

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. **Your Personal History Statement should be printed legibly in ink or typed. Answer all questions to the best of your ability.**
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 correct and in proper sequence before you begin.**
4. **You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.**
5. **If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.**
6. **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.**
7. **You must attach copies of the following documents:**
 - a. **Birth Certificate**
 - b. **Naturalization Papers (if applicable)**
 - c. **Drivers License (Texas)**
 - d. **High School Diploma or GED**
 - e. **College transcript(s) and/or Diploma(s)**
 - f. **Marriage Certificate (if applicable)**
 - g. **Dissolution of Marriage Decree (if applicable)**
 - h. **Military Discharge Papers – DD214 (if applicable)**

EMPLOYMENT EXPERIENCE

(Start with your present or last job. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.)

1. From _____ To _____

Employer: _____ Job Title: _____
Address: _____
Supervisor: _____ Telephone: _____
Reason for leaving: _____

2. From _____ To _____

Employer: _____ Job Title: _____
Address: _____
Supervisor: _____ Telephone: _____
Reason for leaving: _____

3. From _____ To _____

Employer: _____ Job Title: _____
Address: _____
Supervisor: _____ Telephone: _____
Reason for leaving: _____

4. From _____ To _____

Employer: _____ Job Title: _____
Address: _____
Supervisor: _____ Telephone: _____
Reason for leaving: _____

5. From _____ To _____

Employer: _____ Job Title: _____
Address: _____
Supervisor: _____ Telephone: _____
Reason for leaving: _____

MILITARY RECORDS

1. Have you served in the U.S. Armed Forces? Yes / No

2. Date of Service: (month/year) From: _____ To: _____
Branch of Service: _____ Unit Designation: _____
Military Service Number: _____ Highest Rank Held: _____
Type of Discharge: _____

3. Did you receive specialized training in the military: Yes / No
If yes, describe

4. Did you hold a Security Clearance? Yes / No
 Type _____ Level _____ Date Issued _____
 Was the clearance cancelled or revoked? Yes / No
 Reason: _____
5. Were you ever disciplined while in the military service: *(include court-martial, captain's mast, company punishment, ect)?* Yes / No
6. Selective Service Registration Information:
 Where Registered: _____
 Date Registered: _____
 Registration #: _____

EDUCATION

- HIGH SCHOOL ATTENDED: _____
 Graduated? _____yes _____no
 GED Certificate? _____yes _____no
- COLLEGES ATTENDED: _____
 Graduated? _____yes _____no
 Course of Study: _____
 Hours earned: _____ Major: _____ Minor: _____
 Degree Earned: _____
 Is an official transcript attached? Yes / No

SPECIAL QUALIFICATIONS AND/OR SKILLS

1. List any special licenses and skills you hold (pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

2. List any specialized machinery or equipment, which you can operate:

3. If you are fluent in a foreign language, indicate in each area your degree of expertise (excellent, good, fair):

Language Reading Speaking Understanding Writing

4. List any other qualifications or skills you may possess:

ARREST, DETENTIONS, AND LITIGATION

1. Have you ever been arrested or detained by police? Yes / No
If yes, complete the following:
- | <u>Offense/Charge</u> | <u>Agency (City/State)</u> | <u>Date</u> | <u>Disposition of Case</u> |
|-----------------------|----------------------------|-------------|----------------------------|
|-----------------------|----------------------------|-------------|----------------------------|
-
-
-

2. Are you presently under indictment for a criminal offense? Yes / No
If yes, give details
-
-
-

3. Have you ever been involved as a party in a civil law suit? Yes / No
If yes, give details (include date, court in which filed and location, cause number)
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-
-

TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked? Yes / No
If yes, give date, location and reason:
-
-
-

2. List all states in which you have been issued a drivers license:
- | | |
|-------------|--------------------------|
| State _____ | Drivers License #: _____ |
| State _____ | Drivers License #: _____ |
| State _____ | Drivers License #: _____ |
| State _____ | Drivers License #: _____ |

3. With what company do you have auto insurance? _____
Policy # _____

4. List, to the best of your ability, all traffic citations you have received, excluding parking tickets:

<u>Month/Year</u>	<u>Charge</u>	<u>City and State</u>	<u>Disposition</u>
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5. Describe any traffic accidents in which you have been involved, giving dates and locations:
- | <u>Month/Year</u> | <u>Location (City/State)</u> | <u>Investigating Agency</u> |
|-------------------|------------------------------|-----------------------------|
|-------------------|------------------------------|-----------------------------|

MARITAL AND FAMILY HISTORY

1. Are you: Single_____ Engaged_____ Married_____ Separated_____
 Divorced_____ Widowed_____

2. **If Engaged:**
Name of Fiance _____
Date of Birth _____
Address _____
Occupation _____
Home Telephone # _____ Work Telephone # _____
Name of Employer _____
Work Address _____

3. **If Married:**
Name of Fiance _____
Date of Birth _____
Address _____
Occupation _____
Home Telephone # _____ Work Telephone # _____
Name of Employer _____
Work Address _____

4. **If ever separated, divorced or widowed:**
Date of marriage _____ City and State _____
Spouse's Name (wife's maiden name) _____
Present address and telephone _____

Separated, Divorced or Annulled (state which) _____
Date of order or Decree _____
Court and State where issued _____
Have you ever been ordered by a court to pay child support or alimony? Yes / No
To whom paid Amount How paid (Direct, Court, etc.)

5. List all children related to you or your spouse (natural, step-children, adopted and foster children):

<u>Name</u>	<u>Date of Birth</u>	<u>Relation</u>	<u>Address</u>	<u>Supported by Whom</u>
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6. List all other dependants:

<u>Name</u>	<u>Address</u>	<u>Relation</u>
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7. List other relatives in the following order: Father, Mother (include maiden name), brothers and sisters. If deceased, so indicate:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relation</u>	<u>Age</u>

FINANCIAL HISTORY

Source of Income

- What is your present salary or wages?
- Do you have income from any other source than your principal occupation? Yes / No
 If yes, how much? _____
 How often? _____
 The Source? _____
- Do you own any real estate? Yes / No Value _____
 Location _____
- Do you have any bonds, government or other? Yes / No Value _____
- Do you own any corporate stock? Yes / No Value _____
 Company _____
- Do you have a bank account? Yes / No
 Savings account? Yes / No
 Average Balance _____
 Name and Address of Bank _____

- Have you ever declared bankruptcy? Yes / No
 Date _____ Location _____
- List all banks with whom you have maintained a checking account within the last three years
Bank Address

9. Financial Obligations

Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, alimony, utilities, and any other debts and payments. Include account numbers where applicable.

<u>Type</u>	<u>Name/Address of Creditor</u>	<u>Reason</u>	<u>Acct #</u>	<u>Total</u>	<u>Monthly Payment</u>

Total: _____

REFERENCES

(Give name, address and telephone number of three references who are not related to you and are not previous employers or supervisors)

1. _____
 (Name) (Address) (Phone)
Years Known _____ Occupation _____

2. _____
 (Name) (Address) (Phone)
Years Known _____ Occupation _____

3. _____
 (Name) (Address) (Phone)
Years Known _____ Occupation _____

MEMBERSHIP IN ORGANIZATIONS (PAST/PRESENT)

<u>Name and address</u>	<u>Type(Social, Fraternal, Professional, etc)</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors:

2. Have you ever sold or furnished drugs or narcotics to anyone? Yes / No
If yes, explain:

3. Have you ever used marijuana or any other drug not prescribed by your physician?
Yes/ No If yes, what were the circumstances? (include frequency and date)

4. Have you ever been treated for drug or alcohol abuse? Yes / No
If yes, explain

Facility Name _____

Doctor's Name _____

Address _____

Date of Treatment: From _____ To _____

5. If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so? Yes / No

6. Do you have any religious or other beliefs which would prevent you from fully performing your duties, including working on weekends, evenings or nights? Yes / No

7. Have you ever made application for employment with this or any other law enforcement or related agency? Yes / No

If yes, give agency, dates(s), and status of application:

Agency

Address

Date

Status

8. Are there any incidents in your life or details not mentioned here in which may influence this agency's evaluation of your suitability for employment? Yes / No

If yes, explain

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Applicant's Signature

Date

APPLICATION CONDITIONS

The City of De Leon is an *Equal Opportunity Employer* and employment decisions shall be based on merit, qualifications and competence. Except where required by law, employment practices shall not be influenced or affected by virtue of an applicant's race, color, religion, sex, national origin, age, physical disability, political opinions or any other characteristic protected by law.

In accordance with the *Americas with Disability Act (ADA)*, the City will not discriminate in hiring persons with disabilities. Each applicant will be told the requirements of the position, but would have same difficulty or need help with some: the applicant may state what accommodations he or she thinks could make them able to perform the requirements of the position.

In compliance with the *Immigration Reform and Control Act of 1986*, the City will require that an applicant complete, sign and date the first section of Immigration and Naturalization Service Form I-9 and provide the appropriate documentation for section two.

Any applicant, tentatively selected for employment, is required to submit to **SCREEN FOR ILLEGAL DRUG USE** prior to a final offer of employment. Refusing the test or a positive test result will prohibit the hiring of the applicant.

After a job offer is extended and before beginning work, an applicant must undergo a **PRE-EMPLOYMENT PHYSICAL** at the City's expense, by a physician of the City's choice.

APPLICANT'S STATEMENT

I have read and understand the above *Application Conditions*.

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

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of De Leon is of an "at will" nature, which means that the Employee may resign at any time and the City may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or be conduct unless such change is specifically acknowledged in writing by an authorized officer of the City.

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

(Signature of Applicant)

(Date Signed)

*City of De Leon
P. O. Box 318
De Leon, Texas 76444*

Release and Waiver

To Whom It May Concern:

I, the undersigned, hereby designate an authorized representative of the City of De Leon, Texas, bearing this release, or a copy of this release, to obtain any information pertaining to my employment, credit or educational records including, but not limited to, information which is personal, confidential or privileged in nature, or which relates to any and all aspects of my personal history for the use of the City of De Leon related to determining my qualifications for employment with the City of De Leon.

I, the undersigned, hereby authorize and direct you to release this information upon request of the bearer. I further understand that this information is for official and confidential use of the City of De Leon. I further understand that any background investigation report prepared by the City of De Leon is STRICTLY CONFIDENTIAL and will not be read or reviewed by anyone except the appointing authority or designated confidential agent of the City of De Leon.

I, the undersigned, hereby release you, as the custodian of records, and any school, college, university, or other institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, former employer, law enforcement agency, employees, or related personnel both individually and collectively, for any and all liability for damage 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 understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

NAME:_____ SIGNATURE:_____

(Printed or Typed)

DATE:_____

WITNESS:_____

Background Investigation Information Release

I hereby authorize release of all personal, professional, employment and medical records and/or information requested by the De Leon Police Department.

I understand that all information obtained will be used for pre-employment background information and will remain confidential within appropriate State and Federal guidelines.

Printed Name

Signature

Date