifications. Thank you for completing this application form and for your interest in Lamar County Sheriff's Office.

APPLICANT IDENTIFICATION: Information provided in this section is used for identification purposes only.

NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET AND/OR P.O. BOX CITY STATE ZIP

Phone Number _____ Height _____ ft. _____ in. Weight _____ Birth Date _____

Color of Eyes: _____ Color of Hair _____ Scars, Tattoos or Distinguishing Marks: _____

NICKNAME(S) OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

Place of Birth _____ Social Security Number _____

ARE YOU A UNITED STATES CITIZEN Yes No – Attach proof of citizenship

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Married Yes No If married, how long? _____ Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation date _____ Psychological confirmation date: _____

Date of Physical _____

Name of person verifying information _____

Name of person authorizing employment _____

LAMAR COUNTY SHERIFF'S OFFICE
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PHONE: (903)737-2400

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Lamar County Sheriff's Office** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. **Any information furnished to the Lamar County Sheriff's Office and/or its representatives will be held in strict confidence and the Sheriff's Office requests that a reciprocal courtesy be observed by persons providing information. A photocopy of this authorization is as effective as the original.** Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____ SSN: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this, the _____ day of _____

In and for _____, in the state of _____.

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

Instructions to Applicant

- Print or type answers to all questions as completely as possible.
- Attach all documents required for position in which you are applying (see checklist below)

Any and all items submitted with this application become the property of the Lamar County Sheriff's Office. The Sheriff may, at his discretion, reject this application for employment. No explanation or reason shall be required in any case.

In the event your application qualifies you as a prospect for employment, you will be contacted for a scheduled appointment for an initial interview.

Applicant Checklist

- Completed application
- Military history (DD-214) [if applicable]
- Proof of Citizenship [born or naturalized]
- High School Diploma/GED or college diploma
- Copy of peace officer or jailer license [if applicable]
- Driver's License
- Social Security card
- Certified copy of case disposition(s) [if applicable]

[Check off the above when completed. If not applicable place an X in the box]

Application for Employment Information Sheet

Lamar County is an Equal Opportunity Employer

Texas Law states "A deputy serves at the pleasure of the Sheriff".

Texas Local Government Code, Art. 85.003 (c)

Please read carefully the duties and responsibilities of the position you are applying for. All employees are subject to rotating shift work if deemed necessary.

NO APPLICANT WILL BE OFFERED A POSITION UNTIL THEY PASS ALL PRE-EMPLOYMENT REQUIREMENTS:

1. Physical & Drug Screen (Psychological if required by that position)
2. Proof of Education
3. Be a United States Citizen [born or naturalized]
4. Fingerprinted and is subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
5. Pass employment and personal background checks

Telecommunications Applicant Requirements

1. If not certified, must be able to pass 80-hour training within the first 12 months [employer will send to required schools].
2. Must be high school graduate or have GED
3. Be a United States Citizen [born or naturalized]
4. Be able to pass psychological testing
5. Never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
6. Never been convicted of any family violence offense;
7. Be able to multi-task
8. Operate a computer and be able to pass a standard typing test.
9. Must have current working phone.

Clerical Applicant Requirements

1. Operate a computer and be able to pass a standard typing test.
2. Must be high school graduate or have GED
3. Must have current working phone.

4. Jailer Applicant Requirements

1. Must be high school graduate or have GED;
2. Be a United States Citizen [born or naturalized]
3. Be able to pass psychological testing
4. No past convictions for Driving While Intoxicated (DWI or DUI). No more than three (3) moving violations within the last 2 years. Possess a valid, current Texas Driver's License.
5. Not currently under indictment for any criminal offense;
6. Never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
7. Never been convicted of any family violence offense;
8. Not prohibited by state or federal law from operating a motor vehicle;
9. Undertake and successfully complete within a 12-month period, a 96-hour course of instruction, which upon completion will license you as a County Jailer.
10. Must have current working phone.

Peace Officer

1. Minimum educational requirements: is a high school graduate; or as 12 semester hours credit from an accredited college or university.
2. Be a United States Citizen [born or naturalized]
3. Peace officers 21 years of age, or 18 years of age if the applicant has received an associate's degree or 60 semester hours of credit from an accredited college or university or has received an honorable discharge from the armed forces of the United States after at least two years of active service; for jailers is 18 years of age;
4. Never been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order
5. No past convictions for Driving While Intoxicated (DWI or DUI). No more than three (3) moving violations within the last 2 years. Possess a valid, current Texas Driver's License.
6. Not currently under indictment for any criminal offense;
7. Never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
8. Never been convicted of any family violence offense;
9. Not prohibited by state or federal law from operating a motor vehicle;
10. Not prohibited by state or federal law from possessing firearms or ammunition;
11. Must be able to pass Psychological testing.
12. Have a current, working telephone.

Signature of Applicant

Date



**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 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.

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. | Driver's 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 _____

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 cohabitant(s) _____

Date(s) of birth _____

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

Date of Marriage _____

Date of Marriage _____

City & State _____

City & State _____

Separated _____ Date _____

Separated _____ Date _____

Divorced _____ Date _____

Divorced _____ Date _____

Widowed _____ Date _____

Widowed _____ Date _____

Annulled _____ Date _____

Annulled _____ Date _____

Court or State issued _____

Court or State issued _____

Ex-spouse's Name _____

Ex-spouse's Name _____

Date of Birth _____

Date of Birth _____

Telephone No. _____

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 |
|--------------|------|------------------|--------------|-----|
| | | | | |
| | | | | |
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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) | | |
| | | |
| 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 |
|-------------------|----------------|---------|------|--------|
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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 |
|--|---|-----------------|-----------------|
| | | | |
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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 |
|--|---|---------------------|--------|
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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 |
|------|--------------|----------------|-----------------|-------|---------------|
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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 _____ Type of discharge _____

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).

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 been treated for drug or alcohol addiction? Yes _____ No _____

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 |
|-----------------------|-----------------------|--------|
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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:

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: _____