

**MURPHY POLICE DEPARTMENT**  
**PERSONAL HISTORY STATEMENT**



Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

PID #:

Telecommunicator

PID #:

Civilian Employment

## **Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

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 additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Copy of Birth Certificate (Certified Original Copy will be required upon hire)

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 Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of all Marriage and/or Divorce Documents

Current complete detailed copy of credit report

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

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

### **Instructions to the Applicant**

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, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

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.

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.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

### **DISQUALIFICATIONS**

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.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

#### **Disclosure of Medically Related Information**

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.

**SECTION 1: PERSONAL**

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

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

Physical Description: (Please list all Scars, Birthmarks and Tattoos)

Height: Weight: Hair Color: Eye Color:

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Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

**A.** Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

**B.** Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes            No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

**A. Name of Agency:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_ Email: \_\_\_\_\_

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**B. Name of Agency:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_ Email: \_\_\_\_\_

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**C. Name of Agency:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_ Email: \_\_\_\_\_

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

**D. Name of Agency:**

**Position Applied For:**

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
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Conditional job offer	Psychological examination	Date:	Medical	Date:
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<b>Status:</b>	Hired	On List	Withdrawn	Disqualified
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**E. Name of Agency:**

**Position Applied For:**

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
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Conditional job offer	Psychological examination	Date:	Medical	Date:
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<b>Status:</b>	Hired	On List	Withdrawn	Disqualified
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**F. Name of Agency:**

**Position Applied For:**

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
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Conditional job offer	Psychological examination	Date:	Medical	Date:
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<b>Status:</b>	Hired	On List	Withdrawn	Disqualified
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**SECTION 2: RELATIVES AND REFERENCES**

**IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A      **A. Father's Name:** \_\_\_\_\_      **D.O.B.:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **B. Step-Father's Name:** \_\_\_\_\_      **D.O.B.:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **C. Mother's Name:** \_\_\_\_\_      **D.O.B.:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **D. Step-Mother's Name:** \_\_\_\_\_      **D.O.B.:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

**J. BROTHERS AND SISTERS:** List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

**K. CHILDREN:** List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A      **2. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **3. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **4. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **5. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **6. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

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**L. REFERENCES:** List 5-8 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

**1. Name:**      **Address:**  
City:      State:      Zip:  
**Company/Work Address:**  
City:      State:      Zip:  
**Home Phone:**      **Work Phone:**      **Cell Phone:**      **Email:**

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

**2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**4. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**5. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

6. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company/Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_

7. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company/Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_

8. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company/Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_

**SECTION 3: EDUCATION**

**NOTE:** You will be required to furnish official transcripts or other proof to support all of your educational  
~~claims~~ applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

**List high schools attended or where you obtained your GED:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
 2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No

**List all colleges or universities attended:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

3. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

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**List any trade, vocational, or business schools/institutes attended:**

1. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

2. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

3. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

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Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school?      Yes      No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCES**

**LIST OF RESIDENCES**

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

**1. Current Residence Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

**2. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**3. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**4. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**5. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**6. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**7. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

Nature of relationship (friend, relative, landlord, housemate only):

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 of the two questions above, explain (include when, where, and circumstances):

**EMPLOYMENT HISTORY:**

Beginning with your present or most recent job, list all of the jobs you have had since the age of sixteen (16). Include all part-time, temporary, and seasonal jobs.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF LENGTH OF EMPLOYMENT

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

\_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_

Time in position(s):

Co-worker's Name and Email/Phone number:

\_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received:

\_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor:

\_\_\_\_\_

Reason for leaving this position:

\_\_\_\_\_

Was notice given?  YES  NO

**INVESTIGATOR'S NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel			
<input type="checkbox"/> Other			

## EMPLOYMENT HISTORY (cont)

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

Time in position(s): \_\_\_\_\_

Co-worker's Name and Email/Phone number: \_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received: \_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor: \_\_\_\_\_

Reason for leaving this position: \_\_\_\_\_

Was notice given?  YES  NO

### INVESTIGATOR'S NOTES:

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

**EMPLOYMENT HISTORY (cont)**

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

\_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_

Time in position(s):

Co-worker's Name and Email/Phone number:

\_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received:

\_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor:

\_\_\_\_\_

Reason for leaving this position:

\_\_\_\_\_

Was notice given?  YES  NO

**INVESTIGATOR'S NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

## EMPLOYMENT HISTORY (cont)

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

Time in position(s): \_\_\_\_\_

Co-worker's Name and Email/Phone number: \_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received: \_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor: \_\_\_\_\_

Reason for leaving this position: \_\_\_\_\_

Was notice given?  YES  NO

### INVESTIGATOR'S NOTES:

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

**EMPLOYMENT HISTORY (cont)**

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

\_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_

Time in position(s):

Co-worker's Name and Email/Phone number:

\_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received:

\_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor:

\_\_\_\_\_

Reason for leaving this position:

\_\_\_\_\_

Was notice given?  YES  NO

**INVESTIGATOR'S NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

## EMPLOYMENT HISTORY (cont)

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

Time in position(s): \_\_\_\_\_

Co-worker's Name and Email/Phone number: \_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received: \_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor: \_\_\_\_\_

Reason for leaving this position: \_\_\_\_\_

Was notice given?  YES  NO

### INVESTIGATOR'S NOTES:

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

## EMPLOYMENT HISTORY (cont)

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

Time in position(s): \_\_\_\_\_

Co-worker's Name and Email/Phone number: \_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received: \_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor: \_\_\_\_\_

Reason for leaving this position: \_\_\_\_\_

Was notice given?  YES  NO

### INVESTIGATOR'S NOTES:

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

**EMPLOYMENT HISTORY (cont)**

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

\_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_

Time in position(s):

Co-worker's Name and Email/Phone number:  
\_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received:  
\_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor:  
\_\_\_\_\_

Reason for leaving this position:  
\_\_\_\_\_

Was notice given?  YES  NO

**INVESTIGATOR'S NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>PERIOD OF UNEMPLOYMENT</b> Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	From	To

## EMPLOYMENT HISTORY (cont)

Check appropriate job description(s):  Full Time  Part Time  Temporary  Seasonal

Employer:

Employer's Address: \_\_\_\_\_  
Street Number & Name City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Employer Email: \_\_\_\_\_

Employment began on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = Total Time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities:

Time in position(s): \_\_\_\_\_

Co-worker's Name and Email/Phone number: \_\_\_\_\_

Did you receive job evaluations while with this company:  YES  NO

Identify any disciplinary actions you received: \_\_\_\_\_

Are you eligible for rehire?  YES  NO

Name of final supervisor: \_\_\_\_\_

Reason for leaving this position: \_\_\_\_\_

Was notice given?  YES  NO

### INVESTIGATOR'S NOTES:

PERIOD OF UNEMPLOYMENT	From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

- 18.** Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).      Yes      No
- 19.** Have you ever been fired, released from probation, or asked to resign from any place of employment?      Yes      No
- 20.** Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?      Yes      No
- 21.** Have you ever resigned without giving two weeks-notice?      Yes      No
- 22.** Have you ever resigned in lieu of termination?      Yes      No
- 23.** Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer?      Yes      No
- 24.** Were you ever the subject of a written complaint at work?      Yes      No
- 25.** Have you ever been counseled at work due to lateness or absences?      Yes      No
- 26.** Did you ever receive an unsatisfactory performance review?      Yes      No
- 27.** Have you ever sold, released, or given away legally confidential information?      Yes      No
- 28.** Have you ever called in sick when you were neither sick nor caring for a sick family member?      Yes      No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered “**Yes**” to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

---

Has your work performance ever been affected by your use of alcohol or drugs?      Yes      No

When?      Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?      Yes      No

When?      Name of Employer:

**SECTION 6: MILITARY EXPERIENCE**

**(Complete for all branches of the military served. Add pages if necessary).**

1. Are you required to register for the Selective Service?    Yes            No

2. If yes, have you registered?    Yes            No

If no, explain:

Branch of Service:		Dates Served From:		To:
Type of Discharge:	Entry Level	Honorable	General	Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following?    Military Reserve            National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?    Yes            No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?    Yes            No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.





10. Have you or your spouse/partner ever been referred to Child Protective Services?      Yes      No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order?      Yes      No
12. 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
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?      Yes      No
14. Have you ever filed a false insurance or workers' compensation claim?      Yes      No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

#### Undetected Acts – Part 1

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?

15. Annoying/obscene phone calls      Yes      No
16. Assault (use of force or violence upon another)      Yes      No
17. Assault on a family member (use of force or violence upon a family member)      Yes      No
18. Brandishing a weapon (any type of weapon)      Yes      No
19. Carrying a concealed weapon without a permit      Yes      No
20. Contributing to the delinquency of a minor      Yes      No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel)      Yes      No
22. Driving under the influence of alcohol and/or drugs      Yes      No
23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)      Yes      No
24. Hit and run collision (no injuries)      Yes      No
25. Hunting or fishing without a license      Yes      No
26. Illegal gambling      Yes      No
27. Impersonating a peace officer      Yes      No
28. Indecent exposure (including flashing or mooning)      Yes      No
29. Joyriding (using a car or other vehicle without owner's permission)      Yes      No

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

- |   |     |    |
|---|-----|----|
| 30. Arson (intentionally destroying property by setting a fire)                           | Yes | No |
| 31. Assault with a deadly weapon  | Yes | No |
| 32. Theft of a vehicle and/or vehicle parts   | Yes | No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime)             | Yes | No |
| 34. Child molestation (performing unlawful acts with a child)                             | Yes | No |
| 35. Accessing, producing, or possessing child pornography                                 | Yes | No |
| 36. Injury to a child, elderly, and/or disabled   | Yes | No |
| 37. Embezzlement (theft of money or other valuables entrusted to you)                     | Yes | No |
| 38. Felony drunk driving (involving injuries)   | Yes | No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity                    | Yes | No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 41. Hit and run (with injuries)   | Yes | No |
| 42. Hate crime  | Yes | No |
| 43. Insurance fraud   | Yes | No |
| 44. Theft (value of over \$500 and/or any firearm)  | Yes | No |
| 45. Murder, homicide, or attempted murder   | Yes | No |
| 46. Perjury (lying under oath)  | Yes | No |
| 47. Possession of an explosive/destructive device   | Yes | No |
| 48. Robbery (theft from another person using a weapon, force, or fear)                    | Yes | No |
| 49. Stalking  | Yes | No |
| 50. Blackmail or extortion  | Yes | No |
| 51. Any other act amounting to a felony   | Yes | No |

If you answered "**YES**" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

- |   |                            |
|---|----------------------------|
| Amphetamines/Methamphetamine Uppers, Speed, Crank, etc. | Heroin/Opium               |
| Barbiturates (Downers)                                  | Marijuana                  |
| Cocaine/Crack Cocaine                                   | Mescaline                  |
| Designer Drugs (Ecstasy, Synthetic Heroin, etc.)        | Morphine                   |
| GHB (Date Rape Drug)                                    | PCP/Angel Dust             |
| Glue  | Quaaludes                  |
| Hallucinogens (Peyote, LSD, Mushrooms)                  | Steroids                   |
| Hashish/Hashish Oil                                     | Tetrahydrocannabinol (THC) |

**52. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?      Yes      No

If yes, give details, including drug(s) used and circumstances:

---

**53. Prior to the past three years (check all that apply):**

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:



**List your current liability insurance on your vehicle(s):**

4. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

5. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

6. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

7. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

---

**List all traffic citations, excluding parking citations, that you have received within the past seven years:**

8. Nature of Violation:  
Location (Street, City, State, Zip):  
Date Violation Occurred:                      Action Taken:      Not Guilty                      Fined                      Traffic School                      Dismissed

**9. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:    Not Guilty            Fined            Traffic School            Dismissed

**10. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:    Not Guilty            Fined            Traffic School            Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

Failed to appear                      Failed to complete traffic school                      Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?                      Yes                      No

**If yes, give details:**

**11. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:

**12. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:

**13. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:

**14. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:



**SECTION 10: SOCIAL MEDIA SITES**

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

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

## SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

**SECTION 12: CERTIFICATION**

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary public in and for, State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Seal or Stamp:

**MURPHY POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Murphy Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; criminal records, including complaint, investigation, arrest, and/or conviction documentation, both as an adult and a juvenile, from any law enforcement agency, prosecuting or District Attorney, or local, Municipal, County, State, or Federal court of law; polygraph examination answers and results; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the Murphy Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the Murphy Police Department from all liability for supplying any information concerning my employment to any potential employer. I authorize the Murphy Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the Murphy Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the Murphy Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Murphy Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicant's Signature

STATE OF \_\_\_\_\_

\_\_\_\_\_  
Applicant's Address

SWORN AND SUBSCRIBED  
BEFORE ME,

\_\_\_\_\_  
Date of Birth

This \_\_\_\_ Day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
NOTARY PUBLIC SEAL AND SIGNATURE