



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

PERSONAL HISTORY STATEMENT

Name: _____

Date Issued: _____

Complete and Return by: _____

I am applying for:

Deputy Sheriff PID#: _____

Detention PID#: _____

Communications Officer PID#: _____

Civilian



ROCKWALL COUNTY SHERIFF'S OFFICE POSITIONS AND CONTACTS

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

Sheriff's Office Communications / Sheriff's Office Clerk:

Heather Mitchell
Office Manager, Enforcement Division
Phone: 972-204-7020 Fax: 972-204-7029

Deputy - Patrol:

Capt. Greg Welch
Patrol Captain, Enforcement Division
Phone: 972-204-7033 Fax: 972-204-7029

Detention Officer / Maintenance Corporal / Detention Officer - Support Services / Deputy - Courthouse / Deputy - Transport / Detention Clerk:

Heather Schell
Senior Clerk, Detention Center
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 – Support Services	

For your information only.

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



ROCKWALL COUNTY SHERIFF'S OFFICE

HIRING PROCEDURE

This office has established the following guidelines for hiring personnel. Item number 2 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. Pre-Employment Application

To complete the pre-employment application, go to the Rockwall County Texas website at www.rockwallcountytexas.com and click on "Employment." Go to "Law Enforcement Job Postings" and click on the position that you would like to apply. Create an account, complete the pre-employment application, and submit.

You will receive an email with further instructions (be sure to check your spam folder for response).

2. 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. (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

3. Oral Board

The Oral Board consists of an interview before Rockwall County Sheriff's Office employees.

4. Background

An applicant must pass an in-depth background investigation performed by the Rockwall County Sheriff's Office.

5. Final Interview

Applicants will be interviewed by the Sheriff or his designee for final approval or denial.

6. Medical

1. Pass Physical Exam/Drug Test
2. Pass Psychological Exam
3. Pass Polygraph Exam (subject to change)

7. 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.

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 typed or printed legibly in BLUE or BLACK INK by the applicant. 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.
 - Original certified copy of your birth certificate. (No photo copy)
 - Copy of your Current and 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.
 - Certified copy of high school transcripts (even if you did not graduate – must be in sealed envelope)
 - Sealed original certified copy of your college transcript. (No photo copy)
 - Photocopy of your college diploma.
 - Copy of Marriage Certificate
 - Copy of Divorce Decree or other civil papers that apply
 - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - 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.
 - Certified Copy of Criminal or Civil Court Documents
 - Original Letter on Letterhead Stationary from all law enforcement agencies you have been with, stating your local time worked as an officer to include starting and ending date.
10. If you have any questions, please contact your assigned background investigator and/or Senior Clerk.
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator and/or Senior Clerk.

Initial this page to indicate that you have provided complete and accurate information: _____

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 years 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 blue or black 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 what question number and page this refers to.
- 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.

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.

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 1: PERSONAL

1. Last Name		First		M.I.	Suffix
2. Other Names, including Maiden Name and nicknames, you have used or been known by.					
3. Physical Street Address, (Apt, Unit)		City		State	Zip
4. Mailing Address if different from above.					
5. Phone #. Home	Cell	Work Ext.	Fax	Other	
6. Email: Home		Business		Other	
7. Birth Place (City / County / State / Country)			8. DOB	9. Social Security #	
10. Drivers License #		11. Physical description			
State:		Exp:		HT.	WT.
				Hair Color	Eye Color

12. Have you ever attended a basic licensing course? Yes No

If yes, provide the TCOLE PID you were assigned: _____

A. Agency Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number
B. Agency Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number

13. Have you **ever** applied to any out of state law enforcement agency (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 question number and page this refers to.

A. Name of Agency	Position Applied For	Date Applied
Street 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:

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
 Conditional Job Offer Psychological Examination Date _____ Medical Date _____

Status: Hired On List Withdrawn Disqualified

Initial this page to indicate that you have provided complete and accurate information: _____

B. Name of Agency		Position Applied For		Date Applied	
Street Address		City		State	
Background Investigator's Name (if known)		Contact Number Ext		Email	
Check each step in the process that you completed and your status: Steps: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date _____ Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C. Name of Agency		Position Applied For		Date Applied	
Street Address		City		State	
Background Investigator's Name (if known)		Contact Number Ext		Email	
Check each step in the process that you completed and your status: Steps: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date _____ Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

D. Name of Agency		Position Applied For		Date Applied	
Street Address		City		State	
Background Investigator's Name (if known)		Contact Number Ext		Email	
Check each step in the process that you completed and your status: Steps: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date _____ Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

E. Name of Agency		Position Applied For		Date Applied	
Street Address		City		State	
Background Investigator's Name (if known)		Contact Number Ext		Email	
Check each step in the process that you completed and your status: Steps: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date _____ Status: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

Initial this page to indicate that you have provided complete and accurate information: _____

14. 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 question number and page this refers to.

A. Name of Agency	Position Applied For	Date Applied
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Street Address	City	State	Zip
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Background Investigator's Name (if known)	Contact Number Ext	Email
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Check each step in the process that you completed and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
 Conditional Job Offer Psychological Examination Date _____ Medical Date _____

Status: Hired On List Withdrawn Disqualified

B. Name of Agency	Position Applied For	Date Applied
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Street Address	City	State	Zip
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Background Investigator's Name (if known)	Contact Number Ext	Email
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Check each step in the process that you completed and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
 Conditional Job Offer Psychological Examination Date _____ Medical Date _____

Status: Hired On List Withdrawn Disqualified

C. Name of Agency	Position Applied For	Date Applied
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Street Address	City	State	Zip
----------------	------	-------	-----

Background Investigator's Name (if known)	Contact Number Ext	Email
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Check each step in the process that you completed and your status:

Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
 Conditional Job Offer Psychological Examination Date _____ Medical Date _____

Status: Hired On List Withdrawn Disqualified

15. Have you been administered a polygraph exam within the last 5 years? Yes No

If yes, when?

SECTION 2: RELATIVES AND REFERENCES

16. 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 question number and page this refers to.

<input type="checkbox"/> N/A	A. Father’s Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	B. Step-Father’s Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	C. Mother’s Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	D. Step-Mother’s Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: _____

<input type="checkbox"/> N/A	E. Spouse / Registered Domestic Partner			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Years of Marriage	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Year of Dissolution					

<input type="checkbox"/> N/A	F. Father-in-Law's Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<input type="checkbox"/> N/A	G. Mother-in-Law's Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<input type="checkbox"/> N/A	H. Former Spouse(s) / Cohabitant's Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: _____

<input type="checkbox"/> N/A	I. Former Spouse(s) / Cohabitant's Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N/A	J. Brothers and Sisters: List all living siblings of you and your spouse, including half-siblings, foster siblings, etc.			
1. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

3. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: _____

4. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

5. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

6. Name		DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		
Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<input type="checkbox"/> N/A	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.				
1. Name		Custodial parent or guardian (If other than you)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		

2. Name		Custodial parent or guardian (If other than you)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		

Initial this page to indicate that you have provided complete and accurate information: _____

3. Name		Custodial parent or guardian (If other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

4. Name		Custodial parent or guardian (If other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

5. Name		Custodial parent or guardian (If other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

6. Name		Custodial parent or guardian (If other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

17. REFERENCES				
List 4 - 7 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.				
A. Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

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

Initial this page to indicate that you have provided complete and accurate information: _____

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

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

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

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

18. Check Applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

19. List high schools attended or where you obtained your GED.

A. Name		City	State
From	To	Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Name		City	State
From	To	Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. List all colleges or universities attended:

A. Name		City	State
From	To	Type of Degree Earned	Total Units Earned
B. Name		City	State
From	To	Type of Degree Earned	Total Units Earned
C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

21. List any trade, vocational, or business schools / institutes attended.

A. Name	From	To	Did you complete the course?
Type of school or training		City	State
B. Name		From	To
Type of school or training		City	State
C. Name	From	To	Did you complete the course?
Type of school or training		City	State

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 3: EDUCATION *continued*

22. 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 and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 4: RESIDENCE

24. List of residences			
<ul style="list-style-type: none"> 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 name of base in 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 question number and page this refers to. 			
A. Current residence Street		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email
<input type="checkbox"/> N/A	Names of those with whom you live with		

B. Former residence Street		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email
<input type="checkbox"/> N/A	Names of those with whom you lived with		

C. Former residence Street		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email
<input type="checkbox"/> N/A	Names of those with whom you lived with		

D. Former residence Street		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email
<input type="checkbox"/> N/A	Names of those with whom you lived with		

Initial this page to indicate that you have provided complete and accurate information: _____

E. Former residence Street		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email	
<input type="checkbox"/> N/A	Names of those with whom you lived with			

F. Former residence Street		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email	
<input type="checkbox"/> N/A	Names of those with whom you lived with			

G. Former residence Street		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr, rent collector or owner		City / State / Zip	Email	
<input type="checkbox"/> N/A	Names of those with whom you lived with			

25. Provide contact information for all housemates listed in Question 24 with whom you have resided 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 question number and page this refers to.

A. Name			Contact Number	
Current Address Street		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)			Email	

B. Name			Contact Number	
Current Address Street		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)			Email	

Initial this page to indicate that you have provided complete and accurate information: _____

C. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

26. Have you ever been evicted or asked to leave a residence? Yes No

27. Have you ever left a residence owing rent? Yes No

SECTION 5: EXPERIENCE AND EMPLOYMENT

28. JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?
 Yes No
If yes, list below
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 40.)
- List ALL periods of unemployment in excess of 30 days.

Initial this page to indicate that you have provided complete and accurate information: _____

A. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

B. 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					

C. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

D. 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					

Initial this page to indicate that you have provided complete and accurate information: _____

E. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

F. 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					

G. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

H. 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					

Initial this page to indicate that you have provided complete and accurate information: _____

I. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

J. 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					

K. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

L. 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					

Initial this page to indicate that you have provided complete and accurate information: _____

M. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

N. 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					

O. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp
			<input type="checkbox"/> Volunteer	
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

P. 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					

Initial this page to indicate that you have provided complete and accurate information: _____

Q. Name of employer			From	To
Address		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for Leaving		
Duties / Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temp <input type="checkbox"/> Volunteer
Names of co-workers		Co-worker's Phone Number		
Would there be a problem if we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.		

R. 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		

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

40. If you answered yes to any of questions 29–39, explain (include when, where and circumstances; indicate corresponding number):
--

Initial this page to indicate that you have provided complete and accurate information: _____

41. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer
42. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)

43. Are you required to register for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain:	
44. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends:
45. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
46. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

47. If you answered yes to questions 45 and / or 46, explain (include when, where and circumstances; indicate corresponding number):

Initial this page to indicate that you have provided complete and accurate information: _____

48. MILITARY EXPERIENCE

- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include all military services.

A. Branch of Service		Date of Service From		To	
B. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; refer to your DD-214					
Military Unit					
Base		City		State	Zip
Supervisor		Contact Number Ext.		Email	
Job Title		Reason for Leaving			
Duties / Assignments					
Names of co-workers		Co-worker's Phone Number			
Would there be a problem if we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.			

C. Branch of Service		Date of Service From		To	
D. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; refer to your DD-214					
Military Unit					
Base		City		State	Zip
Supervisor		Contact Number Ext.		Email	
Job Title		Reason for Leaving			
Duties / Assignments					
Names of co-workers		Co-worker's Phone Number			
Would there be a problem if we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.			

Initial this page to indicate that you have provided complete and accurate information: _____

E. Branch of Service		Date of Service From		To	
F. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; refer to your DD-214					
Military Unit					
Base		City		State	Zip
Supervisor		Contact Number Ext.		Email	
Job Title		Reason for Leaving			
Duties / Assignments					
Names of co-workers		Co-worker's Phone Number			
Would there be a problem if we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.			

G. Branch of Service		Date of Service From		To	
H. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; refer to your DD-214					
Military Unit					
Base		City		State	Zip
Supervisor		Contact Number Ext.		Email	
Job Title		Reason for Leaving			
Duties / Assignments					
Names of co-workers		Co-worker's Phone Number			
Would there be a problem if we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.			

49. Military: Special School / Training					
---	--	--	--	--	--

SECTION 7: FINANCIAL

50. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever failed to file income tax or cheated/lied on an income tax form	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. If you answered yes to any of questions 50 - 63, explain (include when, where and circumstances; indicate corresponding number):	

Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 7: FINANCIAL *continued*

65. 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

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions
 This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As an applicant, you are required to disclose this information, unless specifically exempt by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) May have been detained and / or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest.

66. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident.

A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

67. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77. Have you ever operated a motor vehicle while intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, number of times in the last 24 months: _____	
B. What is the approximate date you last operated a vehicle intoxicated? _____	
78. Have you ever been intoxicated in public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, how many times in the last 24 months? _____	
B. What is the approximate date you last were intoxicated in public? _____	

Initial this page to indicate that you have provided complete and accurate information: _____

79. If you answered yes to any of questions 67 - 78, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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)

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

- 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 checked, give details including drug(s) used, most recent date used, and circumstances.

Initial this page to indicate that you have provided complete and accurate information: _____

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

If yes, explain (include when, where and circumstances; indicate corresponding drug):

82. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

83. Current Driver's License #	State of Issue	Expiration date	Name under which license was granted

84. List other states where you have been licensed to operate a motor vehicle.

State of issue	Type of license	Name under which license was granted and license number

Initial this page to indicate that you have provided complete and accurate information: _____

85. Have you ever been refused a driver's license by any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain (include when, where and circumstances):		

86. Has your driver's license ever been suspended or revoked?
If yes, explain (include when, where and circumstances):

87. List your current liability insurance on your vehicle(s)					
A. Type of Coverage		Vehicle Make	Year	Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit					
Insurance Company		Policy number	Expires		
Address	City	State	Zip	Contact Number	
B. Type of Coverage		Vehicle Make	Year	Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit					
Insurance Company		Policy number	Expires		
Address	City	State	Zip	Contact Number	
C. Type of Coverage		Vehicle Make	Year	Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit					
Insurance Company		Policy number	Expires		
Address	City	State	Zip	Contact Number	
D. Type of Coverage		Vehicle Make	Year	Vehicle License	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit					
Insurance Company		Policy number	Expires		
Address	City	State	Zip	Contact Number	

88. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
B. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
C. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)	
<input type="checkbox"/> Fail to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine	
If checked, explain circumstances:	

89. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No injury
B. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No injury
C. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> No injury

90. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give reason:	
Date	Location: Street, City, State, Zip

Initial this page to indicate that you have provided complete and accurate information: _____

91. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give reason:	Insurance Company
Date	Location: Street, City, State, Zip

92. Use this space for additional information you would like to include regarding your driving record.

93. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

94. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

95. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

96. Have you ever hit or physically overpowered a spouse, romantic partner or family members? Yes No

If you answered yes to any of questions 93 – 96, explain (include when, where and circumstances; indicate corresponding number):

SECTION 10: SOCIAL MEDIA SITES

97. Have you ever had a social media site (i.e. Facebook, My Space, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
98. List all social media sites: Facebook, Myspace, Dating Sites, blogs or websites you have created, etc. (Provide website URL and your username)		

SECTION 11: ORGANIZATION AFFILIATIONS

99. List all organizations you have a membership with:	
A. Name of Organization:	Date Joined:
Address:	
Phone:	Web Address:
Your Internet Screen Name:	
Purpose of Organization:	

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

Initial this page to indicate that you have provided complete and accurate information: _____

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

SECTION 12: CERTIFICATION

100. 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.

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

(Notary Seal)

Signature of Notary

Initial this page to indicate that you have provided complete and accurate information: _____

**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) 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

Initial this page to indicate that you have provided complete and accurate information: _____

**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

Initial this page to indicate that you have provided complete and accurate information: _____

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 question and specific item being referenced.