

**CITY OF CONVERSE POLICE DEPARTMENT  
EMERGENCY SERVICE CENTER  
PERSONAL HISTORY STATEMENT**



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**APPLICANT NAME**

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**APPLICATION NUMBER**

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**DATE ISSUED**

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**DATE RETURNED**

# INSTRUCTIONS

## READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the **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.

1. Your Personal History Statement **SHOULD BE PRINTED LEGIBLY IN BLACK INK BY YOU** and no other person. Answer all questions to the best of your ability.
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 correct and in proper sequence before you begin.
4. **YOU ARE RESPONSIBLE FOR OBTAINING CORRECT NAMES, ADDRESSES AND TELEPHONE NUMBERS**. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories. **IF YOU DO NOT PROVIDE THE NECESSARY PHONE NUMBERS YOUR APPLICATION MAY BE DISQUALIFIED.**
5. 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 in the attached sheets.
6. **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.**
7. **UPON COMPLETING THE FORM, RE-CHECK EACH SECTION TO ENSURE THAT ALL INFORMATION REQUESTED HAS BEEN PROVIDED, N/A ENTERED IF APPROPRIATE, AND INITIAL EACH PAGE SIGNIFYING PAGE COMPLETION.**
8. Insure Authorization of Release is signed along with your Personal History Statement

Initials \_\_\_\_\_

# **DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT**

**COPIES OF THE APPLICABLE DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN. INITIAL EACH ENTRY TO ENSURE THAT DOCUMENT IS ATTACHED.**

- \_\_\_\_\_ **Texas Driver's License and Social Security Card**
- \_\_\_\_\_ **Birth Certificate**
- \_\_\_\_\_ **High School Diploma or G.E.D. Certificate**
- \_\_\_\_\_ **College Transcripts**
- \_\_\_\_\_ **Military Discharge Papers, DD214 (if applicable)**
- \_\_\_\_\_ **TCLEOSE Certificates**
- \_\_\_\_\_ **Certificates of Applicable Schools**

Initials \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

**A. APPLICANT IDENTIFICATION** - Information in this section is used for identification purposes only.

1. NAME: \_\_\_\_\_  
Last First Middle

2. ADDRESS: \_\_\_\_\_  
Number Street Apt#

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-mail Address if applicable

3. TELEPHONE NUMBER(S): \_\_\_\_\_  
Home Pager

\_\_\_\_\_  
Cell Phone Other

4. DATE OF BIRTH: \_\_\_\_\_

5. MAIDEN NAME, NICKNAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

6. SOCIAL SECURITY NUMBER: \_\_\_\_\_

7. PLACE OF BIRTH: \_\_\_\_\_  
City County State

8. DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
Type / Class / State / Number

9. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

10. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: \_\_\_\_\_  
\_\_\_\_\_

10. CONCEALED HANDGUN LICENSE NUMBER: \_\_\_\_\_

11. HAVE YOU EVER HELD A DRIVERS LICENSE IN ANOTHER STATE OTHER THAN TEXAS? YES / NO  
IF YES, WHAT STATE: \_\_\_\_\_ WHAT IS THE NUMBER: \_\_\_\_\_

Initials \_\_\_\_\_

**B. RESIDENCES** - List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

FROM TO ADDRESS

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**C. WORK HISTORY** - Beginning with your present or most recent job, list all employment for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheets if needed. DO NOT USE "PERSONAL REASONS" for reasons or explanation of leaving employment, describe in detail. (ALL PHONE NUMBERS AND FAX NUMBERS MUST BE COMPLETE AND CORRECT)

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF CO-WORKER: \_\_\_\_\_

DETAILED REASON FOR LEAVING: \_\_\_\_\_

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JOB DESCRIPTION: \_\_\_\_\_

Are you eligible for re-hire at this job: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Initials \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

Initials \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

Initials \_\_\_\_\_

**D. MILITARY RECORD**

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES  NO

BRANCH: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RANK: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_

YOUR MAIN DUTY: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DETAILED EXPLANATION OF DUTY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPE OF DISCHARGE (If other than **honorable**, explain in detail): \_\_\_\_\_

\_\_\_\_\_

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE? \_\_\_\_\_

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT DESIGNATION: \_\_\_\_\_

MAIN DUTY: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CO-WORKER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDING COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.) YES  NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Initials \_\_\_\_\_



**LIST ANY OTHER SCHOOLS ATTENDED** (Trade, Vocational, Business, Police Academy, etc.)

SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DIPLOMAS / CERTIFICATES RECEIVED: \_\_\_\_\_

\_\_\_\_\_

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SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DIPLOMAS / CERTIFICATES RECEIVED: \_\_\_\_\_

\_\_\_\_\_

**F. SPECIAL QUALIFICATIONS AND SKILLS**

**LIST ANY SPECIAL LICENSES YOU HOLD** (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.

\_\_\_\_\_

\_\_\_\_\_

**LIST ANY SPECIALIZED EQUIPMENT YOU CAN OPERATE:**

\_\_\_\_\_

\_\_\_\_\_

What is your degree of computer literacy? Excellent  Good  Poor

Briefly list any computer skills that you have. If you have copies of any certificates for any computer training that you have received, please attach them to the application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials \_\_\_\_\_

Please check the program(s) below that you have operated:

- Computer Aided Dispatch System (CAD) If yes, please specify \_\_\_\_\_
- TLETS
- Automated Law Enforcement and Response Team System (ALERT)
- Microsoft Word Programs

What programs can you operate? \_\_\_\_\_

INDICATE YOUR DEGREE OR FLUENCY IN ANY FOREIGN LANGUAGE  
(EXCELLENT, GOOD, POOR)

LANGUAGE	READING	WRITING	SPEAKING	UNDERSTANDING
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**G. MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS** - List name, address, type of organization (Professional, Fraternal, Social, etc.) and dates of participation.

NAME / ADDRESS	TYPE	FROM / TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

**H. PERSONAL DECLARATIONS**

DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE THE LEVEL, FREQUENCY AND CIRCUMSTANCES SURROUNDING ANY USE OF MARIJUANA OR ILLEGAL USE OF DRUGS NOT PRESCRIBED BY A PHYSICIAN.

\_\_\_\_\_

\_\_\_\_\_

Initials \_\_\_\_\_

**LIST ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE EVER APPLIED** - List your current disposition in the hiring process or selection process with the Agency.

In reference to **ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE APPLIED**, below, not only list the current disposition of you application, but make sure you list the **BACKGROUND INVESTIGATOR'S NAME** who you are in contact with at the appropriate agency:

AGENCY      DATE APPLIED      POSITION SOUGHT      DISPOSITION      INVESTIGATOR'S NAME

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**I. CRIMINAL ACTIVITY**

1. Have you **EVER** been **CONVICTED**, **ARRESTED** or **DETAINED** by **ANY** police agency, or summonsed to court for **ANY** reason (including juvenile offenses)?

YES  NO

If you answered "YES", complete the following:

**CRIME CHARGED**      **POLICE AGENCY**      **DATE**      **DISPOSITION OF CASE**  
**CITY & STATE**

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2. Has any member of your immediate family **EVER** been arrested? YES  NO
3. Have you **EVER** been questioned by **ANY** police as a suspect? YES  NO
4. Were you **EVER** accused of dishonesty by **ANY** of your Employers? YES  NO
5. Did you **EVER** witness **ANY** other employees stealing? YES  NO
6. Have you **EVER** sold or bought **ANY** stolen property? YES  NO
7. Have you **EVER** been involved as a party in **CIVIL LITIGATION**? YES  NO

Initials \_\_\_\_\_

**ENCOUNTERS OR OTHER DEALINGS WITH ANY POLICE OR OTHER LAW ENFORCEMENT RELATED AGENCY**

1. Have you **EVER** had **ANY** dealings with **ANY** Police or other Law Enforcement Agency? Such as a **WITNESS** or **COMPLAINANT, VICTIM, REPORTEE** or **SUSPICIOUS PERSON**?

YES  NO

If you answered **YES**, name the organization and please explain in detail your encounter or other dealing with the Law Enforcement Agency:

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**J. MOTOR VEHICLE OPERATION**

HAS YOUR DRIVERS'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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LIST **ANY AND ALL** DRIVING CITATIONS THAT YOU HAVE RECEIVED EITHER AS AN ADULT OR A JUVENILE, EXCLUDING PARKING TICKETS.

<u>DATE</u>	<u>CHARGE</u>	<u>CITY &amp; STATE</u>	<u>DISPOSITION</u>
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DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

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Initials \_\_\_\_\_

**K. REFERENCES OR ACQUAINTANCES LIST FIVE PEOPLE WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR FORMER SUPERVISORS. YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES AND TELEPHONE NUMBERS.**

1. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Initials \_\_\_\_\_

# NOTICE TO APPLICANT:

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Have you read over the job description, and are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

**YES**       **NO**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Converse.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Initials \_\_\_\_\_

# CONVERSE POLICE DEPARTMENT

402 FM 1516  
Converse, TX 78109  
210-658-2322  
FAX: 210-658-2478

## PERSONAL INQUIRY WAIVER, AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the CONVERSE POLICE DEPARTMENT, whether the said records are of a public, private or confidential nature. Furthermore, I grant permission for this agent to obtain photocopies of any records concerning myself, that he / she considers relevant to my application for employment with the City of Converse Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of former employers, educational 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; medical and psychiatric treatment and / or consultations, including hospital, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings. Complaints filed by or against me and the records and recollections or attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for employment by the **CONVERSE POLICE DEPARTMENT**. I also certify that any person(s) who furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Information received from all sources will be kept confidential and will not be released to the Applicant. Information will be released to any Law Enforcement Agency requesting same and presenting a valid release form signed by the Applicant. Information received becomes part of the Employee's Personnel File on date of hire and may be used for internal reviews and investigations.

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

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE (INCLUDING MAIDEN NAME)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

DOB: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP

SOCIAL SECURITY #: \_\_\_\_\_

Initials \_\_\_\_\_