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:

Volunteer

THE LEANDER POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

The Leander Police Department conducts background investigations on all potential volunteers inquiring into their suitability. 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 offered an internship. We may not be able to offer you a volunteer position 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 necessary 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 and where necessary for the specific volunteer position. 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.
- 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.
- Prior or current unethical conduct, intentional misrepresentation or intentional falsifications during the selection process may permanently disqualify a candidate from reapplication.

Table of Contents

Table of Contents ……..Pg. 3

General Instructions …… .Pg. 4

Part I Required Documents List …….Pg. 4

Part II Personal Data ……Pg. 5

Part III Employment Data ……..Pg. 7

Part V Arrests, Detentions, & Criminal Acts ……..……Pg. 10

Part IX Financial History …….Pg. 12

Part X Alcohol/Drug History …….Pg. 13

Part XI Personal Declarations ……..Pg. 16

Part XII Personal References ……Pg. 17

Part XIII Miscellaneous and Statement Certification……Pg. 19

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 as a volunteer. 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 each employer from the present to the past 5 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.

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) Readable copy of Birth Certificate

(2) Copy of Social Security Card

(3) Color Copy of Valid Driver License

(4) Some volunteer positions may require additional documents which will be requested at the time of the posting. This may include high school or college transcripts/diplomas, training certificates, current automobile liability insurance cards, and full credit reports.

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

☐ 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

Provide a timeline of your educational, work and unemployment history from the present to five (5) years prior. 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/VOLUNTEER HISTORY

List your complete work history, beginning with your present employer, continuing to list **ALL** jobs for the past 5 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 8 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 - ARRESTS, DETENTIONS AND CRIMINAL ACTS

A. ARRESTS AND DETENTIONS

As an applicant for a volunteer position, you are requested to disclose any of the following which occurred on or after your 15th birthday:

- 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 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: _____

PART V – Financial Summary

Was a full credit report requested for the specific volunteer position? ☐ Yes ☐ No

If so, attach the full credit report and check here: ☐Copy of Full Credit Report Attached

PART VI - 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 ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Cocaine/Crack Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Barbiturates Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Hashish Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Heroin Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

K2/Spice Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

LSD Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Marijuana Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Methamphetamine Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Mushrooms Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

PCP Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Peyote Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Bath Salts Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Steroids Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Tranquilizers Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Ecstasy Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

Any Designer Drug Use ☐ No ☐ Yes, answer the following:

Date First Used? _____ Date Last Used: _____ Method of Ingestion: _____

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: _____

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

If "YES," complete the following:

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: _____

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: _____

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

If "YES," complete the following:

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: _____

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

If "YES," complete the following:

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: _____

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

If "YES," complete the following:

Date: _____/_____ Explain: _____

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

If "YES," complete the following:

Date: _____/_____ Explain: _____

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

If "YES," complete the following:

Date: _____/_____ Explain: _____

C. ALCOHOL USAGE

Do you consume alcoholic beverages? ☐ Yes ☐ No

Date First Used? _____ Date Last Used: _____

How many times have you operated a motor vehicle after consuming ANY amount of alcohol and had contact with law enforcement as part of traffic stop, driving while intoxicated investigation or accident investigation? _____

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: _____

_____ _____

PART VII – PERSONAL DECLARATIONS

A. 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: _____

_____

_____

B. **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:_____

_____

_____

C. **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 VIII - PERSONAL REFERENCES

A. PERSONAL REFERENCES

Give the information requested below of at least **THREE** 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: _____

Email address:_____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

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

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

Email address:_____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

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

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

Email address:_____

Name: _____ Years Known: _____
Last First Middle Initial

Home Address: _____
Numbers Street Name City State Zip Code

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

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

Email address:_____

PART IX - MISCELLANEOUS

A. AGENCY/ VOLUNTEER APPLICATIONS

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

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

List ALL 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: _____

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Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

Agency: _____Application Date: ____/_____ Status: _____

List **ALL** past or present police or sheriff affiliations.

Agency: _____ Start Date: ____/_____ Status: _____

Agency: _____ Start Date: ____/_____ Status: _____

Agency: _____ Start 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)