LEANDER POLICE DEPARTMENT

705 Leander Drive
Leander, Texas 78646-0319
(512) 528-2800/FAX (512) 528-2801

Applicant Personal History Statement Of

_____

NAME

For the Position of:

Animal Control

THE LEANDER POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

This PHS must be turned into the Leander Police Department by _____, which is 14 days after it was given to you.

The Leander Police Department conducts background investigations on all potential employees inquiring into their suitability for employment. The information requested in this form is needed in order to conduct these investigations. We also need information on matters such as citizenship and military service to determine whether you are affected by laws we must follow in deciding who may be employed by this Department. We may not be able to offer you employment if you do not answer all of these questions. There are very few automatic reasons 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 misstatement/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. **Your personal history statement (PHS) will be considered incomplete if all blanks are not filled in or documents have not been submitted in the format required. If a document has been ordered but has not been delivered, we will consider accepting the PHS without that document. Incomplete PHS is a disqualifier.**

To conduct a thorough background, we are requesting your Social Security Number (SSN). As described in your initial application, the Leander Police Department may also use your SSN to make requests for information about you from employers, schools, banks, law enforcement agencies, credit agencies, and others who know you, but only where that is allowed by law. The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you.

Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or other lawful purposes. In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

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

Applicant, please note the following will be causes for disqualification for any applicant:

- Has made false statements in any material fact; withheld information, practiced or attempted to practice any deception or fraud in the application, examination or appointment. Depending on the variables involved, disqualification may be either permanent or temporary.
- Has failed to complete or satisfactorily meet the employment process requirement for the respective department, failure to fill in all blanks, failure to provide notary seals required, missing documents, including missed appointments, failure to return necessary paperwork, failure to notify department of changes in address or telephone numbers, or who otherwise failed to complete application process. This is a temporary disqualification.
- Has traffic violations exceeding 5 events, either moving violations or preventable accidents, in the preceding 36 months, or a reckless driving conviction in the preceding 60 months. This is a temporary disqualification.
- Has any of the following with the past 3 years:
    - Failure to stop and rend aid
    - Leaving the scene of an accident
    - Driving with license suspended
    - Had driver's license suspended
- Has unstable job history. This includes the applicant changing jobs at less than 3 year intervals for reasons other than promotions or those reasons beyond the applicant's control, such as company closures, temporary position, or layoffs. This also includes previous termination by an employer because of conduct that would violate the City of Leander Personnel Policy. Also includes a history of inability to get along with co-workers or creating a hostile working environment. Depending on the variables involved, disqualification may be either permanent or temporary.
- Have tattoos in violation of Department SOP Chapter 2, which states: Tattoos, body art and branding that display an offensive design or wording shall not be conspicuous. Size and color may also be used as a factor when determining offensiveness. Any tattoos, body art or branding of the face, neck or head are prohibited. Exceptions must be approved by the chief of police.
- Must not have engaged in the use of a drug, narcotic, or controlled substance other than marijuana, within the five years preceding the application submittal, except under the care of a physician. Must not have abused any prescription medication within the last 5 years.
- Involvement in the illegal delivery or furnishing of any controlled substance or drug to another and received remuneration or any benefit. This is a permanent disqualification.
- A poor credit status, a pending or established garnishment or judgment that may cause undue hardship while employed or any debts currently assigned to collections, where the applicant has not made arrangements to correct or properly discharge debt. A bankruptcy alone will not automatically disqualify a candidate; however a bankruptcy preceded by the applicant incurring inappropriate debt will result in disqualification.
- More than one filing of bankruptcy within a 10 year period prior to the date of application or any bankruptcy in progress at the time of application. Candidates currently under a granted bankruptcy, which is part of a payment plan at the time of application, will not be disqualified for that reason alone.
- Prior or current unethical conduct, intentional misrepresentation or intentional falsifications during the selection process may permanently disqualify a candidate from reapplication.

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General Instructions

Applicant: Read the Following Thoroughly and Completely Before Continuing.

The Leander Police Department Personal History Statement (PHS) is the most important document that you will prepare and complete in your application for appointment to animal control. There are many more applicants for employment than there are available positions. Answer each question as completely and honestly as possible. Applicants frequently are not accepted because of omissions and concealment. Any such omission or concealment will be considered deception.

- Entries into your personal history statement must be **HANDWRITTEN** by the **APPLICANT**
- Use only **BLACK or BLUE ink**.
- Do not type or otherwise reproduce this document except by printing it yourself.
- You must have the Certificate of Personal History Statement notarized.
- Read the instructions which are written throughout.
- Answer **NO, NONE**, or **Not Applicable (N/A)** where it may be appropriate.
- **DO NOT LEAVE ANY SPACES BLANK**.
- Be sure to attach all required documents
- Fully identify the individual by his/her full correct name.
- Provide complete address and phone numbers when requested.
- You could be **DISQUALIFIED** from the application process if your PHS is not complete, you have not submitted all required documents in the required format or it has not been notarized upon submission.
- Provide every address where you have lived in the past 10 years. These addresses must be in order from your present address to your address 10 years ago.
- Provide each employer from the present to the past 10 years.
- If you need to use additional pages for a section (employment history, residence history) copy the last page of that section and attach the additional pages to the back of your PHS. Be sure to indicate the use of additional pages by checking the appropriate box.

You must turn in your completed Personal History Statement on the day of testing. You will not be allowed to test if it is not turned in.

If information should surface during the early stages of this investigation which would disqualify you from further consideration, the investigation with be terminated immediately and you will be notified accordingly.

PART I: REQUIRED DOCUMENTS

The following documents are REQUIRED to be attached to your application. In all cases where a "Copy" of any document has been asked for, the Leander Police Department reserves the right to request the Applicant to produce the original document for verification purposes. Failure to include the following documents could disqualify you from the application process. Documents will not be returned to the applicant.

(1) Certified Birth Certificate

(2) Copy of Social Security Card

(3) Color Copy of Valid Driver License

(4) Certified Copy of High School Diploma, transcript with graduation date or GED in a sealed envelope from the institution

(5) Certified Copy of ALL College Transcripts or Technical Training in a sealed envelope from the institution

(6) Copy of Military Discharge, if applicable, (DD214) for each period of service

(7) Full Credit Report

(A) Must be dated no more than 30 days before the testing date, when it is due.

(8) Copies of Training Certificates for Specialized/Mandated Training.

(9) Court Orders (as appropriate) Such As:

(A) Divorce(s)

(B) Legal Separation(s)

(C) Name Change(s)

(D) Adoption(s)

(E) Bankruptcy(ies)

(10) Copy of Your Current Automobile Liability Insurance Card

PART II: PERSONAL DATA

A. PERSONAL INDENTIFICATION

Name: _____
LAST FIRST MIDDLE

List all other names or aliases used (maiden, adoption, nickname, etc.)

_____

Date of Birth: ___/___/_____ Race: _____ Sex: ☐ Male ☐ Female

Place of Birth: _____
CITY COUNTY STATE OR FOREIGN COUNTRY

☐ Certified Copy of Birth Certificate Attached

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Scars, Identifying Marks, or Tattoos: _____

Social Security Number: _____-____-_____ Are you a US Citizen? ☐ Yes ☐ No

☐ Copy of Social Security Card Attached

Driver License: _____ Expiration Date: ___/___/_____
STATE NUMBER CLASSIFICATION

☐ Color of Copy of Driver License Attached

Contact Information

Home Phone: (____) _____-_____ Work Phone (____) _____-_____, ext:_____

Cellular: (____) _____-_____ E-mail Address: _____

Where you can be reached between 8 a.m. and 5 p.m. M-F: ☐ Home ☐ Work ☐ Cell

Present Address:

_____
HOUSE # AND STREET APT# CITY STATE ZIP CODE

Mailing Address (if different from above):

_____
HOUSE # AND STREET APT# CITY STATE ZIP CODE

B. MARRIAGE DATA

Present Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

List All Present and Former Marriages:

Date(s) of Marriage Place(s) of Marriage (City, County & State)

(1) _____

(2) _____

(3) _____

Current Spouse Information:

Full Name: _____
LAST FIRST MIDDLE MAIDEN

Date of Birth: ____/____/_____ Phone Number: (___) _____-_____

Marital History

Have you ever been?

☐ Separated ☐ Divorced ☐ Widowed

Date of Separation: _____

Date Final Decree Expected: _____

Date of Final Divorce Decree:_____

Do you have any objections to our contacting your former spouse(s)? Yes ☐ No ☐

Former Spouse(s)

Name: _____ Phone Number :(___) _____-_____

Name: _____ Phone Number :(___) _____-_____

C. CHILDREN and/or DEPENDENTS

List each of your children and child dependents, their date of birth, place of birth and current address (if different than your own.) If the child lives with their other parent or a guardian list the name of that parent/guardian and phone number.

(1) Name: _____ Date of Birth: _____

Place of Birth: _____ Address: _____

Parent/Guardian Name: _____ Phone Number: (___)____-_____

☐ Providing Financial Support ☐ Receiving Financial Support

(2) Name: _____ Date of Birth: _____

Place of Birth: _____ Address: _____

Parent/Guardian Name: _____ Phone Number: (___)____-_____

☐ Providing Financial Support ☐ Receiving Financial Support

(3) Name: _____ Date of Birth: _____

Place of Birth: _____ Address: _____

Parent/Guardian Name: _____ Phone Number: (___)____-_____

☐ Providing Financial Support ☐ Receiving Financial Support

(4) Name: _____ Date of Birth: _____

Place of Birth: _____ Address: _____

Parent/Guardian Name: _____ Phone Number: (___)____-_____

☐ Providing Financial Support ☐ Receiving Financial Support

☐Additional Pages of Children/Dependents Attached

Have you ever been involved in a paternity proceeding as a complainant or defendant?

☐ Yes ☐ No

If yes, provide the full details on a typed continuation page. Label the page “Paternity Proceeding: Part II Personal Date” and attach it to the back of your PHS.

Provide a timeline of your educational, work and unemployment history from the present to your 18th birthday. Include the name, address and phone number for any jobs, schools or volunteer work. Do not skip any time periods. If any time periods overlap (ex: 1/1/12 – 1/1/13 school and 3/1/12 – present, job, write "y" in column labeled "Overlaps w/another period (y/n), " otherwise write "n." Attach copies of this sheet as needed.

Period #	Beginning Date	Ending Date	Overlaps w/another period (y/n)	Job, School, Volunteer Work, Unemployed Description
1				

☐ Additional pages attached at end

PART III: EMPLOYMENT DATA

A. EMPLOYMENT HISTORY

List your complete work history, beginning with your present employer, continuing to list **ALL** jobs for the past 10 years. If there are periods of unemployment, enter it in the same sequence and manner as if this was another employer by indicating "from" and "to." Print "UNEMPLOYED" in the blank labeled Employer. If you worked more than one job at one time, place the primary job first and enter the secondary job immediately following the primary job. If you were engaged in work on a voluntary basis include your voluntary assignment information as you would an employer. **IMPORTANT**: A job is a position of employment you accept, regardless of the amount of time employed. If you remained with the same employer but changed jobs within that company (Example: moved from Sales to Shipping at the same company) you will need to complete another employment block. Make as many copies of page 11 as is necessary to complete your work history and attach to the back of this packet.

PRESENT or MOST RECENT EMPLOYER

Job # 1 Start Date: ___/___/____ End Date: ____/____/_____ Total Time: ____Yrs. ____ Mos.

Choose Appropriate Description:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Volunteer

Overlaps with another job ☐ yes ☐ no

Employer: _____ Phone Number: (____) ____-_____

Address: _____
Number Street Name City State Zip Code

Job Title: _____ Salary – Starting: $_____/Mo. Ending: $_____

Duties and Responsibilities: _____

_____

Final Supervisor: _____ Phone Number: (_____) _____-_____

List Two Co-Workers:

1._____ Phone Number: (_____) _____-_____

2._____ Phone Number: (_____) _____-_____

Reason for Leaving: _____

Are you eligible for rehire? ☐ Yes ☐ No

Did you receive job performance evaluations? ☐ Yes ☐ No

Would any problem result if your present employer was contacted during the course of the background investigation? ☐ Yes ☐ No When may we make contact? _____

Job #_ Start Date: ___/___/____ End Date: ____/____/_____ Total Time: ____Yrs. ____ Mos.

Choose Description: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Volunteer

Overlaps with another job ☐ yes ☐ no

Employer: _____ Phone Number: (____) ____-_____

Address: _____
Number Street Name City State Zip Code

Job Title: _____ Salary – Starting: $_____/Mo. Ending: $_____

Duties and Responsibilities: _____

Final Supervisor: _____ Phone Number: (_____) _____-_____

List Two Co-Workers:

1._____ Phone Number: (_____) _____-_____

2._____ Phone Number: (_____) _____-_____

Reason for Leaving: _____

Are you eligible for rehire? ☐ Yes ☐ No

Did you receive job performance evaluations? ☐ Yes ☐ No

Job #_ Start Date: ___/___/____ End Date: ____/____/_____ Total Time: ____Yrs. ____ Mos.

Choose Description: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Volunteer

Overlaps with another job ☐ yes ☐ no

Employer: _____ Phone Number: (____) ____-_____

Address: _____
Number Street Name City State Zip Code

Job Title: _____ Salary – Starting: $_____/Mo. Ending: $_____

Duties and Responsibilities: _____

Final Supervisor: _____ Phone Number: (_____) _____-_____

List Two Co-Workers:

1._____ Phone Number: (_____) _____-_____

2._____ Phone Number: (_____) _____-_____

Reason for Leaving: _____

Are you eligible for rehire? ☐ Yes ☐ No

Did you receive job performance evaluations? ☐ Yes ☐ No

☐ Additional pages attached at end

B. MISCELLANEOUS EMPLOYMENT INFORMATION

Have you:

1. Ever been discharged from employment (fired) for any reason? ☐ Yes ☐ No
2. Ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? ☐ Yes ☐ No
3. Ever resigned (quit) after being informed your employer intended to take any form of disciplinary action against you? ☐ Yes ☐ No
4. Ever received any type of verbal or written reprimand, disciplinary or suspension from any job or been the subject of/involved in an internal affairs investigation? ☐ Yes ☐ No
5. Were you involved in a physical/verbal altercation with supervisor, co-worker or customer? ☐ Yes ☐ No
6. Have you ever quit without giving two weeks notice? ☐ Yes ☐ No
7. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? ☐ Yes ☐ No
8. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No
9. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No
10. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No
11. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No
12. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

If you answered "YES" to any of the above questions, give a brief explanation below. Include the name of the employer, approximate date(s) and the circumstances in each case.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PART IV - EDUCATION

Provide the information requested below on all schools, colleges, technical and trade schools you have attended since the 9th grade, beginning with the most recent. Include the information regardless of whether or not you graduated and/or completed the prescribed curse of study. List the number of credited hours and the cumulative grade point average (G.P.A) earned for each school. Include whether or not you received a diploma, degree or certificate. If you attended an institution on multiple occasions, list that school as a separate time period for each separate attendance. You will be required to furnish diplomas, transcripts or other proof to support all of your educational claims (see page 6).

A. EDUCATIONAL HISTORY

Name of School: _____ Phone Number: (___) ___-_____

Address: _____
Number Street Name City State Zip Code

Dates Attended: From: _____ To: _____ Credits Earned: _____ GPA: _____

Graduate: ☐ Yes ☐ No

Type of Degree, Diploma or Certificate: _____

☐ Certified document included

Name of School: _____ Phone Number: (___) ___-_____

Address: _____
Number Street Name City State Zip Code

Dates Attended: From: _____ To: _____ Credits Earned: _____ GPA: _____

Graduate: ☐ Yes ☐ No

Type of Degree, Diploma or Certificate: _____

☐ Certified document included

Name of School: _____ Phone Number: (___) ___-_____

Address: _____
Number Street Name City State Zip Code

Dates Attended: From: _____ To: _____ Credits Earned: _____ GPA: _____

Graduate: ☐ Yes ☐ No

Type of Degree, Diploma or Certificate: _____

☐ Certified document included

Name of School: _____ Phone Number: (___) ___-_____

Address: _____
Number Street Name City State Zip Code

Dates Attended: From: _____ To: _____ Credits Earned: _____ GPA: _____

Graduate: ☐ Yes ☐ No

Type of Degree, Diploma or Certificate: _____

☐ Certified document included

Name of School: _____ Phone Number: (___) ___-_____

Address: _____
Number Street Name City State Zip Code

Dates Attended: From: _____ To: _____ Credits Earned: _____ GPA: _____

Graduate: ☐ Yes ☐ No

Type of Degree, Diploma or Certificate: _____

☐ Certified document included

Name of School: _____ Phone Number: (___) ___-_____

Address: _____
Number Street Name City State Zip Code

Dates Attended: From: _____ To: _____ Credits Earned: _____ GPA: _____

Graduate: ☐ Yes ☐ No

Type of Degree, Diploma or Certificate: _____

☐ Certified document included

B. EDUCATIONAL – MISCELLANEOUS

Did you pass a General Educational Development (G.E.D) Test? ☐ Yes ☐ No ☐ N/A

Did you obtain your G.E.D certificate from the Armed Forces? ☐ Yes ☐ No ☐ N/A

If you attended college, list your area(s) of concentration:
_____

If you attended a college, technical or trade school and **DID NOT** graduate, provide a brief explanation.
_____

_____

Awards

List any educational awards, commendations or items of special recognition:
_____
_____
_____
_____
_____

C. EDUCATIONAL - PROBATIONS OR DISCIPLINARY ACTIONS

Have you ever been expelled, dismissed or asked to leave any school you have attended?
☐ Yes ☐ No

If "YES", provide the following information, give an explanation and provide documentation, if available.

School: _____ Start Date: _____ End Date: _____

Reason: _____

_____

School: _____ Start Date: _____ End Date: _____

Reason: _____

_____

School: _____ Start Date: _____ End Date: _____

Reason: _____

_____

Have you ever been placed on academic probation? ☐ Yes ☐ No

If "YES", provide the following information, give an explanation and provide documentation, if available.

School: _____ Start Date: _____ End Date: _____

Reason: _____

_____

School: _____ Start Date: _____ End Date: _____

Reason: _____

_____

PART V - MILITARY DATA

A. MILITARY SERVICE HISTORY

Are you required to register for the U.S. Selective Service? ☐ Yes ☐ No
If yes, have you registered? ☐ yes ☐ no, explain_____
Have you ever been rejected by any branch of the armed forces? ☐Yes ☐ No
Have you ever been a member of any branch of the armed forces? ☐ Yes ☐ No
Which branch? _____ Dates of service_____ to_____

Highest Rank Attained: _____ Type of Discharge: _____
Last Duty Station: _____ ☐ DD 214 Attached

List any service awards, medals and honors received: _____

_____

List any special school or training received: _____

_____

List two people who served with you in the military:

Name: _____ Phone Number: (___) _____-_____

Name: _____ Phone Number: (___)_____-_____

B. Uniform Code of Military Justice Disciplinary Action

Have you ever been arrested, disciplined, required to appear before a Court Martial, Captain's Mast or Company Punishment, reprimanded in writing, or the subject of an Article 15?
☐ Yes ☐ No

If "YES," give place, law enforcement authority, date, charge and action taken for each incident:
Charge: _____Date: _____/_____/_____
Results: _____

Charge: _____Date: _____/_____/_____
Results: _____

C. MILITARY RESERVE STATUS

Are you currently a member of any Armed Forces Reserve?

☐ Yes ☐ No Which Branch? _____ Date obligation ends:_____

What is your current status? ☐ Active ☐ Inactive
Grade: _____ Duty Station Location: _____

Unit: _____ Occupation: _____

PART VI - ARRESTS, DETENTIONS AND CRIMINAL ACTS

A. ARRESTS AND DETENTIONS

As an applicant for employment at a police department, you are required to disclose any of the following which occurred on or after you 15th birthday, even if the records were sealed, dismissed or pardoned:

- All detentions or arrests, whether they resulted in a conviction or not
- All convictions
- All diversion programs that were not successfully completed.

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

If "YES," complete the following:

Approximate Date: _____/_____/_____ Offense: _____

Agency: _____ Disposition: _____

Approximate Date: _____/_____/_____ Offense: _____

Agency: _____ Disposition: _____

Approximate Date: _____/_____/_____ Offense: _____

Agency: _____ Disposition: _____

Have you ever been summoned to appear in court for a criminal offense you have committed? ☐ Yes ☐ No

If "YES," complete the following:

Approximate Date: _____/_____/_____ Offense: _____

Agency: _____ Disposition: _____

Approximate Date: _____/_____/_____ Offense: _____

Agency: _____ Disposition: _____

Approximate Date: _____/_____/_____ Offense: _____

Agency: _____ Disposition: _____

Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No

Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No

Have the police ever been called to your home for any reason? ☐ Yes ☐ No

Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ Yes ☐ No

Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No

Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ Yes ☐ No

Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered yes to any of these questions, explain:_____

_____

_____

_____

_____

C. CRIMINAL ACTS

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

Annoying / obscene phone calls ☐ Yes ☐ No

Assault (use of force or violence upon another) ☐ Yes ☐ No

Assault (use of force or violence upon a family member) ☐ Yes ☐ No

Brandishing a weapon (any type of weapon) ☐ Yes ☐ No

Carrying a concealed weapon without a permit ☐ Yes ☐ No

Contributing to the delinquency of a minor ☐ Yes ☐ No

Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No

Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No

Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No

Hit & run collision (no injuries) ☐ Yes ☐ No

Hunting/fishing without a license ☐ Yes ☐ No

Illegal gambling ☐ Yes ☐ No

Impersonating a peace officer (pretending to be a police officer) ☐ Yes ☐ No

Indecent exposure (including flashing or mooning) ☐ Yes ☐ No

Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No

Theft (value up to $500, including shoplifting/switching price tags) ☐ Yes ☐ No

Possession of alcohol as a minor ☐ Yes ☐ No

Possession of falsified or altered identification, including use of another person's ID (for any reason) ☐ Yes ☐ No

Possession of stolen property (including vehicles) ☐ Yes ☐ No

Prostitution or soliciting a prostitute ☐ Yes ☐ No

Resisting arrest (including running from the police) ☐ Yes ☐ No

Trespassing ☐ Yes ☐ No

Vandalism (including "tagging," malicious mischief and/or property damage) ☐ Yes ☐ No

Intentionally writing a bad check ☐ Yes ☐ No

Filing a false police report ☐ Yes ☐ No

Any other act amounting to a misdemeanor within the past seven years ☐ Yes ☐ No

If you answered yes to any of these questions, explain:_____

_____

_____

_____

_____

_____

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

Arson (intentionally destroying property by setting a fire)	☐ Yes	☐ No
Assault with a deadly weapon	☐ Yes	☐ No
Theft of a vehicle and/or vehicle parts	☐ Yes	☐ No
Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes	☐ No
Child molestation (performing unlawful acts with a child)	☐ Yes	☐ No
Accessing, producing, or possessing child pornography	☐ Yes	☐ No
Injury to a child/elderly/or disabled	☐ Yes	☐ No
Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes	☐ No
Felony drunk driving (involving injuries)	☐ Yes	☐ No
Forcible rape or other act of unlawful intercourse	☐ Yes	☐ No
Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes	☐ No
Hit & run (with injuries)	☐ Yes	☐ No
Hate crime	☐ Yes	☐ No
Insurance fraud	☐ Yes	☐ No
Theft (value of over $500, or any firearm)	☐ Yes	☐ No
Murder, homicide, or attempted murder	☐ Yes	☐ No
Perjury (lying under oath)	☐ Yes	☐ No
Possession of an explosive/destructive device	☐ Yes	☐ No
Robbery (theft from another person using a weapon, force, or fear)	☐ Yes	☐ No
Stalking	☐ Yes	☐ No
Blackmail or extortion	☐ Yes	☐ No
Any other act amounting to a felony	☐ Yes	☐ No

If you answered yes to any of these questions, fully explain circumstances, including date(s), names of individuals involved, and resolution._____

_____

_____

_____

D. LITIGATION HISTORY

Have you ever been involved in **ANY** type of law suit? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Location/Jurisdiction of Court: _____

Explain: _____

Date: ____/____/_____ Location/Jurisdiction of Court: _____

Explain: _____

Date: ____/____/_____ Location/Jurisdiction of Court: _____

Explain: _____

PART VII - DRIVING RECORD

A. DRIVING RECORD

List ALL traffic citations and/or warnings you have received in the past seven years; this includes all dismissals, paid tickets, etc. Dates do not need to be exact, admission to receiving a citation is better then omission that one was received.

Date: ___/____ Violation: _____

Issuing Agency: _____ Disposition: _____

Date: ___/____Violation: _____

Issuing Agency: _____ Disposition: _____

Date: ___/____ Violation: _____

Issuing Agency: _____ Disposition: _____

How many moving citations have you received since you began driving? _____

How many moving citations have you received in the past three years? _____

B. DRIVING HISTORY

Have you ever driven a motor vehicle without a license? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____ Explain: _____

Date: ____/____ Explain: _____

Date: ____/____ Explain: _____

Have you driven a motor vehicle, within the past three years, without proper insurance?

☐ Yes, explain ☐ No

Date: ____/____ Explain: _____

Date: ____/____ Explain: _____

Date: ____/____ Explain: _____

Have you ever had your driver license suspended? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Type of Suspension: _____

Date Lifted: ____/____/_____ Location of Court: _____

Date: ____/____/_____ Type of Suspension: _____

Date Lifted: ____/____/_____ Location of Court: _____

Have you ever had your driver license placed on probation for receiving an excessive number of traffic citations? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Type of Suspension: _____

Date Lifted: ____/____/_____ Location of Court: _____

Date: ____/____/_____ Type of Suspension: _____

Date Lifted: ____/____/_____ Location of Court: _____

Have you ever driven a motor vehicle after your driver license was suspended or after it had been revoked? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Reason: _____

Total Time: _____ Location: _____

Date: ____/____/_____ Reason: _____

Total Time: _____ Location: _____

Do you have a valid driver license in more than one state? ☐ Yes ☐ No

State: _____ Driver License Number: _____

State: _____ Driver License Number: _____

Have you ever been denied a driver license? ☐ Yes ☐ No

If "YES," complete the following:

Explain: _____

Location: _____

B. MOTOR VEHICLE COLLISIONS & RELATED INFORMATION

List all collisions accidents in which you have been involved in as a driver, whether or not the collision was reported.

Date: ____/____/_____ Investigating Agency: _____

Location: _____ Description: _____

Date: ____/____/_____ Investigating Agency: _____

Location: _____ Description: _____

Date: ____/____/_____ Investigating Agency: _____

Location: _____ Description: _____

Have you ever been involved in a collision and left the scene without identifying yourself?

☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Location: _____

Explain: _____

Date: ____/____/_____ Location: _____

Explain: _____

Have you ever struck an unattended vehicle or object and left without leaving identification?

☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Location: _____

Explain: _____

Date: ____/____/_____ Location: _____

Explain: _____

Date: ____/____/_____ Location: _____

Explain: _____

As a driver, have you ever been involved in a motor vehicle collision after you had been drinking any type of alcoholic beverage? ☐ Yes ☐ No

Date: ____/____/_____ Location: _____

Explain: _____

Date: ____/____/_____ Location: _____

Explain: _____

Date: ____/____/_____ Location: _____

Explain: _____

Have you ever fled or run from police while driving a motor vehicle? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Location: _____

Explain: _____

Date: ____/____/_____ Location: _____

Explain: _____

CURRENT INSURANCE INFORMATION

Insurance Agency: _____ Phone Number: (____) ____-_____

Address: _____

Policy Number: _____

Effective Dates: Start Date: ____/____/_____ End Date: ____/____/_____

☐ Copy of Insurance Card Attached

Have you ever been placed as an assigned risk for vehicle insurance? ☐ Yes ☐ No

Have you ever been refused auto insurance ☐ Yes ☐ No
If "YES," complete the following:

Date: _____/_____ Insurance Agency Name: _____

Date: _____/_____ Insurance Agency Name: _____

Date: _____/_____ Insurance Agency Name: _____

Have you ever had your insurance revoked due to the number of traffic citations received or collision involvement? ☐ Yes ☐ No

Date: _____/_____ Insurance Agency Name: _____

Date: _____/_____ Insurance Agency Name: _____

PART VIII - FAMILY & ASSOCIATE HISTORY

A. IMMEDIATE FAMILY

List all of your immediate family members (Father, Mother and Siblings), including maiden names. If deceased, indicate year of death.

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

Has anyone in your immediate family ever been arrested? ☐ YES ☐ NO
If so, who and what for?

_____

_____

Do you currently share a residence with any person(s) other than family members?
☐ Yes ☐ No

If "YES," complete the following:

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Phone Number: (____) _____-_____ Work Number: (____)_____-_____

Relationship: _____

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Phone Number: (____) _____-_____ Work Number: (____)_____-_____

Relationship: _____

B. FAMILY (IN-LAWS)

Complete the following information on your Father-in-Law, Mother-in-Law:

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

Name: _____ Date of Birth: ___/___/____
Last First Middle Initial

Home Address: _____
Number Street Name City State Zip Code

Phone Number: (____)_____-_____ Relationship: _____

C. ASSOCIATES

Complete the following information on **THREE** persons with whom you have associated during the past **THREE** years. (I.E. persons with whom you have frequent contact) Exclude relatives, former employers and persons mentioned elsewhere in your Personal History Statement:

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Relationship: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Relationship: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Relationship: _____

PART IX – RESIDENCE DATA

A. RESIDENCE HISTORY

List the addresses where you have lived during the past **TEN** years or since age 15. Begin with your current address**.** List dates by month and year. If you lived in an apartment complex be sure to include the name of the complex and the office phone number, not just the address. Do not use P.O. boxes. Make copies of this page and attach additional pages to the back of this packet if necessary.

Date: ____/_____ to ____/_____ Names on Lease: _____

Address: _____
Numbers Street Name City State Zip Code

Apartment Complex_____

Office Phone Number: _____

Date: ____/_____ to ____/_____ Names on Lease: _____

Address: _____
Numbers Street Name City State Zip Code

Apartment Complex_____

Office Phone Number: _____

Date: ____/_____ to ____/_____ Names on Lease: _____

Address: _____
Numbers Street Name City State Zip Code

Apartment Complex_____

Office Phone Number: _____

Date: ____/_____ to ____/_____ Names on Lease: _____

Address: _____
Numbers Street Name City State Zip Code

Apartment Complex_____

Office Phone Number: _____

Date: ____/_____ to ____/_____ Names on Lease: _____

Address: _____
Numbers Street Name City State Zip Code

Apartment Complex_____

Office Phone Number: _____

☐ Additional pages attached

Have you ever been evicted or asked to leave a residence? ☐ yes ☐ no
Have you ever left a residence owing rent? ☐ yes ☐ no
If you answered yes to either question, explain:_____

_____

_____

_____

PART X - FINANCIAL HISTORY

A. CURRENT INCOME & ASSETS

What are your current monthly salaries or wages? $ _____ Spouses? $ _____

Do you own any bonds, IRA's or other securities? ☐ Yes, values:$_____ ☐ No

Do you have any investments? ☐ Yes, values:$_____ ☐ No

Do you own real estate, other than your residence? ☐ Yes ☐ No
If yes, complete the following:

Value: $ _____ Location: _____

Value: $ _____ Location: _____

Value: $ _____ Location: _____

List any other source of income you have, other than your principal occupation:

Source: _____ Amount: _____ Frequency: _____
Per Month or Year

Source: _____ Amount: _____ Frequency: _____
Per Month or Year

Source: _____ Amount: _____ Frequency: _____
Per Month or Year

List the average monthly balance in your checking account(s): $_____

List the average monthly balance in your savings account(s): $_____

B. FINANCIAL OBLIGATIONS

Give all information regarding individuals, companies or others to whom you or your spouse owe money. **INCLUDE** rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, insurance payments, monthly utilities (average) and any other debts or payments. If additional pages are needed copy page 32 and attach to the back of this packet.

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) ___ _-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) ____-_____ Past Due: ☐ Yes ☐ No

Name of Creditor: _____ Type of Debt: _____

Account Number: _____ Payments: $_____ Balance: $_____

Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____ Past Due: ☐ Yes ☐ No

☐Additional Pages Attached
☐Copy of Full Credit Report Attached

Have you ever filed for or declared bankruptcy (chapter 7, 11 or 13? ☐ Yes ☐ No
Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No
Have you ever had purchased good reposed? ☐ Yes ☐ No
Have your wages ever been garnished? ☐ Yes ☐ No
Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No
Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No
Have you ever had an employment bond refused? ☐ Yes ☐ No
Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No
Have you ever defaulted on (failed to pay) a loan, including a student loan? ☐ Yes ☐ No
Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No
If yes, do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No
Have you ever spent money for illegal purposes (illegal drugs, prostitution, etc.) ☐ Yes ☐ No
Have you ever failed to make or been late on a court-ordered payment (alimony, etc.) ☐ Yes ☐ No
Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No
Are you in arrears on court ordered child support? ☐ Yes ☐ No
If you answered yes to any of these questions, explain:_____

_____

B. MISCELLANEOUS

How do you rate your financial status:

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Other (Explain) _____

PART XI - ALCOHOL/DRUG HISTORY

A. PAST DRUG USE

List any controlled substance that you have ever experimented with, tried or used. Drug use covers all words used to describe the ingestion, inhalation or injection of any drug into a person's system. Including use of cigarettes, pills, powder etc.

Amphetamine Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Cocaine/Crack Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Barbiturates Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Hashish Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Heroin Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

K2/Spice Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

LSD Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Marijuana Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Methamphetamine Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Mushrooms Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

PCP Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Peyote Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Quaaludes Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Steroids Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Tranquilizers Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Ecstasy Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

Any Designer Drug Use ☐ Yes ☐ No

Number of Times Used? _____ Date Last Used: _____ Form Used: _____

If "YES," to any of the above, explain: _____

_____

_____

_____

B. DRUG USE—MISCELLANEOUS

Have you ever sold any of the items specified in the list above? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever bought any of the items specified in the list above? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever been in possession of any of the items specified in the list above? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever been in possession of ANY illegal drug, other than those specified in the list above? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever had an illegal drug injection? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever inhaled **GLUE**, **PAINT**, or **ANY OTHER PRODUCT** to become intoxicated or to get "high?" ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever been involved in any way, in the manufacturing of an illegal drug? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever lied to a doctor about symptoms in order to get a prescription? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever used or been in possession of another person's prescription medication? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Have you ever used cough medicine to become intoxicated or to get "high?" ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

Do others use drugs in your presence? ☐ Yes ☐ No

If "YES," complete the following:

Date: _____/_____ Explain: _____

Date: _____/_____ Explain: _____

C. ALCOHOL USAGE

Do you consume alcoholic beverages? ☐ Yes ☐ No

Describe your frequency of consumption: _____

How many times in the past TWELVE months have you operated a motor vehicle after consuming ANY amount of alcohol? _____

Last Date: ____/____/_____ Explain: _____

_____

When was the last time you were intoxicated? Date: ____/____/_____

Explain: _____

_____

Have you ever consumed alcohol while on the job? ☐ Yes ☐ No

If "YES," complete the following:

Date: ____/____/_____ Explain: _____

_____ _____

Have the consumption of alcohol ever adversely effected your personal life or work? ☐ Yes ☐ No

If "YES," explain: _____

_____

PART XII – PERSONAL DECLARATIONS

A. PERSONAL DECLARATIONS

Do you have any types of issues which would prevent you from fully performing the duties of animal control including working weekends, evenings, holidays or night shifts? ☐ Yes ☐ No

If "YES," explain: _____

_____

When it becomes necessary to humanely put down an animal in the course of your duties, would you have any beliefs that would prevent you from doing so? ☐ Yes ☐ No

If "YES," explain: _____

_____

B. ORGANIZATIONS OR AFFILIATIONS

Are you or have you ever been a member of or espoused the basic tenets and beliefs of an organization that to your present knowledge seeks the overthrow of the constitutional form of government in the United Stated by force or violence or other unlawful means? ☐ Yes ☐ No

Are you or have you ever been a member of or espoused the basic tenets and beliefs of an organization that has racial bias affiliations? ☐ Yes ☐ No

If "YES," explain: _____

_____

_____

C. SPECIAL SKILLS

List any special skills you possess which you believe may be applicable to animal control. (Skills with machines or equipment, public speaking experience, other languages, etc.)

_____

_____

_____

Have you even been issued a permit or license to carry a handgun or other weapon on your person? ☐ Yes ☐No
If "YES," give full details below; including state issued, license number, issued date and/or expiration date: _____

_____

D. OTHER

Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No
Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No
Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No

If you answered yes to any of these questions, explain:_____

_____

_____

E. **SOCIAL MEDIA SITES**

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

List all social media sites and/or blogs or web sites created by you. Provide website (URL) and your username.

_____

_____

_____

_____

_____

PART XIII - PERSONAL REFERENCES

A. PERSONAL REFERENCES

Give the information requested below of at least **SIX** persons whom you are **NOT** related to by blood or marriage, are not former employers and are not mentioned elsewhere in this document. These references should be responsible adults of reputable standing in their community and who have known your well for at least **FIVE** years. These references may include but are not limited to: teachers, counselors, property owners, members of clergy and business people.

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

Phone Number: (____) _____-_____Work Phone: (____) _____-_____

Date of Birth: ____/____/_____ Occupation: _____

PART XIV - MISCELLANEOUS

A. AGENCY APPLICATIONS

Have you ever submitted an application for employment (for **ANY** position) with this or any other animal control or law enforcement related agency? ☐ Yes ☐ No

Have you ever been rejected for employment by ANY law enforcement related agency?
☐ Yes ☐ No

List ALL animal control or law enforcement related agencies you have applied with, current and past. Status of application includes pending, rejected, withdrew, etc.

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

List **ALL** past or present animal control, police or sheriff affiliations.

Agency: _____ Commission Date: ____/_____ Status: _____

Agency: _____ Commission Date: ____/_____ Status: _____

Agency: _____ Commission Date: ____/_____ Status: _____

Are there any incidents in your life not mentioned herein, which may reflect upon your suitability to perform the duties you may be called upon to fulfill or which might require further explanation? ☐ Yes ☐ No

Explain: _____

_____

_____

CERTIFICATION OF PERSONAL HISTORY STATEMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions contained in the foregoing Personal History Statement.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application; or if hired, the immediate termination of my employment.

_____ _____

Applicants Signature Date

The State of _____,

County of _____,

Before me, _____, on this day personally appeared _____known to me or identified through _____ (description of identity card or other document) to be the person to whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office the _____ day of _____, 20_____ A.D.

_____

Notary Signature (seal)