

# WYLIE POLICE DEPARTMENT



**POLICE APPLICANT**

**PERSONAL HISTORY STATEMENT**



# Wylie Police Department

## Authority for Release of Information and Waiver

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of all records, including, but not limited to, photocopies of records concerning myself to any duly authorized agent of the City of Wylie and/or the Wylie Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and/or psychiatric records including consultation(s), prior psychological(s), hospitals, clinics, or private practitioners visit(s), and the U.S. Veterans Administration; employment and pre-employment records, polygraph results, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the City of Wylie and/or the Wylie Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the City of Wylie from all liability for supplying any information concerning my employment to any potential employer. I authorize the City of Wylie and/or the Wylie Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigation record they deem necessary through various third-party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the City of Wylie and/or the Wylie Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the City of Wylie and/or the Wylie Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the City of Wylie and/or the Wylie Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report, or psychological report developed through this waiver and any information obtained that could call into question my fitness for duty or continued service as a certified peace officer may be released to my present employer for an independent investigation. I understand and agree that any paperwork, documents, or materials submitted during the hiring process become the property of the City of Wylie, and I hereby waive any rights to the return or ownership of such materials. A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature. **This waiver expires one year after sworn and subscribed date.**

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number*

IN THE STATE OF TEXAS, SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
STAMP

My Commission expires: \_\_\_\_\_



# Wylie Police Department

## CONSUMER CREDIT NOTICE AND AUTHORIZATION

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a consumer report may be obtained in connection with your application for employment. The term consumer report means any written, oral, or other communication of any information by a consumer reporting agency bearing on an applicant's credit worthiness, credit standing or credit capacity.

If you are denied employment, whether wholly or partially, because of information contained in a consumer report, the City of Wylie will notify you and provide you with the name, address, and telephone number of the consumer reporting agency who prepared the consumer report. You will also receive a copy of the consumer report and a statement of your consumer rights under the FCRA.

The City of Wylie will be unable to consider your application for employment if this Consumer Credit Notice and Authorization form is not completed, signed and returned along with your Personal History Statement for background investigation purposes.

**APPLICANT NAME:** \_\_\_\_\_

**LAST 4 DIGITS OF YOU SSN:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

With my signature below, I confirm I have read the above notice, I understood what it means, and I authorize the City of Wylie to investigate my credit worthiness, credit standing or credit capacity for employment purposes. **Expires one year after sworn and subscribed date.**

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

IN THE STATE OF TEXAS, SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
STAMP

My Commission expires: \_\_\_\_\_



## **Wylie Police Department**

### **OBJECTIVES OF A PERSONAL BACKGROUND INVESTIGATION**

The objectives of a personal background investigation are to obtain information to enable the proper authority to reach a definite conclusion regarding an applicant's character and reputation, as well as to determine whether employment or appointment is clearly consistent with the best interest of the City of Wylie and the Wylie Police Department.

#### **CHARACTER**

Character is a trait, or sum of traits, which serves as an index to the essential or distinctive nature of an individual. It is the aggregate of distinctive mental and moral qualities that have been impressed by nature, education and habit upon the individual.

#### **REPUTATION**

Reputation is the opinion or estimation in which one is generally held. Character is what a person is; reputation is what a person is reported to be.

#### **SUITABILITY**

Suitability refers to the character reputation and fitness of those under consideration for services in the Wylie Police Department.

### **EMPLOYMENT ASPECTS**

Listed below are just a few examples of positive and negative employment aspects that the background investigator may summarize on any given applicant during the background phase. The summary of the report will then be forwarded to the background investigation board, comprised of a given number of other officers who conduct investigations, and a determination is made to recommend or not recommend continuance in the employment process.

#### **EXAMPLES OF POSITIVE EMPLOYMENT ASPECTS**

1. Applicant has an excellent academic record, as indicated by high school and college transcripts.
2. Applicant has an outstanding reputation in the community, as indicated by interviews of neighbors.
3. Applicant has an excellent work record, as indicated by the interviews with their present and previous employers.
4. Applicant has no criminal or motor vehicle record.
5. Applicant has a strong desire to serve in the public safety profession.
6. Applicant's background indicates a mature and stable personality.
7. Applicant has an excellent credit rating.



## Wylie Police Department

### **EXAMPLES OF NEGATIVE EMPLOYMENT ASPECTS**

1. Actual academic record is other than indicated by the applicant in their application.
2. Applicant's reputation, as reported by neighbors, acquaintances and co-workers, would not be considered as desirable in a potential Wylie Police Officer.
3. Applicant does not have an excellent work record.
4. Applicant has a criminal or substantial motor vehicle record.
5. Applicant has a less than strong desire to serve in the public safety profession.
6. Applicant's background indicates less than a mature and stable personality.
7. Applicant has a poor credit rating.

### **IMMEDIATE EMPLOYMENT DISQUALIFIERS**

At one point, a background investigator will be assigned to conduct a pre-background interview and the background investigation on you. Please allow 2-3 hours of your time when the pre-background interview has been set. After the pre-background interview, the investigator will then resume reviewing your background packet. The investigator will be looking into the statements provided by you and the information discovered during the investigation to determine if any immediate employment disqualifiers exist. It is important to know that when completing this background packet, you should be completely truthful in all your statements as the most frequent disqualifiers are item numbers 14, 15, 16 and 17.

- 1) Is younger than 20 and does not have high school diploma or GED.
- 2) Possession of a Driver's License that is invalid and/or not clear.
- 3) Has any Felony conviction.
- 4) Has been convicted of a Misdemeanor crime, above Class C, within last ten (10) years.
- 5) Has a Misdemeanor conviction for a crime involving moral turpitude within the last ten (10) years.
- 6) Is currently charged with or under investigation for any criminal offenses.
- 7) Is under court or community supervision for a misdemeanor offense.
- 8) Has used marijuana beyond experimentation.
- 9) Has illegally used a drug(s), including prescription medicine, beyond experimentation.
- 10) Has stolen from an employer(s) with a cumulative total of \$50.00 or more within the past ten (10) years.
- 11) Intentional omission of information on application or Personal History Statement.
- 12) False statement of information on application or Personal History Statement.
- 13) Intentional misleading statement on application or Personal History Statement.
- 14) Falsification of job(s) related document(s).
- 15) Failure to return completed Personal History Statement on due date.
- 16) Ten (10) minutes late for interview without notifying the Police Department of such tardiness (exceptions may be made for certain emergencies).
- 17) Conviction of a DWI within the past ten (10) years; no more than one (1) conviction total.
- 18) Interfering, obstructing or otherwise causing improper influence in the background process.
- 19) Placed on a "Giglio" or "Brady" list for sustained incidents of untruthfulness, criminal convictions, candor issues, or some other issue placing your credibility into question.



## Wylie Police Department

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If you believe that, based upon the information supplied here, you may meet an immediate employment disqualification and wish to withdraw your application, you may do so. We will mark the application as "Withdrawn"; however, the Personal History Statement will remain the property of the City of Wylie and must remain on file for a minimum of five years. In such event, the Department would like to thank you for your interest and wish you well in your future endeavors.

Members of the Department will not discuss with the applicant their eligibility of employment based upon the information given by the applicant. Please refrain from attempting any conversation regarding your own perceived possible immediate employment disqualifiers. That decision rests with the Background Investigation Board, the Police Administration and Human Resources Department at the time of any complete presentation of a Personal History Statement by the applicant.

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### **ALL APPLICANTS MUST ATTACH A PHOTO**

**ATTACH PHOTO HERE**

# TEXAS COMMISSION ON LAW ENFORCEMENT

## TCOLE

**AGENCY NAME:**

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for: Put "N/A" if you do not have a TCOLE PID #

Peace Officer                      PID #:

County Jailer                      PID #:

Telecommunicator                PID #:

Civilian Employment

## **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 printed legibly in **BLACK INK** by the applicant or typed. 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. Put a check by all documents you provided.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your 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

Sealed original certified copy of your college transcript (no photo copy) or (email to [chad.hermes@wylitexas.gov](mailto:chad.hermes@wylitexas.gov))

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

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

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.



## Wylie Police Department

### **ADDITIONAL INSTRUCTIONS BEFORE PROCEEDING**

The Wylie Police Department reserves the right to require employees to conceal their tattoos/body art if deemed necessary. The Wylie Police Department allows visible tattoos on duty as long as it meets approval under our grooming policy. Tattoos that are deemed inappropriate shall be covered by approved uniform apparel at all times while on duty. Long sleeves will be required for the arms and long pants for the legs. Tattoos, regardless of subject matter, are strictly prohibited on the head, face, neck, and hands (cosmetic technique makeup and wedding ring are allowed). Brand(s), intentional scarring, and/or mutilation that are not able to be covered or concealed are prohibited. This includes, but is not limited to; foreign objects inserted under the skin, pierced, split or forked tongue, and/or stretched out holes in the ears. The following tattoos/body art are prohibited for all employees, regardless of visibility:

1. Extremist
2. Indecent
3. Sexist
4. Racist

\_\_\_\_\_ *Initial if you agree to follow our policy as written above.*

**Along with required documents above, please provide the following (if applicable): Mark each provided**

Photos of tattoos that are located on your arms or legs.

A copy of your credit report.

A 1-2-page autobiography about your life and include why you want to work for the City of Wylie.

Copy of marriage license

Copy of divorce decree

Sealed high school transcripts (can be emailed to [policerecruiting@wylietexas.gov](mailto:policerecruiting@wylietexas.gov))

Bankruptcy documents

Certified copy of any criminal court dispositions

Proof of selective service registration

Your completed Personal History Statement is due by \_\_\_\_\_, 20\_\_\_\_\_. Failure to return a completed Personal History Statement by the due date will result in automatic disqualification.

#### **Submit Personal History Statement directly to the Wylie Police Department:**

Completed packets are required to be post mailed or hand delivered to: Wylie Police Department  
2000 North Hwy 78, Wylie, TX 75098, Attn: Hiring. If you have any questions, I can be reached at  
972- 429-8067 Office or via email at [policerecruiting@wylietexas.gov](mailto:policerecruiting@wylietexas.gov)

## 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 (2) years of 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 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 which section, question number, and page this refers to.
- 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.

**SECTION 1: PERSONAL**

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

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Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

**A.** Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

**B.** Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

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 section number and page this refers to.

**A. Name of Agency:**

Position Applied For:

Date Applied:

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:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**B. Name of Agency:**

Position Applied For:

Date Applied:

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:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**C. Name of Agency:**

Position Applied For:

Date Applied:

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:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

## SECTION 2: RELATIVES AND REFERENCES

### 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 section number and page this refers.

N/A      **A. Father's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **B. Step-Father's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **C. Mother's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **D. Step-Mother's Name:** \_\_\_\_\_      D.O.B.: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

**J. BROTHERS AND SISTERS:** List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

**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

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A      **2. Name:**      Male      Female

D.O.B.:      Custodial parent or guardian (if other than you):

Address:

City:      State:      Zip:

Contact Number:      Email:

N/A      **3. Name:**      Male      Female

D.O.B.:      Custodial parent or guardian (if other than you):

Address:

City:      State:      Zip:

Contact Number:      Email:

N/A      **4. Name:**      Male      Female

D.O.B.:      Custodial parent or guardian (if other than you):

Address:

City:      State:      Zip:

Contact Number:      Email:

N/A      **5. Name:**      Male      Female

D.O.B.:      Custodial parent or guardian (if other than you):

Address:

City:      State:      Zip:

Contact Number:      Email:

N/A      **6. Name:**      Male      Female

D.O.B.:      Custodial parent or guardian (if other than you):

Address:

City:      State:      Zip:

Contact Number:      Email:

**L. REFERENCES:** List 7-10 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.

**1. Name:**      Address:

City:      State:      Zip:

Company/Work Address:

City:      State:      Zip:

Home Phone:      Work Phone:      Cell Phone:      Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

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

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

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

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

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

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

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

**SECTION 3: EDUCATION**

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

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

**List high schools attended or where you obtained your GED:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
 2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No

---

**List all colleges or universities attended:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

3. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

---

**List any trade, vocational, or business schools/institutes attended:**

1. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

2. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

3. Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of school or training: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Did you complete the course?      Yes      No

---

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

**SECTION 4: RESIDENCES**

**LIST OF RESIDENCES**

- 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 the name of the base in the 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 section number and page this refers to.

**1. Current Residence Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

**2. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**3. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**4. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live:

Reason for moving:

**5. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live:

Reason for moving:

**6. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live:

Reason for moving:

**7. Former Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of property mgr., rent collector, or owner: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with 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 section number and page this refers to.

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

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

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

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

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

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

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

Have you ever left a residence owing rent?      Yes      No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 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 the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit:      From:      To:

Address or Base:

City:      State:      Zip:

Supervisor:      Contact Number:      Email:

Job Title:      Reason for Leaving:

Duties/Assignments:

Full-Time      Part-Time      Temporary      Self-Employed      Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer?      Yes      No

If yes, explain:

---

### 2. Period of Unemployment

From:      To:

Check if applicable:      Student      Between jobs      Leave of absence      Travel      Other

**3. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**4. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

---

**5. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**6. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

---

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

16. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

---

17. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

24. Were you ever the subject of a written complaint at work?      Yes      No
25. Have you ever been counseled at work due to lateness or absences?      Yes      No
26. Did you ever receive an unsatisfactory performance review?      Yes      No
27. Have you ever sold, released, or given away legally confidential information?      Yes      No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member?      Yes      No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

---

Has your work performance ever been affected by your use of alcohol or drugs?      Yes      No

When?      Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?      Yes      No

When?      Name of Employer:

### SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service?      Yes      No

2. If yes, have you registered?      Yes      No

If no, explain:

Branch of Service:      Dates Served From:      To:

Type of Discharge:      Entry Level      Honorable      General      Other than Honorable

Re-entry Code (1 – 4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following?      Military Reserve      National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?      Yes      No

5. 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?      Yes      No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

## SECTION 7: FINANCIAL

### INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages?      Yes      No

If yes, fill in amount:                      per month      Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?      Yes      No

5. Have any of your bills ever been turned over to a collection agency?      Yes      No

6. Have you ever had purchased goods repossessed?      Yes      No

7. Have your wages ever been garnished?      Yes      No

8. Have you ever been delinquent on income or other tax payments?      Yes      No

9. Have you ever failed to file income tax or cheated/lie on an income tax form?      Yes      No

10. Have you ever had an employment bond refused?      Yes      No

11. Have you ever avoided paying any lawful debt by moving away?      Yes      No

12. Have you ever defaulted on a loan, including a student loan?      Yes      No

13a. Have you ever borrowed money to pay for a gambling debt?      Yes      No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling?      Yes      No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?  
Yes      No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?  
Yes      No

16. Have you written three or more bad checks in a one-year period?      Yes      No

17. Are you in arrears on court-ordered child support?      Yes      No





5. Have you ever been placed on court probation as an adult?      Yes      No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?  
Yes      No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult?      Yes      No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?  
Yes      No
9. Have the police ever been called to your home for any reason?      Yes      No
10. Have you or your spouse/partner ever been referred to Child Protective Services?      Yes      No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order?      Yes      No
12. 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?      Yes      No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?      Yes      No
14. Have you ever filed a false insurance or workers' compensation claim?      Yes      No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

---

### Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls      Yes      No
16. Assault (use of force or violence upon another)      Yes      No
17. Assault on a family member (use of force or violence upon a family member)      Yes      No
18. Brandishing a weapon (any type of weapon)      Yes      No
19. Carrying a concealed weapon without a permit      Yes      No
20. Contributing to the delinquency of a minor      Yes      No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel)      Yes      No
22. Driving under the influence of alcohol and/or drugs      Yes      No

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
24. Hit and run collision (no injuries) Yes No
25. Hunting or fishing without a license Yes No
26. Illegal gambling Yes No
27. Impersonating a peace officer Yes No
28. Indecent exposure (including flashing or mooning) Yes No
29. Joyriding (using a car or other vehicle without owner's permission) Yes No

**Undetected Acts – Part 1**

At any time in your life, have you **ever** committed any of the following?

30. Arson (intentionally destroying property by setting a fire) Yes No
31. Assault with a deadly weapon Yes No
32. Theft of a vehicle and/or vehicle parts Yes No
33. Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
34. Child molestation (performing unlawful acts with a child) Yes No
35. Accessing, producing, or possessing child pornography Yes No
36. Injury to a child, elderly, and/or disabled Yes No
37. Embezzlement (theft of money or other valuables entrusted to you) Yes No
38. Felony drunk driving (involving injuries) Yes No
39. Forcible rape or other act of unlawful intercourse/sexual activity Yes No
40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
41. Hit and run (with injuries) Yes No
42. Hate crime Yes No
43. Insurance fraud Yes No
44. Theft (value of over \$500 and/or any firearm) Yes No
45. Murder, homicide, or attempted murder Yes No
46. Perjury (lying under oath) Yes No
47. Possession of an explosive/destructive device Yes No
48. Robbery (theft from another person using a weapon, force, or fear) Yes No
49. Stalking Yes No
50. Blackmail or extortion Yes No
51. Any other act amounting to a felony Yes No

If you answered "YES" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

---

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)

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

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

---

**53. Prior to the past three years (check all that apply):**

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 you have, give details including drug(s) used, most recent date used, and circumstances:



**List your current liability insurance on your vehicle(s):**

4. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

5. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

6. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

7. Type of Coverage:      Insured                      Bonded                      Cash Deposit  
Vehicle Make/Model:                                      Year:                                      Vehicle License:  
Insurance Company:                                      Policy Number:                                      Expires:  
Address:  
City:                                      State:                                      Zip:                                      Contact Number:

---

**List all traffic citations, excluding parking citations, that you have received within the past seven years:**

8. Nature of Violation:  
Location (Street, City, State, Zip):  
Date Violation Occurred:                                      Action Taken:      Not Guilty                      Fined                      Traffic School                      Dismissed

**9. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:    Not Guilty            Fined            Traffic School            Dismissed

**10. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:    Not Guilty            Fined            Traffic School            Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

Failed to appear                      Failed to complete traffic school                      Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?                      Yes                      No

**If yes, give details:**

**11. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:

**12. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:

**13. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:

**14. Date:**                      Location (Street, City, State, Zip):

Police Report?    Yes            No                      Injury or Non-Injury?    Injury            Non-Injury

Law Enforcement Agency:





## Wylie Police Department

### ADDITIONAL ON NARCOTICS USAGE

It is important that the Department be aware of your past and current illegal drug usage, because, if you become a peace officer you may be called to testify as a witness in criminal prosecutions of persons charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

An illegal use is when it is otherwise not ingested as a prescribed narcotic by a licensed medical practitioner. It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time, thus taking more than prescribed. Further, ingesting another patient's medication that is not prescribed to you is illegal. An example of this type of act is where you may have a headache and another person, who has a prescription of Tylenol 3 – with Codeine, gives you one to ingest for your headache.

Usage means the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (*needle*), smoke, puff, toke, oral (*by pill tab, tasting, consume or mix with food or drink*), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given the opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used that drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on a polygraph. Likewise, if you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times you could have used the drug.

Please consider the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the absolute maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate NEVER area. Please list only drugs not prescribed to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.



# Wylie Police Department

## PERSONAL DECLARATION *(continued)*

Regarding any type of illegal drugs listed below, usage covers any of the terms you might use in referring to their use, example: experimentation, tried, taking a hit, etc.

\_\_\_\_\_ Is the date of the first time I ever used Marijuana in any form.

\_\_\_\_\_ Is the last possible date that I used Marijuana.

\_\_\_\_\_ Is the date of the first time I ever used Hashish in any form.

\_\_\_\_\_ Is the last possible date that I used Hashish.

Have you ever sold any illegal substances to another person? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever given any illegal substances to another person? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal substance? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Alcoholic beverages by definition, is a narcotic. Dependent upon the subject matter, it can be considered unlawful to possess, consume or sell.

\_\_\_\_\_ Is the last possible date I consumed an alcoholic beverage.

\_\_\_\_\_ Is the first time I drove a vehicle while impaired by alcohol or other drugs.

\_\_\_\_\_ Is the last possible date that I drove a vehicle while impaired by alcohol or other drugs.

Have you ever purchased alcoholic beverages using a fake identification card? \_\_\_\_\_

Have you ever had someone, other than your parents, purchase alcoholic beverages for you because you were too young to make the purchase? \_\_\_\_\_

Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself? \_\_\_\_\_

Have you ever failed to declare your alcoholic beverages that you purchased in a foreign country to the U.S. Customs Inspectors? \_\_\_\_\_

Have you ever transported alcoholic beverages across state lines? \_\_\_\_\_

If yes, explain: \_\_\_\_\_



# Wylie Police Department

## **PERSONAL DECLARATION** *(continued)*

Have you ever been issued a citation for Minor in Possession of Alcoholic beverages? \_\_\_\_\_

If yes, give date and place: \_\_\_\_\_

Have you ever been late for, or missed, work because of alcohol use? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has alcohol ever affected your job performance? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

As an adult, have you ever been convicted of a DWI? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been arrested or detained and released to a responsible party as a result of being determined too intoxicated by a law enforcement officer? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### **ADDITIONAL SPACE FOR ANY EXPLANATION**



**PERSONAL DECLARATION** *(continued)*

<b>Drug</b>	<b>First Time Used</b>	<b>Last Time Used</b>	<b>How Used</b>	<b>Never</b>
PCP				
ANGEL DUST				
THC / MARIJUANA				
LSD				
PEYOTE				
MESCALINE				
HEROIN				
COCAINE				
QUAALUDES				
DOWNERS				
TRANQUILIZERS				
AMPHETAMINE				
METHAMPHETAMINE				
SPEED				
CRANK				
CRACK				
BIPHETAMINE				
ECSTASY / XTC / ICE				
PRELUDIN				
DILUADID				
FENTANYL				



**PERSONAL DECLARATION** *(continued)*

<b>Drug</b>	<b>First Time Used</b>	<b>Last Time Used</b>	<b>How Used</b>	<b>Never</b>
TALWIN / PBZ				
MUSHROOMS (PSILOCYBIN)				
<b>INHALANTS – SEE BELOW</b>				
GLUE				
PAINT				
TOLUENE PRODUCTS				
FREON				
GASOLINE PRODUCTS				
<b>DESIGNER DRUGS</b>				
ANABOLIC STEROIDS				
ROHYPNOL (DATE RAPE DRUG)				
<b>OTHER – SPECIFY BY WRITING BELOW</b>				

**SECTION 10: SOCIAL MEDIA SITES**

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)?      Yes      No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.



## Wylie Police Department

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### Authorization for Disclosure of Social Media Content

I, \_\_\_\_\_ give permission for the Wylie Police Department Recruiting Division to access my personal social media accounts. If my accounts are set to "private," I will log into the account(s) in the presence of the Recruiting Officer and allow them to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social media account(s) is part of my background investigation. Any information that is racist, sexist, or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration for employment with the Police Department.

I understand that refusal to allow the Police Department Recruiting Division access to my personal social media account(s) will disqualify me from further consideration for employment with the Police Department.

By signing this document, I agree to list all my personal social media accounts and allow the Police Department immediate access to each one.

**Initial one:**

\_\_\_\_\_ I do not have any social media account.

\_\_\_\_\_ I have listed and authorize the Police Department to access my social media account(s).

\_\_\_\_\_ I do not authorize the Police Department to access to my social media account(s).

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

## SECTION 11: 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 section, question number, and specific item being referenced.

**SECTION 12: CERTIFICATION**

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

\_\_\_\_\_  
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

\_\_\_\_\_  
Signature of Notary

Notary Seal or Stamp:



## Wylie Police Department

### ACKNOWLEDGEMENT OF ASSIGNMENT

**Initial and sign that you understand the requirements to be a Wylie Police Officer:**

\_\_\_\_\_ I have read the job description.

\_\_\_\_\_ I can perform all the duties on the job description.

\_\_\_\_\_ I have seen the step plan and I am aware of the pay for my position.

**Step Plan:** [https://www.wylietexas.gov/departments/human\\_resources/benefits.php](https://www.wylietexas.gov/departments/human_resources/benefits.php)

\_\_\_\_\_ I am aware that Wylie Police Officers work 12-hour shifts, night shifts, and weekend shifts. Shifts are assigned by seniority or by department needs.

\_\_\_\_\_ I am aware the police academy is 5 months long. The hours may vary, but are typically Monday – Friday 0730 -1630.

\_\_\_\_\_ I am aware that during the field training program I will attend a 6-week mini-academy and the hours will vary. I will then rotate through the field training program, either working 6 am - 6 pm, 6 pm - 6 am, 7 am – 7 pm, or 7 pm – 7 am.

\_\_\_\_\_ I am aware that the Wylie Police Department provides security for community events throughout the year that are in addition to my normal working hours. I am aware I will be expected to work these paid events.

\_\_\_\_\_ I am aware that occasions will occur when a patrol shift will need coverage for various reasons and I will be expected to work some of these shifts.

\_\_\_\_\_ I am aware that the police department operates 7 days a week (including holidays) and 24 hours a day.

\_\_\_\_\_ I am aware that a supervisor in this department may require me to report to work even if I was not scheduled to work that specific day.

\_\_\_\_\_  
Applicant's name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



## **JOB DESCRIPTION: POLICE OFFICER**

**JOB TITLE:** Police Officer  
**DEPARTMENT:** Police  
**PAY GRADE:** P2  
**FLSA STATUS:** Non-Exempt  
**FULL-TIME OR PART-TIME:** Full-Time

**Date Created: 09/13/2000**  
**Last Updated: 10/08/2021**

### **GENERAL SUMMARY**

Patrols and provides enforcement, detection and crime prevention under the laws of the City of Wylie, State of Texas, and the United States. Carries out special assignments in the field of law enforcement. Performs related work as required. Provides reports of assignments and/or related work as needed. Conducts community related programs that enhance the public trust and improve the partnership between citizens and the Police Department.

### **SUPERVISION**

Supervision is provided by the Police Sergeant.

### **ESSENTIAL JOB FUNCTIONS**

- Enforces appropriate City ordinances, State and Federal laws, and all written directives.
- Makes ethical decisions that conform to applicable laws, departmental policies, regulations, etc., without supervision when appropriate.
- Works well with the public and co-workers daily. Communicates effectively, maintaining alertness, composure, helpful attitude and professionalism in all circumstances, including stress, verbal abuse, criticism, and/or other adverse conditions.
- Provides Police services and assistance.
- Maintains acceptable physical fitness level, including visual acuity correctable to 20/20 without color blindness and normal hearing range. Performs on-duty physical fitness training as assigned by the Chief of Police.
- Follows a chain of command and instructions; receptive to supervision.
- Immediately comprehends and executes orders from a supervisor in emergency situations.
- Adapts toward procedures, programs, regular and special assignments.
- Begins and seeks out work without supervision.
- Recognizes the need for supervisory intervention and seeks it when needed; keeps supervisors informed of relevant activity.
- Recognizes, identifies, and preserves crime scenes.
- Completes accurate, thorough investigations.
- Loads and unloads Police equipment from a vehicle, including but not limited to lifting objects over 15 pounds from truck, trunk, back seat, etc.
- Demonstrates competent weapons proficiency.
- Cleans and maintains duty weapons.
- Uses appropriate force to control hostile subjects.
- Performs defensive and/or other hand-to-hand combat tactics.
- Displays proficiency in officer survival and safety tactics.
- Physically restrains individuals using the minimum amount of force necessary.
- Uses the minimum force necessary to effect arrests of combative or hostile subjects.

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CITY OF WYLIE - POLICE OFFICER

- Physically assists intoxicated subjects in walking, entering a Police car.
- Searches persons/vehicles for weapons, evidence, and contraband.
- Searches buildings in dark or low-light conditions.
- Chases suspects for extended distances (over 100 yards).
- Walks long distances (over 1/4 mile).
- Administers CPR/first aid in emergency medical situations.
- Assists ambulance attendants/carrying victims under adverse conditions.
- Directs or controls traffic with a flashlight or hand signals for more than one hour at a time.
- Stands on hard surfaces for long periods of time (over one hour).
- Operates speed detection radar, video camera, mobile radio and other public safety devices.
- Drives safely under adverse weather conditions, even at high speeds.
- Engages in safe high-speed driving while pursuing suspects or responding to calls.
- Operates a motor vehicle for extended periods of time (several hours).
- Works in congested traffic in and out of a Police vehicle.
- Sets up roadblocks using traffic barriers other than cars.
- Searches the area of an accident to determine the cause.
- Examines vehicles for information to prepare accident reports.
- Uses force to open jammed vehicle doors.
- Observes gruesome sights; e.g., deceased persons, battered children, etc. without losing composure.
- Performs duties acceptably after long hours (over 24) without sleep during emergency situations.
- Attends all courts as scheduled or requested.
- Accurately verbally articulates testimony in court.
- Provides field training for new recruits as assigned.
- Works in all weather conditions, indoors or outside, light or dark.
- Works any day of the week, any hour of the day, extra assignment(s) as needed.
- Communicates effectively via Police radio, telephone and in person and MDC with citizens, co-workers, supervisors and instructors, including persons of diverse backgrounds, without bias or prejudice.
- Effectively shares work information.
- Responds positively to constructive criticism.
- Behaves in a manner conducive to high morale; expresses enthusiasm for work assignments, environment, personnel, and management.
- Completes all reports and paperwork promptly, legibly, accurately, thoroughly, neatly and with correct grammar and spelling.
- Follows through on assignments in a timely manner.
- Develops and adequately utilizes sources of information.
- Uses and maintains departmental equipment safely and properly.
- Observes and reports hazardous conditions.
- Arrives at work on time at an assigned area.
- Maintains the appropriate uniform and acceptable personal hygiene.
- Carries/wears appropriate extra equipment other than a gun belt, e.g., armor, shotgun, etc.
- Maintains work area neatly, safely and in an organized fashion.
- Displays self-confidence and an authoritative manner with conduct reflecting favorably on the Police Department and on the City.
- Maintains self in a manner that does not pose a threat to the health and safety of self or others.
- Orientation period is a full 12 months, either from date of hire or badge pinning (if sent through the police academy by the City of Wylie).
- Performs as a responsible steward of the public trust and strives for excellence in public service, enhancing the quality of life for all.
- Acts in a civil, respectful manner at all times to management, co-workers and others.
- Performs other duties as may be assigned.

## **OTHER DUTIES AND RESPONSIBILITIES**

- Assists individuals with mobility impairments when appropriate.
- Assists in medical emergencies when needed.
- Fuels Police vehicle.
- **When assigned as School Resource Officer (SRO):**
  - Performs Police Officer duties within assigned campus.
  - May also perform duties of Crossing Guard: Responsible for safeguarding and regulating pedestrian traffic crossing streets at an assigned location in order to ensure the safety of children walking to and from school. Assists people needing directions.

## **MINIMUM JOB REQUIREMENTS**

High School Diploma or equivalent. TCOLE certified Peace Officer. Valid Driver's License without restriction except "A". Must have Texas Driver's License within 30 days of hire. Citizen of the United States, 21 years of age, clear driving record, no felony convictions. Completion of National Incident Management System (NIMS) training courses as outlined by Emergency Management.

## **KNOWLEDGE, SKILLS AND ABILITIES**

- Aptitude and personal commitment for law enforcement work
- Ability to think clearly and act effectively in emergency situations, making sound and logical decisions quickly; good prioritizing and problem-solving abilities
- Ability to remember details of incident including but not limited to names and faces
- Physical ability and good cognitive skills required for successful performance of essential functions
- Good grammar, writing, and composition skills; legible handwriting
- Good radio manners and voice
- Physically fit for all essential job functions including the ability to pass the Wylie Police Department Physical Fitness Test
- Ability to effectively interact with all levels of co-workers, management staff, citizens and the public
- Ability to follow departmental policy on attendance
- Ability to pass a pre-employment drug screening test, physical fitness assessment, psychological exam, polygraph exam and criminal background check

*The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this position. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required. This description is subject to modification as the needs and requirements of the position change.*

## **PHYSICAL REQUIREMENTS/WORK ENVIRONMENT**

### **PHYSICAL STRENGTH REQUIRED:**

Very high: exerting over 100 pounds occasionally, 50-100 pounds frequently and/or 20-50 pounds constantly. Requires walking, sitting, running and/or standing to a significant degree. Position requires that no visible tattoos be present.

### **PHYSICAL ACTIVITIES REQUIRED:**

Balancing	Bending	Carrying	Chasing
Climbing	Crawling	Crouching	Fine Dexterity
Handling	Hearing	Kneeling	Lifting
Pushing/Pulling	Reaching	Running	Shooting
Sitting	Standing	Striking	Talking
Twisting	Vision	Walking	Wrestling

Driving

**PRIMARY WORK ENVIRONMENT:** Indoors/Outdoors

SHIFT WORK: Yes  
CALL-OUT: Occasionally

**COMPETENCIES**

Performance will be evaluated based on core competencies and competencies associated with the specific job family.

**CORE COMPETENCIES:**

- Customer Service
- Dependability and Consistency
- Teamwork
- Safety

**JOB FAMILY COMPETENCIES:**

- Attendance and Punctuality
- Communication and Collaboration
- Continuous Learning/Development
- Flexibility and Adaptability
- Interpersonal Relations
- Job Knowledge
- Motivation and Initiative
- Problem Solving and Decision Making
- Productivity and Work Quality

**HIPAA COMPLIANCE STATEMENT:**

All employees who have access to health information whose confidentiality is protected by the HIPAA Privacy Rule must have an understanding and knowledge of the Privacy Rule that corresponds to their job responsibilities. Employees who violate the requirements of the HIPAA Privacy Rule will be subject to discipline, up to and including termination.

Read and Acknowledged by:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_