

**CITY OF CONVERSE POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**



APPLICANT NAME

APPLICATION NUMBER

DATE ISSUED

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**
- _____ **Naturalization Papers**
- _____ **High School Diploma or G.E.D. Certificate**
- _____ **College Diploma (if applicable)**
- _____ **College Transcripts**
- _____ **Military Discharge Papers, DD214 (if applicable)**
- _____ **Divorce Decree (if applicable)**
- _____ **TCLEOSE Certificates**
- _____ **Certificates of Police Schools (if applicable)**
- _____ **Credit Report**

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

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: _____

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: _____

SCHOOL: _____ Date: _____

CITY / STATE: _____

FROM: _____ TO: _____

DIPLOMAS / CERTIFICATES RECEIVED: _____

(This is for applicants who are currently in the Academy or who have graduated and are seeking their first Law Enforcement Position)

POLICE ACADEMY: _____

FROM: _____ TO: _____

LOCATION: _____

DIRECTORS NAME: _____

DIRECTORS PHONE NUMBER: _____

LEAD INSTRUCTOR: _____

LEAD INSTRUCTORS PHONE NUMBER: _____

POLICE ACADEMY FAX NUMBER: _____

Initials _____

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:

LIST ANY GUNS OR WEAPONS THAT YOU OWN OR HAVE QUALIFIED WITH:

IN YOUR OPINION, WHAT IS YOUR LEVEL OF PROFICIENCY WITH FIREARMS:

What is your degree of computer literacy? Excellent (___) Good (___) Poor (___)

What programs can you operate? _____

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

LANGUAGE READING WRITING SPEAKING UNDERSTANDING

Initials _____

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.

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS OR AT NIGHT.

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM TAKING A HUMAN LIFE IN THE COURSE OF YOUR LAW ENFORCEMENT DUTIES IF REQUIRED TO DO SO.

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:

<u>CRIME CHARGED</u>	<u>POLICE AGENCY</u> <u>CITY & STATE</u>	<u>DATE</u>	<u>DISPOSITION OF CASE</u>
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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:

J. MOTOR VEHICLE OPERATION

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

YES { } NO { }

IF YES, PLEASE EXPLAIN: _____

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 & 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.

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 _____