

PERSONAL HISTORY STATEMENT

This form must be completed and returned to the Mathis Police Department before any further action will be taken on your application.

Pay special attention to the forms that must be notarized!

Instructions

Read These Instructions Carefully

Before Proceeding

These instructions are provided as a guide to assist you in properly completing your 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 ink. 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 addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
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 before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. **I am fully aware that such willful omissions or falsifications may be grounds for immediate rejection or termination of employment.**

Personal History Statement

A. Applicant Identification – Information provided in this section is used for identification purposes only.

1. Name: _____
Last First Middle

2. Address: _____
Number Street Apt. #

City State Zip Code

3. Telephone Number: () _____
Area Code

If you do not have a home telephone, list a telephone number where you can receive daily messages. _____

4. Date of Birth: _____
Month Day Year

5. Nickname(s), Maiden Name, or other names by which you have been known:

6. Social Security Number(s): _____

7. Place of Birth: _____
City County State

8. Are you a U.S. Citizen Yes No

9. Driver's License # _____ State _____

10. Height: _____ Weight: _____

11. Color of Eyes: _____ Color of Hair: _____

12. Scars, Tattoos or other distinguishing marks: _____

B. Residences – List all addresses where you have lived during the past 10 years beginning with your present address. List date by month and year

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. **Work History** – Beginning with your present or most recent job, list all employment since the age of 16. Including Part-time, temporary or seasonal employment. Include all periods of unemployment

1. From: _____ to: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

2. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

3. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

4. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

5. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

6. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

7. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

8. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

9. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

10. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

11. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

12. From: _____ To: _____

Employer: _____

Address: _____

Telephone Number () _____ Ext. _____

Job Title: _____

Duties: _____

Supervisor: _____

Co-worker: _____

D. Military Record

1. Have you ever served in the U.S. Armed Forces? Yes No

2. Date of Service: From: _____ to: _____

Branch of Service: _____ Unit Designation: _____

Military Service Number: _____

Highest Rank: _____

Type of Discharge: _____

If less than honorable, explain why? _____

3. Were you ever disciplined while in the military service (Include Court-martial, Captain's Mass, Company Punishment, Etc.)?

Yes No

Charge	Agency	Date	Disposition
--------	--------	------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Educational History

1. High School Attended City & State Dates From To Graduated Yes/No

2. If you did not complete high school, do you have a GED? €Yes €No

3. College or university attended: _____

City & State _____ Dates attended: _____

Hrs. Completed _____ Major / Minor: _____

Degree and date received:

4. College or university attended: _____

City & State _____ Dates attended: _____

Hrs. Completed _____ Major / Minor: _____

Degree and date received:

5. College or university attended: _____

City & State _____ Dates attended: _____

Hrs. Completed _____ Major / Minor: _____

Degree and date received:

6. List other schools attended (trade, vocational, business, Etc.) Give name and address of school, dates attended, course of study, and certificate received.

F. Special Qualifications & Skills

1. List any special licenses you hold (such as Pilot, Radio Operator, Scuba, Etc)
Showing licensing authority, original date of issue and date of expiration.

2. List any specialized machinery or equipment, which you can operate.

3. If you are fluent in a foreign language, indicate in each area your degree of fluency.

(Excellent, good, or fair)

Language	Reading	Speaking	Understanding	Writing
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4. List any other special skills or qualifications you may possess.

G. Arrest, Detention and Litigation

1. Have you ever been arrested, detained by the police or summoned into court?

€ Yes € No

If yes, complete the following:

Offense Charged: _____

Date: _____ Police Agency: _____

City & State: _____

Disposition of Case: _____

Offense Charged: _____

Date: _____ Police Agency: _____

City & State: _____

Disposition of Case: _____

Offense Charged: _____

Date: _____ Police Agency: _____

City & State: _____

Disposition of Case: _____

2. Have you ever been involved as a party in civil litigation?

(i. e., Lawsuits or Divorce) € Yes € No

If yes, give details:

H. Traffic Record

1. Has your driver's license ever been suspended or revoked?

€ Yes € No

If yes, give date, location and reasons:

2. With what company do you carry auto insurance?

3. List, to the best of your knowledge, all traffic citations you have received, excluding parking tickets.

Mth/Yr	Charge	City & State	Disposition

4. Describe briefly any traffic accidents in which you have been involved in the last ten years giving the approximate dates and locations.

I. Marital and Family History

1. Are you?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Engaged |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced |

2. If Engaged:

Name of Fiancé: _____ Date of Birth _____

Address: _____

Phone () _____ Work Phone () _____

3. If Married:

Date: _____ City & State: _____

Spouse's Name (Wife's maiden name) _____

Date of Birth: _____ Phone () _____

4. If ever, separated, divorced or widowed:

Date of Marriage: _____ City & State: _____

Spouse's Name (Wife's maiden name) _____

Present Address & Phone:

5. If ever, separated, divorced or widowed:

Date of Marriage: _____ City & State: _____

Spouse's Name (Wife's maiden name) _____

Present Address & Phone:

6. List all children related to you or your spouse (natural, stepchildren, adopted and foster children).

Name	Relation	DOB	Address	Supported By

7. List all other dependents.

Name	Address	Relationship

8. List other relatives in the following order: Father, Mother (include Maiden name), Brothers, Sisters. If deceased, so indicate.

Name	Relationship	DOB	Address	Phone

K. References

Name: _____ Phone # _____

Address: _____

Occupation: _____ Business Phone # _____

Business Address: _____

Name: _____ Phone # _____

Address: _____

Occupation: _____ Business Phone # _____

Business Address: _____

Name: _____ Phone # _____

Address: _____

Occupation: _____ Business Phone # _____

Business Address: _____

Name: _____ Phone # _____

Address: _____

Occupation: _____ Business Phone # _____

Business Address: _____

Name: _____ Phone # _____

Address: _____

Occupation: _____ Business Phone # _____

Business Address: _____

K. Membership In Organizations (Past and/or Present)

Name & Address	Type (Social, Fraternal, Professional, Etc.)	From	To

L. Personal Declarations

1. Describe, in your own words, the frequency and extent of your use of intoxicating liquors.

2. (Police Only) If it becomes necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so?

_____ Yes _____ No

If yes, explain:

3. Do you have any religious or other beliefs which would prevent you from fully performing the duties of a police department employee including working on weekends, evening or night shifts?

_____ Yes _____ No

If yes, explain:

4. Have you ever used an illegal drug?

____ Yes ____ No

If yes, give details of what drug, the extent of use, the last time you used it and the circumstances at the time.

5. Have you ever smoked marijuana?

____ Yes ____ No

If yes, give details of how often and when was the last time.

6. Have you ever abused or been addicted to a prescription drug?

____ Yes ____ No

If yes, give details

Please attach copies of these documents, if applicable:

- Birth Certificate
- High School Diploma
- GED Certificate
- College Transcript
- Marriage Certificate
- Dissolution of Marriage Papers
- Military Discharge Papers
- Peace Officer's License
- Certificates

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Sworn and subscribed before Me, a Notary Public, in and for the State Of Texas, this
the ____ day of _____, 20 ____

Notary Public

Printed Name

Commission Expires

**City Of Mathis
Police Department**

CONFIDENTIAL INFORMATION AGREEMENT FORM

Applicant's Printed Name _____

A thorough investigation will be conducted to determine your qualifications for the position of Police Officer/Reserve Officer/Dispatcher. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential, and the Department cannot reveal the reason for rejection for those applicants who are not accepted.

If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be so notified.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT

Applicant's Signature

Date

Sworn And subscribed before me, a Notary Public, in and for the State of Texas, this _____ day
of _____, 20_____.

Notary Public

Commission Expires

**City of Mathis
Police Department**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the Mathis Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a position as a peace officer, reserve officer or dispatcher with the Mathis Police Department.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

A photocopy or similar reproduction of the original document with my signature will be the same as if the original document was presented.

Applicant's Signature

Printed Name

Social Security Number

Date