



**ROCKWALL COUNTY
SHERIFF'S OFFICE**
SHERIFF HAROLD EAVENSON

PERSONAL HISTORY STATEMENT

POSITION APPLIED FOR: _____

APPLICANT NAME: _____

ORIGINAL APPLICATION DATE: _____

DATE AMENDED: _____



ROCKWALL COUNTY SHERIFF'S OFFICE POSITIONS AND CONTACTS

For inquiries regarding applications and employment, please contact the appropriate person.

Sheriff's Office Communications / Support Staff:

Heather Alford
Office Manager, Sheriff's Office
Phone: 972-204-7020 Fax: 972-204-7099

Deputy - Patrol:

Capt. Greg Welch
Rockwall County Sheriff's Office
Phone: 972-204-7033 Fax: 972-204-7099

Deputy – Transport / Courthouse:

Sgt. Chris Mitchell
Rockwall County Sheriff's Office
Phone: 972-204-7131 Fax: 972-204-7149

Detention Division / Support Staff:

Heather Stockton
Detention Center Senior Clerk
Phone: 972-204-7115 Fax: 972-204-7129

-or-

Melanie Cole
Office Manager, Detention Center
Phone: 972-204-7113 Fax: 972-204-7129

All current job postings for the below positions can be found on the Rockwall County website.
www.rockwallcountytexas.com/242/Employment

Clerk – Detention Center	Deputy – Courthouse
Clerk – Sheriff's Office	Deputy – Transport
Communications Officer	Deputy – Patrol
Maintenance Corporal	
Detention Officer – Floor, Intake, Control Room	
Detention Officer – Food Service / Laundry	

For your information only.

*** Do not return with application. ***

***** IMPORTANT *****
READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your **Personal History Statement**.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!!!

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying. Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection. In addition to the Personal History Statement, you are required to submit the documents listed on Page 5 of the Personal History Statement packet that apply to you.

1. Your Personal History Statement should be legibly hand printed by you in ink. (Blue or Black)
2. Answer all questions completely. If a question does not apply 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 sequence before you begin. For errors, mark a line through the incorrect portion and initial beside it. **Do Not Use Whiteout.**
4. You are responsible for obtaining correct and complete addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. Phone numbers need to include area code.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and questions before continuing your answer.

To view the job description for the position you are applying, visit the employment page on the Rockwall County website for all current job postings and job descriptions.

www.rockwallcountytexas.com/242/Employment

***** Do not return with application. *****



ROCKWALL COUNTY SHERIFF'S OFFICE

HIRING PROCEDURE

This office has established the following guidelines for hiring personnel. Item number 1 applies to applicants applying for sworn positions only (subject to change). If an existing employee wishes to apply for a sworn position, they must follow the same hiring procedure as a new applicant. An applicant shall be disqualified if they fail to meet the minimum requirements listed below. **The Sheriff, at his discretion, may deviate from this procedure as needed.**

1. The County of Rockwall utilizes the following Public Safety Physical Fitness Test Absolute Standards for Municipal Departments as determined by the Cooper Institute for Aerobics Research. These events and minimums have been validated for municipal police agencies. All minimums are the same for male and female applicants. (Sworn positions only)

Applicants must pass all events on the physical agility test below:

<u>Event</u>	<u>Male</u>	<u>Female</u>
1.5 mile run	16:28 or less	16:28 or less
300 meter run	00:71 or less	00:76 or less
Push-ups (no time limit)	21 reps	14 reps
Sit ups (1 min. time limit)	26 reps	22 reps

2. **Oral Board**
The Oral Board consists of an interview before RSO employees.
3. **Background**
An applicant must pass an in-depth background investigation performed by the Rockwall County Sheriff's Office.
4. **Final Interview**
Applicants will be interviewed by the Sheriff or his designee for final approval or denial.
5. **Medical**
 1. Pass Physical Exam/Drug Test
 2. Pass Psychological Exam
 3. Pass Polygraph Exam (subject to change)
6. **Eligibility List for Hiring**
To remain eligible for hiring, applicants must provide updated information by submitting an amendment to their application that will become a part of the original application.

*** Do not return with application. ***



ROCKWALL COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY STATEMENT

This is your Personal History Statement. Please read it very carefully and complete every question except where it is indicated to be for official use. No further action will be taken on your application until this Personal History Statement is returned with **ALL** requested information completed.

Give complete addresses, including street number and zip codes, on all addresses called for on this application. If a question does not apply to you, so state with N/A. If the space provided is insufficient, attach a separate sheet of paper to this application. **DO NOT MIS-STATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment.

REQUIRED DOCUMENTATION

Provide the following that apply to you as part of your Personal History Statement packet. All documents must be submitted in the manner requested. Note that originals may be requested for review during background process.

1. Certified Copy of Birth Certificate
2. Certified Copy of Naturalization Certificate or Certificate of U.S. Citizenship (must be a U.S. citizen)
3. Certified Copy of Criminal or Civil Court Documents
4. Certified Copy of High School Transcript (even if you did not graduate – must be in sealed envelope)
5. Certified Copy of College Transcripts (even if you did not graduate – must be in sealed envelope)
6. Copy of Official Military Discharge Form
7. Copy of Marriage Certificate
8. Copy of Divorce Decree or other civil papers that apply
9. Copy of HS Diploma or GED
10. Copy of College Diploma
11. Copy of License / Certifications pertaining to position
12. Copy of Current and Valid Texas Issued Driver's License (Out of state applicants accepted, but current valid Texas driver's license required at time employment begins.)
13. Copy of Social Security Card
14. Original Letter on Letterhead Stationary from all law enforcement agencies you have been with, stating your local time worked as an officer and starting and ending date.

Should any information change, applicants must provide the new information on an amended application that will become a part of the original application. Applicants interested in future job postings, must contact the Sheriff's Office for their application to be considered.

PERSONAL REFERENCES

List four (4) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers. You **must** provide the complete address and current phone number for each reference.

Name: _____ Occupation: _____

Home Address: _____ Years Acquainted: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Briefly describe relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years Acquainted: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Briefly describe relationship with this person: _____

Name: _____ Occupation: _____

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Briefly describe relationship with this person: _____

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Home Phone: _____ Work Phone: _____

Email Address: _____

Briefly describe relationship with this person: _____

EMPLOYMENT HISTORY

Circle appropriate job descriptions

Full-Time

Part-Time

Temporary

Seasonal

Employer: _____

Employer Address: _____

Street#/Address

City/State

Zip

Employer Telephone Number: (_____) _____

HR Contact Email: _____

Employment began on: _____ Ended: _____ Total Time _____

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

Title: _____ Time in position: _____

Immediate Supervisor: _____ Phone: _____

Supervisor Email: _____

Duties/Responsibilities: _____

Did you receive a written job performance evaluation(s)? ___Yes ___No

Reason for leaving this position: _____

***INVESTIGATORS NOTES: _____

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Circle appropriate job descriptions

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Employer: _____

Employer Address: _____
Street#/Address City/State Zip

Employer Telephone Number: (_____) _____

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Title: _____ Time in position: _____

Immediate Supervisor: _____ Phone: _____

Supervisor Email: _____

Duties/Responsibilities: _____

Did you receive a written job performance evaluation(s)? ___Yes ___No

Reason for leaving this position: _____

***INVESTIGATORS NOTES: _____

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since you graduated from high school. A period of unemployment is ANY time you did not have a job.

From (Month/Year)	To (Month/Year)	Length of Unemployment	Reason for being Unemployed
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DISCIPLINARY ACTIONS

Have you received any verbal and/or written reprimands in the past 4 years? If so, please explain the incidents and the final disposition:

Have you ever been terminated or allowed to voluntarily resign in lieu of termination? If so, please explain:

MILITARY SERVICE (continued)

Are you currently a member of a U.S. Reserve, National or State Guard organization? _____

Branch: _____ Grade & Service #: _____

Active _____ Inactive _____ Standby _____

Organization Station Unit and Location:

ARREST AND DETENTION

Have you ever been arrested by the Police? ___Yes ___No

Have you ever been detained (other than a traffic ticket) by the Police? ___Yes ___No

Have you ever been summoned into court for a criminal offense? ___Yes ___No

Have you ever been involved in an incident where the police were called? ___Yes ___No

Have you ever been investigated for any crime? ___Yes ___No

Have you ever been charged with a criminal offense? ___Yes ___No

If yes, explain each incident (list juvenile as well as adult occurrences):

LITIGATION

Have you ever been involved in any type of lawsuit? (Even as a witness) ___Yes ___No

Were you sued? ___Yes ___No

Have you ever sued anyone? ___Yes ___No

Have you ever filed bankruptcy? ___Yes ___No

Has anyone ever threatened to take you to court for non-payment of a bill? ___Yes ___No

Explain any YES answers: _____

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc. Have you ever used (circle yes or no):

			# Times in Life	Approximate	Forms Used	Last Date
Marijuana	YES	NO	_____			
Hashish	YES	NO	_____			
Speed	YES	NO	_____			
Cocaine	YES	NO	_____			
LSD	YES	NO	_____			
Ecstasy	YES	NO	_____			
PCP	YES	NO	_____			
Peyote	YES	NO	_____			
Mushrooms	YES	NO	_____			
Quaaludes	YES	NO	_____			
Tranquilizers	YES	NO	_____			
Barbiturate	YES	NO	_____			
Heroin	YES	NO	_____			
Designer	YES	NO	_____			

Other Drugs Not Listed: _____

Have you ever sold any of the items specified above? ___Yes ___No
 Which? _____ When? _____ # of Times: _____

Have you ever bought any of the items specified above? ___Yes ___No
 Which? _____ When? _____ # of Times: _____

Have you ever transported any of the items specified above? ___Yes ___No
 Which? _____ When? _____ # of Times: _____

PERSONAL DECLARATIONS (continued)

Have you ever operated a motor vehicle while intoxicated? ___Yes ___No

Approximately how many times have you operated a vehicle while intoxicated in the last 24 months? _____

What is the approximate date you last operated a vehicle intoxicated? _____

Have you ever been intoxicated in public? ___Yes ___No

Approximately how many times have you been intoxicated in public in the last 24 months? _____

What is the approximate date you last were intoxicated in public? _____

TRAFFIC RECORD

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City/State	Disposition (e.g., dismissed, guilty)

TRAFFIC RECORD (continued)

Identify any motor vehicle you own or operate.

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #

Have you **ever** possessed a driver's license issued by any state other than Texas? ___Yes ___No
 If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ 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: _____

Have you **ever** driven a vehicle with a suspended or revoked driver's license? ___Yes ___No

Identify any motor vehicle accidents you have had in the last 10 years.
 Attach additional pages if necessary.

Date:	Location:	Police Report Yes/No
Cause of accident (e.g., ran red light, fail to yield right of way)		
Date:	Location:	Police Report Yes/No
Cause of accident (e.g., ran red light, fail to yield right of way)		
Date:	Location:	Police Report Yes/No
Cause of accident (e.g., ran red light, fail to yield right of way)		

CREDIT INFORMATION

1. Have you **ever** filed bankruptcy personally or on behalf of a business? ___Yes ___No
If “Yes” to above, indicate type _____
2. Have you **ever** had any personal or real property repossessed or foreclosed?
___Yes ___No
3. Have you **ever** failed to pay Federal, state, or other taxes? ___Yes ___No
4. Have you **ever** failed to file a tax return, when required by law? ___Yes ___No
5. Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? ___Yes ___No
6. Have you **ever** had a judgment entered against you? ___Yes ___No
7. Have you **ever** defaulted on any type of loan? ___Yes ___No
8. Have you **ever** had bills or debts turned over to a collection agency? ___Yes ___No
9. Have you **ever** had any credit accounts suspended, charged off, or cancelled for failure to pay? ___Yes ___No
10. Have you **ever** written a check that was later returned for Non-Sufficient Funds (NSF)?
___Yes ___No
11. Have you **ever** been delinquent on court-imposed alimony or child support payments?
___Yes ___No
12. Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? ___Yes ___No
13. Are you currently more than sixty (60) days delinquent on any debts? ___Yes ___No
14. Have you **ever** applied for unemployment compensation? ___Yes ___No
When? _____
15. Have you **ever** received unemployment compensation? ___Yes ___No
When? _____

*If you answered **yes** to **any** of the above questions, please attach an explanation to this application.*

CREDIT INFORMATION (continued)

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.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

CLUB AND ORGANIZATION MEMBERSHIPS

List all clubs, organizations, and social media you are a registered member of. You are not required to include religious affiliations, but may at your own discretion include them. Attach additional pages if necessary.

Name of Organization: _____ Date Joined: _____
Address: _____
Phone: _____ Web Address: _____
Your Internet Screen Name: _____
Purpose of Organization: _____

Name of Organization: _____ Date Joined: _____
Address: _____
Phone: _____ Web Address: _____
Your Internet Screen Name: _____
Purpose of Organization: _____

Name of Organization: _____ Date Joined: _____
Address: _____
Phone: _____ Web Address: _____
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Purpose of Organization: _____

Name of Organization: _____ Date Joined: _____
Address: _____
Phone: _____ Web Address: _____
Your Internet Screen Name: _____
Purpose of Organization: _____

EDUCATIONAL HISTORY

Identify all High Schools you have attended:

School Name	Address	Dates Attended	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

When did you acquire the G.E.D. Certificate? Month/Year _____

Identify all Colleges, Universities, or Technical Schools you have attended:

School name	City/State	Dates Attended	Hours	Major	Graduated Yes/No

Are you on Academic Probation at any of the above schools? ___ Yes ___ No

If yes, which schools and explain?

Please list any other specialized training you have received that you feel may be beneficial to this position:

RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year. Attach an additional page, if necessary. Include apartment complex names and the office telephone number.

From _____ To _____ Length of Residency (Years/Months.) _____
Address: _____
City/State/Zip: _____
Name of Apartment Complex: _____
Telephone # of Complex Office: _____

From _____ To _____ Length of Residency (Years/Months.) _____
Address: _____
City/State/Zip: _____
Name of Apartment Complex: _____
Telephone # of Complex Office: _____

From _____ To _____ Length of Residency (Years/Months.) _____
Address: _____
City/State/Zip: _____
Name of Apartment Complex: _____
Telephone # of Complex Office: _____

From _____ To _____ Length of Residency (Years/Months.) _____
Address: _____
City/State/Zip: _____
Name of Apartment Complex: _____
Telephone # of Complex Office: _____

From _____ To _____ Length of Residency (Years/Months.) _____
Address: _____
City/State/Zip: _____
Name of Apartment Complex: _____
Telephone # of Complex Office: _____

From _____ To _____ Length of Residency (Years/Months.) _____
Address: _____
City/State/Zip: _____
Name of Apartment Complex: _____
Telephone # of Complex Office: _____

RESIDENCE (continued)

If you currently share a residence with any person (s) other than family member (s), list them below:

Full Name	DOB	Relationship	Occupation/Work #	Length of Time
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*****Do Not Write Below Line*****

INVESTIGATORS NOTES:

MARITAL AND FAMILY HISTORY

Circle your current marital status

Single Engaged Married Separated Divorced Widowed

If you are engaged, what is your wedding date? _____

Name of Fiancé: _____ Date of Birth: _____
Address: _____ Home Phone: _____
Place of employment: _____ Work Phone: _____
Email Address: _____

If you are married, what is your wedding date? _____

Spouse's Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
Place of employment: _____ Work Phone: _____
Email Address: _____

If you are separated:

Spouse's Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
Place of employment: _____ Work Phone: _____
Date of Separation: _____
Email Address: _____

If you are divorced, what was your date of marriage? _____

Former Spouse's Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
Email Address: _____
Date divorce decree issued: _____ Court & State where issued: _____

If you have more than one divorce, list those on a separate sheet of paper and attach.

If you are widowed, what was your date of marriage? _____

Former Spouse's Name: _____
Date of Birth: _____ Date of Death: _____

Have you ever been married to more than one person at one time? ___Yes ___No

MARITAL AND FAMILY HISTORY (continued)

List all children related to you or to your spouse (Natural, Step-Children, Adopted or Foster)

Child's Full Name	Date of Birth	Relationship	Address (If different than yours)
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List other immediate members (father, mother, siblings) of both you and your spouse (including those related by marriage). If deceased, indicate year of death.

Full Name	DOB	Relationship	Occupation	Address
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**ROCKWALL COUNTY SHERIFF'S OFFICE
972 T.L. TOWNSEND DR
ROCKWALL, TEXAS 75087**

**COUNTY OF ROCKWALL
STATE OF TEXAS**

**AUTHORITY FOR RELEASE
OF INFORMATION AND
WAIVER**

KNOW ALL MEN BY THESE PRESENTS:

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Rockwall County Sheriff's Office, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or 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, that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rockwall County Sheriff's Office. I also certify that any person(s) who may furnish relevant information in any way; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information.

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.

Applicant Signature (including maiden name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

Phone

Subscribed and Sworn before me this _____ day of _____, 20_____

(Notary Seal)

Notary Public

**ROCKWALL COUNTY SHERIFF'S OFFICE
972 T.L. TOWNSEND DR
ROCKWALL, TEXAS 75087**

**COUNTY OF ROCKWALL
STATE OF TEXAS**

**PHYSICAL AGILITY TEST
CLAIMS RELEASE**

WHEREAS, _____, who resides at _____ desires to seek employment with the Sheriff's Office of the County of Rockwall and in connection must successfully complete a Physical Agility Test given by the Sheriff's Office; and

WHEREAS, said Physical Agility Test is given to applicants for sworn employment by the County of Rockwall; **NOW THEREFORE,**

I, _____, for the sole and only consideration of being considered by the County of Rockwall as an applicant for employment as a peace officer by the Sheriff's Office, do release and forever discharge the County of Rockwall, it's agents, servants, and employees of and from any and all manner of claims, liabilities and cause of action which I might have against the County of Rockwall as a result of any injury sustained taking said physical agility test. I am thoroughly familiar with the type of exercise and physical agility capacity necessary in order to attempt to pass said test and I hereby request that I be given an opportunity to take same and assume all risk incident thereto.

The above and foregoing release has been read and fully understood by the undersigned.

WITNESS my signature, this _____ day of _____, 20 ____.

Applicant

BEFORE ME, the undersigned authority, a Notary Public in and for the State of _____, on this day personally appeared, _____. Known to be the person whose name is subscribed to the foregoing instrument, and acknowledge to me that he/she executed the same for the purpose and consideration therein expressed.

Subscribed and Sworn before me this _____ day of _____, 20_____

(Notary Seal)

Notary Public

HONESTY STATEMENT

PLEASE READ, SIGN, AND DATE

You have now completed the Personal History Statement. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Review your answers. If you now recall any information that was requested which you did not place in the Personal History Statement, go back and make the correction.

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT WITHHELD, FALSIFIED, OR MISREPRESENTED ANY INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT. I HEREBY GRANT AUTHORIZATION TO THE ROCKWALL COUNTY SHERIFF'S OFFICE TO CONTACT ANY PERSON OR ORGANIZATION FOR INFORMATION AND/OR DOCUMENTS TO VERIFY THE VALIDITY OF ANY PREVIOUS STATEMENTS. I FURTHER AGREE TO THE ADMINISTRATION OF A POLYGRAPH EXAMINATION FOR THE PURPOSE OF VALIDATING THE FOREGOING INFORMATION AS WELL.

Signed at _____
(City) (State) (Date)

(Signature of Applicant)

***** END OF PERSONAL HISTORY STATEMENT *****