



Institute for Law Enforcement &
Protective Services Excellence

PERSONAL HISTORY STATEMENT FOR TEXAS APPOINTMENT

Name:

Date Issued:

Complete and Return By:



SECTION 1: PERSONAL HISTORY STATEMENT INSTRUCTIONS

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **IT IS ESSENTIAL THAT THE INFORMATION IS ACCURATE IN ALL RESPECTS, SO PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. Ensure that you have initialed at the bottom of **EACH PAGE**.
7. An accurate and complete form will help expedite the process. **OMISSIONS OR FALSIFICATIONS will result in DISQUALIFICATION.**
8. You are responsible for furnishing any changes and/or updating your personal history statement, such as address changes or telephone changes in writing.
9. Any candidate submitting an incomplete personal history statement **WILL NOT BE CONSIDERED FOR ACCEPTANCE.** Your personal history **WILL BE EVALUATED ON COMPLETENESS AND NEATNESS.**

10. All documents requested must be submitted with the personal history statement (photocopies are acceptable in most cases).

Completed Personal History Statement

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license
(applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the
armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

[Texas Department of Public Safety Driver Record \(Type AR\)](#)

11. If you have any questions, please contact TEEX; (979) 845-6677

12. When submitting the completed documents, please place them in a sealed envelope
marked Personal and Confidential with your name

SECTION 2: APPLICANT QUALIFICATION SECTION

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

I am a citizen of the United States of America.

Initials

I have earned a high school diploma or a GED.

Initials

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

Initials

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

Initials

I have never received a dishonorable discharge from military service.

Initials

DISQUALIFICATION

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

SECTION 3: APPLICANT IDENTIFICATION

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

Last Name:

First Name:

Middle Name:

Maiden Name (if applicable):

Date of Birth:

SSN:

Driver's License #:

Home Phone #:

Cell:

Work (Ext.):

Street Address:

City:

State:

Zip:

Mailing Address (if different than above):

City:

State:

Zip:

Have you ever been known or gone by any other name(s) (excluding nick-names)? If yes, provide details.

Place of Birth (City, County, State, Country):

Are you a U.S. citizen by birth?

Yes

No

Are you a Naturalized citizen?

Yes

No

Height:

Weight:

Eye Color:

Hair Color:

Scars, tattoos, and/or other distinguishing marks (description and location):

Do you have any social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s) and service provider(s).

List **ALL** email addresses:

SECTION 4: MARITAL & FAMILY HISTORY

Single

Married

Engaged

Cohabiting

Spouse's/Cohabitant's Name (including maiden name):

Address:

Date of Birth:

Date of Marriage:

Employer:

Employer's Address:

Cell Phone #:

Work (Ext.):

List ALL of your current roommate(s) & their date(s) of birth (do not include parents or cohabitants):

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

1. Date of Marriage:

City, State:

Separated

Divorced

Widowed

Annulled

Date Separated, Divorced, Widowed, or Annulled:

Court or State Issued:

Ex-Spouse's Name:

Ex-Spouse's Date of Birth:

Ex-Spouse's Cell #:

Ex-Spouse's Work # (Ext.):

Ex-Spouse's Email:

2. Date of Marriage:

City, State:

Separated

Divorced

Widowed

Annulled

Date Separated, Divorced, Widowed, or Annulled:

Court or State Issued:

Ex-Spouse's Name:

Ex-Spouse's Date of Birth:

Ex-Spouse's Cell #:

Ex- Spouse's Work # (Ext.):

Ex-Spouse's Email:

Identify children related to you or your spouse (natural, step-children, adopted, or foster children).

1. Relation:

Name:

Date of Birth:

Address:

2. Relation:

Name:

Date of Birth:

Address:

3. Relation:

Name:

Date of Birth:

Address:

4. Relation:

Name:

Date of Birth:

Address:

5. Relation:

Name:

Date of Birth:

Address:

6. Relation:

Name:

Date of Birth:

Address:

7. Relation:

Name:

Date of Birth:

Address:

Identify relatives in the following order: father, mother (including maiden name), step-parent(s) (if any), brothers, and sisters.

1. Relation: Name: Date of Birth:

Address: Phone #:

2. Relation: Name: Date of Birth:

Address: Phone #:

3. Relation: Name: Date of Birth:

Address: Phone #:

4. Relation: Name: Date of Birth:

Address: Phone #:

5. Relation: Name: Date of Birth:

Address: Phone #:

6. Relation: Name: Date of Birth:

Address: Phone #:

7. Relation: Name: Date of Birth:

Address: Phone #:

8. Relation: Name: Date of Birth:

Address: Phone #:

9. Relation: Name: Date of Birth:

Address: Phone #:

10. Relation: Name: Date of Birth:

Address: Phone #:

SECTION 5: RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's).**

1. From:	To:	Address:	
City:		State:	Zip:
2. From:	To:	Address:	
City:		State:	Zip:
3. From:	To:	Address:	
City:		State:	Zip:
4. From:	To:	Address:	
City:		State:	Zip:
5. From:	To:	Address:	
City:		State:	Zip:
6. From:	To:	Address:	
City:		State:	Zip:
7. From:	To:	Address:	
City:		State:	Zip:
8. From:	To:	Address:	
City:		State:	Zip:
9. From:	To:	Address:	
City:		State:	Zip:

10. From: To: Address:
City: State: Zip:
11. From: To: Address:
City: State: Zip:
12. From: To: Address:
City: State: Zip:
13. From: To: Address:
City: State: Zip:
14. From: To: Address:
City: State: Zip:
15. From: To: Address:
City: State: Zip:
-

SECTION 6: PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

1. Name: Relationship: Year(s) Known:
Address: Phone #:
2. Name: Relationship: Year(s) Known:
Address: Phone #:
3. Name: Relationship: Year(s) Known:
Address: Phone #:

4. Name: Relationship: Year(s) Known:

Address: Phone #:

5. Name: Relationship: Year(s) Known:

Address: Phone #:

SECTION 7: TRAFFIC RECORD

Identify all vehicles that you currently own or operate.

1. Owner: Year: Make:
 Model: Color: License Plate #:

2. Owner: Year: Make:
 Model: Color: License Plate #:

3. Owner: Year: Make:
 Model: Color: License Plate #:

4. Owner: Year: Make:
 Model: Color: License Plate #:

5. Owner: Year: Make:
 Model: Color: License Plate #:

Current Automobile Insurance Carrier: Expires:

Have you ever possessed a driver's license issued by any state other than Texas? Yes No

If yes, give details below:

1. Driver's License #: State: Date Issued:

2. Driver's License #: State: Date Issued:

3. Driver's License #: State: Date Issued:

Have you ever had your driver's license suspended or revoked? Yes No

If yes, give reason, date, and length of suspension:

Identify all motor vehicle accidents you have been involved in during the last 10 years.

1. Date: Location: Police Report:

Cause of Accident (e.g., ran a red light, failed to control speed, etc.):

2. Date: Location: Police Report:

Cause of Accident (e.g., ran a red light, failed to control speed, etc.):

3. Date: Location: Police Report:

Cause of Accident (e.g., ran a red light, failed to control speed, etc.):

4. Date: Location: Police Report:

Cause of Accident (e.g., ran a red light, failed to control speed, etc.):

5. Date: Location: Police Report:

Cause of Accident (e.g., ran a red light, failed to control speed, etc.):

Identify all traffic citations you have received within the last 10 years, excluding parking tickets. Give the month/year the citation occurred, nature of the violation, city/state where the citation was issued, and the disposition of the citation (e.g., defensive driving, dismissed, etc.).

1. Month/Year: Violation:

City/State: Disposition:

2. Month/Year: Violation:

City/State: Disposition:

3. Month/Year: Violation:

City/State: Disposition:

4. Month/Year: Violation:

City/State: Disposition:

5. Month/Year: Violation:

City/State: Disposition:

6. Month/Year: Violation:

City/State: Disposition:

7. Month/Year: Violation:

City/State: Disposition:

8. Month/Year: Violation:

City/State: Disposition:

9. Month/Year: Violation:

City/State: Disposition:

10. Month/Year:

Violation:

City/State:

Disposition:

11. Month/Year:

Violation:

City/State:

Disposition:

12. Month/Year:

Violation:

City/State:

Disposition:

13. Month/Year:

Violation:

City/State:

Disposition:

14. Month/Year:

Violation:

City/State:

Disposition:

15. Month/Year:

Violation:

City/State:

Disposition:

SECTION 8: ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement? Yes No

If yes, provide details below.

1. Agency:

Offense:

Date:

Location:

Outcome:

2. Agency:

Offense:

Date:

Location:

Outcome:

3. Agency:

Offense:

Date:

Location:

Outcome:

4. Agency:

Offense:

Date:

Location:

Outcome:

5. Agency:

Offense:

Date:

Location:

Outcome:

Have you **ever** committed an act of family violence? Yes No

("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004)

If yes, explain.

Have you **ever** assaulted another person since the age of seventeen (17)? Yes No

("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01)

If yes, explain.

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? Yes No

If yes, explain.

Have you **ever** been a party to a civil suit or action? Yes No

If yes, explain.

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? Yes No

If yes, explain.

Other than crimes that would have been sealed by juvenile records, have you **ever** committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? Yes No

If yes, explain.

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes No

If yes, explain.

SECTION 9: FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives ever been arrested? Yes No

If yes, provide details below.

1. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

2. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

3. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

4. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

5. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

6. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

7. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

8. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

9. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

10. Name of Family Member:

Relationship:

Charge/Offense:

Outcome:

Year Charge/Offense Occurred:

Agency:

SECTION 10: FINANCIAL HISTORY

Your current net monthly income:

Spouse's current net monthly income:

1. Source:	Amount:	Frequency:
2. Source:	Amount:	Frequency:
3. Source:	Amount:	Frequency:
4. Source:	Amount:	Frequency:
5. Source:	Amount:	Frequency:

Do you have any accounts with a financial institution? Yes No

Name(s) of financial institution(s):

Type(s) of account(s):

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments. Provide the name of the creditor (e.g., Sears, Citi Financial, etc.), type of debt (e.g., student loan, automobile, etc.), monthly payment amount, and approximate balance.

1. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
2. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
3. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
4. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:

5. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
6. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
7. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
8. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
9. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:
10. Name of Creditor:	Type of Debt:
Monthly Payment Amount:	Approximate Balance:

SECTION 11: CREDIT INFORMATION

Have you ever filed bankruptcy personally or on behalf of a business?	Yes	No
If yes, indicate type:		
Have you ever had any personal or real property repossessed or foreclosed?	Yes	No
Have you ever failed to pay Federal, state, or other taxes?	Yes	No
Have you ever failed to file a tax return, when required by law?	Yes	No
Have you ever had a lien placed against your property for failing to pay taxes or other debts?	Yes	No
Have you ever had a judgment entered against you?	Yes	No
Have you ever defaulted on any type of loan?	Yes	No
Have you ever had bills or debts turned over to a collection agency?	Yes	No
Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?	Yes	No

Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)?	Yes	No	
Have you ever been delinquent on court-imposed alimony or child support payments?	Yes	No	
Have you ever been disciplined regarding the use of a travel/credit card provided by an employer?	Yes	No	
Are you currently more than sixty (60) days delinquent on any debts?	Yes	No	
Have you ever applied for unemployment compensation?	Yes	No	When?
Have you ever received unemployment compensation?	Yes	No	When?

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments. Provide the name of the creditor (e.g., Sears, Citi Financial, etc.), type of debt (e.g., student loan, automobile, etc.), number of days late, and reasoning for why you are late.

1. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

2. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

3. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

4. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

5. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

6. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

7. Name of Creditor: _____ Type of Debt: _____

of Days Late: _____ Reason: _____

SECTION 12: EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes No

1. From: To: Employer:

Address: Phone #:

Work Schedule:

Job Title: Beginning & Ending Salary:

Supervisor Name: Contact Info:

Co-Worker Name: Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above? Yes No

If yes, provide dates and explain.

2. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

3. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

4. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

5. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

6. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

7. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

8. From: To: Employer:

Address:

Phone #:

Work Schedule:

Job Title:

Beginning & Ending Salary:

Supervisor Name:

Contact Info:

Co-Worker Name:

Contact Info:

Duties:

Identify any disciplinary actions you received:

Reason for leaving (if applicable):

Was there an unemployment period between prior employment and the one listed above?

Yes

No

If yes, provide dates and explain.

SECTION 13: EDUCATIONAL HISTORY

List all of the high school(s) you attended, their addresses, the dates you attended them from and to, and if you graduated from the school or not.

1. High School Attended:		Address:		
Date Attended From:	Date Attended To:	Did you graduate?	Yes	No
2. High School Attended:		Address:		
Date Attended From:	Date Attended To:	Did you graduate?	Yes	No
3. High School Attended:		Address:		
Date Attended From:	Date Attended To:	Did you graduate?	Yes	No
4. High School Attended:		Address:		
Date Attended From:	Date Attended To:	Did you graduate?	Yes	No
5. High School Attended:		Address:		
Date Attended From:	Date Attended To:	Did you graduate?	Yes	No

Do you have a G.E.D. certificate? Yes No

Were you ever expelled from school? Yes No

If yes, provide details.

Identify all colleges, universities, or technical schools you have attended.

1. Name:		City, State:
Date Attended From:	Date Attended To:	
Major:	Degree:	Date Degree Received:

2. Name: City, State:

Date Attended From: Date Attended To:

Major: Degree: Date Degree Received:

3. Name: City, State:

Date Attended From: Date Attended To:

Major: Degree: Date Degree Received:

4. Name: City, State:

Date Attended From: Date Attended To:

Major: Degree: Date Degree Received:

5. Name: City, State:

Date Attended From: Date Attended To:

Major: Degree: Date Degree Received:

SECTION 14: MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes No

If yes, provide details.

Dates Served: Highest Rank:

Branch of Service: Unit:

Job Title(s) (e.g., Rifelman, Security, etc.):

Discharge Type: Last Duty Station:

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes No

If yes, provide details.

Dates Served: Highest Rank:

Branch of Service: Unit:

Job Title(s) (e.g., Rifelman, Security, etc.):

Last Duty Station:

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice (include non-judicial, Captain's mast, etc.)? Yes No

If yes, provide dates, charge(s), military court(s) or authorities and outcomes.

SECTION 15: SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator, etc.).

If you know a foreign language, indicate your fluency in each block below on a scale of 1 to 3 (1=fair, 2=good, 3=excellent).

1. Language:	Understanding:	Speaking:	Reading:	Writing:
2. Language:	Understanding:	Speaking:	Reading:	Writing:
3. Language:	Understanding:	Speaking:	Reading:	Writing:
4. Language:	Understanding:	Speaking:	Reading:	Writing:

Do you have any experience with firearms or rifles? Yes No

If yes, explain and provide details.

SECTION 16: MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

List past and present organizations you have been a member of. Include the name of the organization, the type of organization (e.g., social, fraternal, professional, etc.), and the dates in which you were a member of the organization.

1. Name of Organization:

Type:

Address:

Dates you were a member of the organization:

2. Name of Organization:

Type:

Address:

Dates you were a member of the organization:

3. Name of Organization:

Type:

Address:

Dates you were a member of the organization:

4. Name of Organization:

Type:

Address:

Dates you were a member of the organization:

5. Name of Organization:

Type:

Address:

Dates you were a member of the organization:

Have you **ever** been an officer, a member of, or contributed to an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution of Rights granted by law? Yes No

SECTION 17: PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes No If yes, how often?

Have you **ever** used marijuana or hashish? Yes No If yes, when last used?

Have you **ever** used any illegal drug(s) (including a performance-enhancing steroid) not prescribed by a physician?

Yes No

If yes, provide explanation. Include type of drug(s), how you used it/them, and when you last used it/them.

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes No

If yes, provide details.

Are there **any** incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer? Yes No

If yes, provide details.

Have you **ever** been employed by or applied with any other law enforcement agency? Yes No

If yes, please identify, to the best of your knowledge.

1. Agency Name: Date Applied or Hired:

Agency Address: Result:

2. Agency Name: Date Applied or Hired:

Agency Address: Result:

3. Agency Name: Date Applied or Hired:

Agency Address: Result:

4. Agency Name:

Date Applied or Hired:

Agency Address:

Result:

5. Agency Name:

Date Applied or Hired:

Agency Address:

Result:

Identify any additional information you think should be considered in your application for the position you are seeking.

SECTION 18: ADDITIONAL SPACE

- Include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, traffic citations, explanations to questions, etc.).
- Include the corresponding section, question, and item being referenced.
- Attach as many copies of this sheet as needed. Number each additional page that you add.

SECTION 19: AUTHORIZATION TO RELEASE INFORMATION & NOTARY SEAL

I, (print your full name in your own handwriting) _____ hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. All statements made on or in connection with this Personal History Statement for Appointment are true and complete to the best of my knowledge and belief, and I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part to all rights to acceptance into the TEEX Central Texas Police Academy.

I also do hereby authorize all law enforcement agencies, the Veteran's Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, medical service providers, psychiatric service providers, and schools and universities to furnish the TEEX Central Texas Police Academy with any and all available information regarding me in order that they may determine my eligibility to hold a license issued by the Texas Commission on Law Enforcement in accordance with Texas statutes and administrative regulations.

I authorize the TEEX Central Texas Police Academy to make inquiry of my present and past employers regarding my character, integrity, and reputation.

I authorize the release of any and all information regarding my employment, credit, and any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE TEEX Central Texas Police Academy.

A photocopy of this Authorization will be considered as effective and valid as the original, and its authority shall not terminate until graduation of the TEEX Central Texas Police Academy class that you are applying for.

Signature of Applicant: _____ Date Signed: _____

D.O.B.: _____ Driver's License #: _____ Social Security Number: _____ - _____ - _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS, THE ____ DAY OF _____, _____.

Notary Signature: _____

Notary Public in and for the State of: _____

Notary Seal

My Commission Expires: _____