

INSTRUCTIONS - PERSONAL HISTORY STATEMENT

NOTE: 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. Any omission or error in this or any form completed during the application process, whether intentional or unintentional, may be sufficient reason to disqualify the applicant. Errors or omissions which have a direct bearing on the applicant's qualifications for the position, if discovered subsequent to being hired, are sufficient reason for termination.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided. If you do not know the answer to a particular question, indicate by entering "don't know" in the space provided.
2. 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.
3. You are responsible for obtaining correct addresses and telephone numbers. 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.
4. 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.
5. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
6. In addition to completing this Personal History Statement, you are required to furnish copies of the following documents:
 - a. Birth certificate (to aid in criminal history check);
 - b. Driver's license;
 - c. High school diploma or G.E.D. certificate (mandatory);
 - d. High school transcript;
 - e. College diplomas;
 - f. Transcripts of all college or university work completed;
 - g. U. S. citizenship papers, if naturalized (mandatory);
 - h. Certification documents and police training academy curriculum, if certified in another state.

EMPLOYMENT APPLICATION SUPPLEMENT

PERSONAL HISTORY STATEMENT

All persons making application for a position within the Farmersville Police Department must complete this Employment Application Supplement.

I. **Applicant Identification** - Information provided in this section is used for identification purposes only.

Name: Last: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Driver's License number and state: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Place of Birth: City: _____ County: _____ State: _____

Are you a U.S. Citizen or legal resident? Yes No SSN: _____ - _____ - _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

Scars, tattoos, or other distinguishing marks: _____

II. Education :

A. List all High Schools Attended

Name of High School: _____ Diploma? _____

City/ State: _____ Dates Attended: _____

Name of High School: _____ Diploma? _____

City/ State: _____ Dates Attended: _____

Name of High School: _____ Diploma? _____

City/ State: _____ Dates Attended: _____

B. List any Vocational Schools Attended:

Name of Vocational School: _____

Course of Study: _____ Degree/ Cert: _____

City/ State: _____ Dates Attended: _____

Name of Vocational School: _____

Course of Study: _____ Degree/ Cert: _____

City/ State: _____ Dates Attended: _____

C. List any Colleges Attended:

Name of College: _____

Course of Study: _____ Degree/ Hours: _____

City/ State: _____ Dates Attended: _____

Name of College: _____

Course of Study: _____ Degree/ Hours: _____

City/ State: _____ Dates Attended: _____

Name of College: _____

Course of Study: _____ Degree/ Hours: _____

City/ State: _____ Dates Attended: _____

In high school, were you ever subject to disciplinary action? Yes No

After High School, have you ever been subject to any discipline from school officials? Yes No

Have you attended a basic peace officer academy? Yes No

If so, where? _____ Dates: _____

Class Rank: _____ Graduate? _____ Are you currently licensed? _____

If currently licensed, Texas Commission License Number: _____

III. **Prior Residences** - List all addresses where you have lived during the past ten (10) years, beginning with present address. List date, by month and year. (Use reverse if necessary.)

A. **From:** Month: _____ Year: _____ **To:** Month: _____ Year: _____

Address: _____

City/State: _____ ZipCode: _____

B. **From:** Month: _____ Year: _____ **To:** Month: _____ Year: _____

Address: _____

City/State: _____ ZipCode: _____

C. **From:** Month: _____ Year: _____ **To:** Month: _____ Year: _____

Address: _____

City/State: _____ ZipCode: _____

D. **From:** Month: _____ Year: _____ **To:** Month: _____ Year: _____

Address: _____

City/State: _____ ZipCode: _____

Have you ever been evicted or asked to leave a residence? Yes No

Have you ever moved from a residence still owing money? Yes No

Explain: _____

_____.

IV. Employment History

Please complete the following for each job you have held since age 16, with the most recent first.

A. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: ____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

B. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: ____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

C. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: ____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

D. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: ____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

Employment History Continued

E. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

F. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

G. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

H. **Company:** _____ **Position:** _____

From (Month/Year): _____ To: _____ Salary: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Description: _____ Supervisor: _____

Contact Telephone: _____

Reason for Leaving: _____

Employment History Continued

Any problems with contacting your current employer?	Yes	No
Have you ever been fired or asked to resign a position?	Yes	No
Have you ever received any disciplinary action at work?	Yes	No
Have you ever stolen anything from your employer?	Yes	No
Have you ever quit a job without giving required notice?	Yes	No
Have you ever resigned a job in lieu of an investigation?	Yes	No
Have you ever resigned a job during an investigation?	Yes	No
Have you ever been accused of sexual harassment or racial bias by any co-worker, supervisor, or citizen?	Yes	No
Have you ever been given an unsatisfactory performance rating?	Yes	No
Have you ever sold or given away confidential information?	Yes	No
Have you ever been the subject of a written complaint?	Yes	No
Have you ever been counseled about lateness or absences?	Yes	No
Have you ever called in sick when you were not sick or caring for a sick immediate family member?	Yes	No
How many sick days have you taken in the past 5 years?	_____	

If you answered Yes to any of the above questions, please explain in detail:

V. Military Service

A. Have you ever served in the Military Yes No

(If "No" the skip to section VIII)

Branch: _____ Dates: _____

Discharge Type: _____

Are you currently a member of the Reserves or Guard? Yes No

Were you ever subject to any judicial or non-judicial disciplinary actions (court martial, captain's mast)? Yes No

If so, explain: _____

_____.

VI. Traffic Record

A. Have you held a driver's license in any other state? Yes No

If so, give state, dates, and number: _____

B. Has your driver's license ever been suspended or revoked? Yes No

If yes, give date, location and reason(s): _____

_____.

C. Vehicle Insurance Agent Name: _____ Phone: _____

D. Company Name: _____ Policy # _____

E. List any vehicles you own or regularly drive:

1. Year: _____ Make: _____ Model _____

License Plate: _____ Date of Registration: _____

2. Year: _____ Make: _____ Model _____

License Plate: _____ Date of Registration: _____

3. Year: _____ Make: _____ Model _____

License Plate: _____ Date of Registration: _____

- F. List, to the best of your memory, all traffic citations you have received, excluding parking tickets, including the location and dispositions.
- G. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

VII. Membership in organizations (past and/or present)

Provide details of any Social, Fraternal, or Professional Organizations to which you have belonged.

- A. Name: _____
 Address: _____
 Type (Social, Professional, Fraternal, etc.) _____
 From: _____ To: _____
- B. Name: _____
 Address: _____
 Type (Social, Professional, Fraternal, etc.) _____
 From: _____ To: _____
- C. Name: _____
 Address: _____
 Type (Social, Professional, Fraternal, etc.) _____
 From: _____ To: _____
- D. Name: _____
 Address: _____
 Type (Social, Professional, Fraternal, etc.) _____
 From: _____ To: _____

Have you ever held membership in any organization which advocated the overthrow of the government of the United States or disputed the claims of either the United States or State of Texas authority to govern? Yes No

VIII. Social Media

A. List all the Social Media sites you own, operate or post to and the user name used at each: (Facebook, myspace, blogs, websites, etc.)

IX. Civil Litigation:

Have you ever been involved as a party in civil litigation? Yes No
(other than divorce)

If yes, give details: _____
_____.

X. Marital and Family History

A. Are you: () Single, () Engaged, () Married, () Separated, () Divorced, () Widowed

B. If engaged: Name of Fiancee: _____

Address: _____ City: _____ State: _____ Zip: _____

C. If married: Date: _____ City & State: _____

Spouse's Name (Wife's Maiden Name): _____

Address (if not living with you): _____

Home Telephone: _____ Work Telephone: _____

D. If ever separated, divorced, or widowed (complete for each marriage and/or divorce):

1. Date of Marriage: _____ City & State: _____

Spouse's Name (Wife's Maiden Name): _____

Present Address : _____

Home Phone Number: _____ Work Phone: _____

Separated, Divorced, or Annulled (state): _____

Date of Order or Decree: _____ Court & State: _____

2. Date of Marriage: _____ City & State: _____

Spouse's Name (Wife's Maiden Name): _____

Present Address : _____

Home Phone Number: _____ Work Phone: _____

Separated, Divorced, or Annulled (state): _____

Date of Order or Decree: _____ Court & State: _____

Use reverse if necessary for additional.

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

1. Name: _____ DOB: _____

Relation: _____ Supported By Whom: _____

Address: _____ City: _____ State: ___ Zip: _____

2. Name: _____ DOB: _____

Relation: _____ Supported By Whom: _____

Address: _____ City: _____ State: ___ Zip: _____

3. Name: _____ DOB: _____

Relation: _____ Supported By Whom: _____

Address: _____ City: _____ State: ___ Zip: _____

4. Name: _____ DOB: _____

Relation: _____ Supported By Whom: _____

Address: _____ City: _____ State: ___ Zip: _____

F. List all other dependents.

Name:	Address:	Relation:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. List other relatives in the following order: Father, Mother (include maiden name), brothers, and sisters. If deceased, so indicate. Include Father-in-law and Mother-in-law.

1. Name: _____ Relation: _____

Address: _____ Phone #: _____ Age: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Relation: _____

Address: _____ Phone #: _____ Age: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Relation: _____

Address: _____ Phone #: _____ Age: _____

City: _____ State: _____ Zip: _____

4. Name: _____ Relation: _____

Address: _____ Phone #: _____ Age: _____

City: _____ State: _____ Zip: _____

5. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
6. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
7. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
8. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
9. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
10. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
11. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____
12. Name: _____ Relation: _____
 Address: _____ Phone #: _____ Age: _____
 City: _____ State: _____ Zip: _____

XI. Financial History

A. Sources of Income:

1. What is your present salary or wages? _____
- a. Do you have income from any source other than your principal occupation? (i.e. spouse's income) Yes No
- If yes, How much? _____
- How often? _____
- The source? _____
2. What is your total monthly family income: _____
3. Do you own a home or any real estate? Yes No

Value \$ _____

4. Do you own any bonds, government or other? Yes No

Value \$ _____

5. Do you own any corporate stock? Yes No

Value \$ _____

6. Do you have a bank account? Yes No

Savings Account: Average Balance: \$ _____

Name/Address of Bank: _____

Checking Account: Average Balance: \$ _____

Name/Address of Bank: _____

Other Account: Average Balance: \$ _____

Name/Address of Bank: _____

7. List other assets:

Have you ever had your wages garnished?	Yes	No
Have you ever been delinquent on income or other taxes?	Yes	No
Have you ever had an employment bond refused?	Yes	No
Have you ever moved to avoid a debt?	Yes	No
Have you ever defaulted on any loan?	Yes	No
Have you ever borrowed money to pay a gambling debt?	Yes	No
Do you currently have any outstanding gambling debts?	Yes	No
Are you late on any court ordered payments?	Yes	No
Have you ever written three or more bad checks in any one year?	Yes	No
How many bad checks have you written in the past two years?	_____	

If you answered Yes to any of the above questions please explain in detail:

XII. Criminal History

For any misdemeanor or felony in any jurisdiction, other than for a traffic offense, as a juvenile or adult, have you ever:

A. Been detained for investigation?	Yes	No
B. Been held by the police for suspicion?	Yes	No
C. Been questioned by police about a criminal offense?	Yes	No
D. Been fingerprinted?	Yes	No
E. Been arrested?	Yes	No
F. Been indicted?	Yes	No
G. Been criminally charged for any offense?	Yes	No
H. Been convicted of any crime?	Yes	No
I. Been placed on probation?	Yes	No
J. Been given deferred adjudication?	Yes	No

If you answered Yes to any of the above questions, please explain, (use reverse side if necessary):

Have the police been called to your home for any reason?	Yes	No
Have you or your spouse been referred to CPS?	Yes	No
Have you ever been the subject of a protective or restraining order?	Yes	No
Have you fraudulently received welfare, unemployment compensation, Worker's compensation, or other state or federal assistance?	Yes	No
Have you ever filed a false worker's compensation claim?	Yes	No

If you answered Yes to any of the above questions, please explain:

In the past 10 years or anytime as a police officer, have you committed any of the following acts:

Annoying or Obscene phone calls	Yes	No
Misdemeanor Assault	Yes	No
Carrying a handgun without a license	Yes	No
DWI or DUI	Yes	No
Drunk in Public	Yes	No
FLID or FSRA	Yes	No
Impersonating a Police Officer	Yes	No
Indecent Exposure	Yes	No
Misdemeanor Theft	Yes	No
Trespassing	Yes	No
Use or possession of a vehicle without owner's permission	Yes	No
Prostitution or solicitation of a prostitute	Yes	No
Intentionally writing a bad check	Yes	No
Vandalism	Yes	No

If you answered Yes to any of the above questions, please explain in detail. (use reverse if necessary)

At any time in your life have you ever committed the following acts:

Accessing or possessing child pornography	Yes	No
Child molestation or any sexual offense with a child	Yes	No
Burglary	Yes	No
Robbery	Yes	No
Sexual Assault or any sexual offense	Yes	No
Perjury	Yes	No
Insurance Fraud	Yes	No

If you answered Yes to any of the above questions, please explain in detail. (use reverse if necessary)

XIII. Drug Usage:

A. Have you ever used controlled substances deemed illegal by State or Federal government including but not limited to the following (without prescription):

a. Marijuana	No	Yes	#Times: _____
b. Hashish	No	Yes	#Times: _____
c. "Speed"	No	Yes	#Times: _____
d. Methamphetamine	No	Yes	#Times: _____
e. Cocaine	No	Yes	#Times: _____
f. LSD	No	Yes	#Times: _____
g. Ecstasy	No	Yes	#Times: _____
h. PCP	No	Yes	#Times: _____
i. Peyote	No	Yes	#Times: _____
j. Mushrooms	No	Yes	#Times: _____
k. Quaaludes	No	Yes	#Times: _____
l. Barbiturates	No	Yes	#Times: _____
m. Tranquilizers	No	Yes	#Times: _____
n. Heroin	No	Yes	#Times: _____
o. Any Designer Drug	No	Yes	#Times: _____
p. Steroids	No	Yes	#Times: _____
q. Any illegal drug	No	Yes	#Times: _____
(Specify)_____			

B. Have you ever sold or bought any controlled substances deemed illegal by State or Federal government including but not limited to the above? Yes No

1. If yes, explain – Use back if necessary:

C. Have you ever inhaled (paint, glue, any petroleum product)? Yes No

If yes, explain in detail, and when was last time?

D. Have you ever abused any prescribed medication or taken medication prescribed for another person? Yes No

If yes, explain in detail:

E. Have you ever been addicted to a drug prescribed by a doctor? Yes No

If yes, explain in detail:

F. Do others use drugs in your presence? Yes No

If yes, explain in detail:

G. Have you ever furnished or held drugs or narcotics for anyone? Yes No

If yes, explain in detail:

H. Do you use alcoholic products? Described the use: Yes No

If yes, explain in detail:

I. Have you ever used cough medicine as a stimulant? Yes No

If yes, explain in detail:

XIV. Law Enforcement History

List any other public safety organizations or entities with which you have applied (Police Departments, Fire Departments and Departments of Public Safety etc.). Include ALL applications, including being hired or rejected for whatever reason.

Agency	Result of Application	Application Date (Month/Year)

XV. References

List five (5) personal references. These persons MAY NOT be relatives, OR related to you by marriage and may not live with you currently.

A. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

B. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

C. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

D. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

E. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

F. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

G. Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Years Known: _____

AUTHORIZATION TO RELEASE INFORMATION

To: _____

I hereby request and authorize you to furnish the Farmersville Police Department with any and all information they may request concerning my work record, educational history, military record, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Police Officer. I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Police Officer.

Applicant's Signature

Date

Address

City & State

Witness

Date

Title