



# **Royse City Police Department**

## **POLICE APPLICANT PERSONAL HISTORY STATEMENT**

**READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Once completed by you, this Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. It is essential that all information be complete and accurate.
2. Do not remove pages from this Personal History Statement. This is an original document and shall remain intact.
3. Handprint all information in **black ink only**.
4. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
5. Avoid errors by reading the directions carefully before making any entries on the forms. Be sure your information is legible, correct and in proper sequence before you begin.
6. You are responsible for obtaining correct addresses and phone numbers (including zip and area codes). If you are unsure, check it by personal verification.
7. If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.
8. An accurate and complete Personal History Statement will expedite your background investigation: deliberate omissions or falsifications will result in disqualification.
9. Your completed Personal History Statement is to be submitted the day of the written Police Test. You will not be allowed to take the test if you fail to submit the completed Personal History Statement.
10. Applicant must Initial the top right of every page

**Copies of the following documents will be required upon submission of this Personal History Statement:**

1. Birth Certificate
2. Social Security Card
3. High School transcript or copy of G.E.D.
4. Certified College transcripts verifying that you have completed 30 hours of college from a State Accredited College or University, or proof of 3 years of full time Law Enforcement/Active-Duty Military to have college requirement waived.
5. College diploma(s), if applicable
6. Military DD214, NGB 22, or DA 2-1, if applicable
7. Marriage License(s)
8. Divorce Decree(s)
9. Consumer Credit Report using [www.creditscore.com](http://www.creditscore.com)
10. Valid driver's license and updated proof of vehicle insurance

**\*\*\*NOTE\*\*\*** Only PHOTOCOPIES will be accepted. No Original Documents. Original documents will be viewed and verified by your Background Investigator at a later date. Copies of all documents listed above must be present. Incomplete packets may disqualify you from the hiring process

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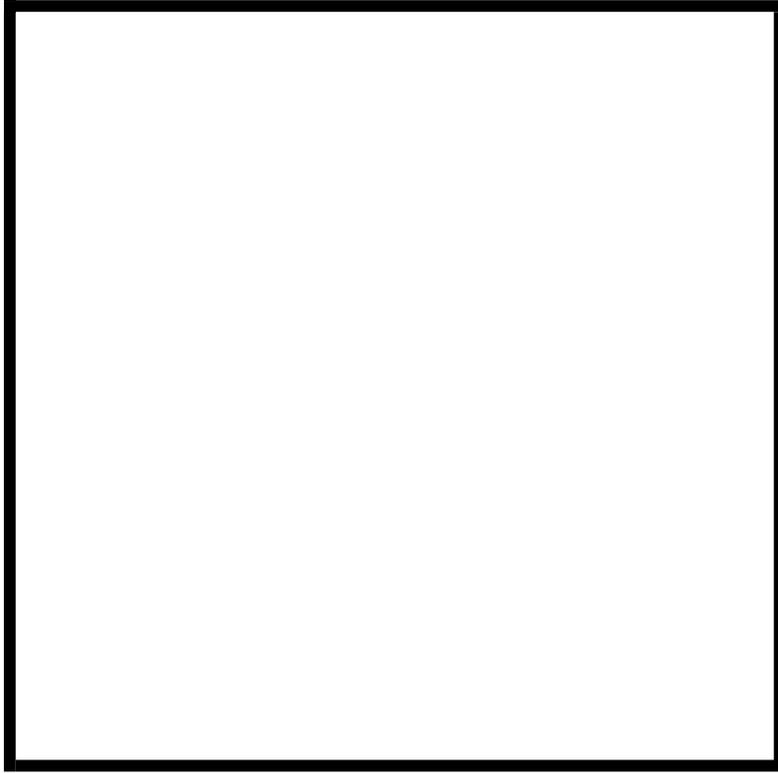
**Applicant Document Check List**  
**(Do not fill out: Background Investigator to complete)**

Birth Certificate	Yes	No	
Copy of Social Security Card and Driver's License	Yes	No	
Marriage Certificate(s)	Yes	No	N/A
Divorce Decree(s)	Yes	No	N/A
High School Transcript or G.E.D.	Yes	No	
College Transcripts and Diploma	Yes	No	N/A
30 Hours of College Credit Verified	Yes	No	N/A
DD-214 Military Separation document – (Member 4 copy)	Yes	No	N/A
Proof of 3 Years Active-Duty Military or Law Enforcement	Yes	No	N/A
Certified Texas Peace Officer If Yes PID # _____	Yes	No	
Copy of T.C.O.L.E. Certification and Training Certificates	Yes	No	N/A
Certified Out of State Officer	Yes	No	N/A
Consumer Credit Notice Notarized	Yes	No	
Affirmation of Truthfulness Notarized	Yes	No	
Personal Inquiry Waiver Notarized	Yes	No	
Complete Consumer Credit Report	Yes	No	
Copy of Updated Proof of Vehicle Insurance	Yes	No	

**Verified by:** \_\_\_\_\_ **Badge #** \_\_\_\_\_  
**Royse City Police Department**

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_



ATTACH A COLOR PHOTOGRAPH IN THIS SPACE  
*(photo must be less than one year old)*

**Name:** \_\_\_\_\_

Last

First

Middle

### General Information

#### Applicants Name

\_\_\_\_\_

Last First Middle

Maiden Name: \_\_\_\_\_ Nicknames or others used: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Full name under which license was granted: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Office Phone:(\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Hair Color: \_\_\_\_ Eye Color: \_\_\_\_

Do you have any tattoos or distinguishing scars or marks? Yes  No

	Description	Location	Age received
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

#### Electronic and Social Media *Include All E-Mail Address(es) and website URLs)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT****OBJECTIVES OF 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 Royse City and the Royse City 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 Royse City 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 would 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 as expressed in the interview.
6. Applicant's background indicates a mature and stable personality.
7. Applicant has an excellent credit rating.

**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, would not be considered as desirable in a potential Royse City 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 as expressed in his interview.
6. Applicant's background indicates less than a mature and stable personality.
7. Applicant has a poor credit rating.

**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.

**ROYSE CITY POLICE DEPARTMENT****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 1-2 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 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 reported are item numbers 12, 13, 14, 15 and 16.

- 1) Is younger than 21 and does not have high school diploma or GED and has not completed thirty (30) hours of college.
- 2) Driver's License not valid and/or clear.
- 3) Has any Felony conviction or Felony deferred adjudication.
- 4) Have been convicted of a Class B Misdemeanor crime within last ten (10) years or convicted/deferred adjudication of a Class A Misdemeanor.
- 5) Has a Misdemeanor conviction for a crime involving moral turpitude within the last (10) years or convicted/deferred adjudication for any family violence offense.
- 6) Is currently charged with or under investigation for any criminal offenses.
- 7) Is under court or community supervision for a Misdemeanor offense.
- 8) No felony use of narcotics in the past 10 years.
- 9) Theft from employer(s) with cumulative total of \$50.00 or more within the past ten (10) years.
- 10) Intentional omission of information on application or Personal History Statement.
- 11) False statement of information on application or Personal History Statement.
- 12) Intentional misleading statement on application or Personal History Statement.
- 13) Failure to return a completed Personal History Statement on due date.
- 14) Falsification of job(s) related document(s).
- 15) Ten (10) minutes late for interview without notifying the Royse City Police Department of such tardiness. (exceptions may be made for certain emergencies)
- 16) Conviction of a DWI within the past ten (10) years. No more than (1) conviction total.
- 17) Interfering, obstructing or otherwise causing improper influence in the background process.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

**WITHDRAWAL OF APPLICATION BY APPLICANT**

If you believe that, based upon the information supplied here, you may meet an immediate employment disqualification criterion, and wish to withdraw your application, it will be understandable. If wishing to withdraw during the background process, notify the background investigator via an email stating your intentions to withdraw from the process. In such an event, the Department would like to thank you for your interest and wish you well in your future endeavors.

Members of the Department are not permitted to discuss with the applicant their eligibility of employment based upon the information given by the applicant of their 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 completed presentation of a background packet by the applicant.

**ROYSE CITY POLICE DEPARTMENT**

**MARITAL AND FAMILY HISTORY**

Single  Engaged  Married  Separated  Divorced  Widowed

**Fiancé / boyfriend / girlfriend:** (circle which applies)

Name of Fiancé/boyfriend/girlfriend: \_\_\_\_\_  
Last (Maiden) First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Residence: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**If you are engaged:** Planned Wedding Date: \_\_\_\_\_

**If you are Married or Separated:** (circle which applies)

Spouse/Registered Domestic Partner's Full Name: \_\_\_\_\_  
Last (Maiden), First, Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Years of Marriage: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
City State Zip Code

Full Time  Part Time  Annual Salary \_\_\_\_\_

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

Have you ever been married to more than one person at one time? Yes  No

**If you are Divorced:**

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Years of Dissolution: \_\_\_\_\_

Former Spouse/Cohabitant's Name: \_\_\_\_\_

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

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Court and State where Divorce Decree was issued: \_\_\_\_\_

\_\_\_\_\_

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

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Years of Dissolution: \_\_\_\_\_

Former Spouse/Cohabitant's Name: \_\_\_\_\_

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

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Court and State where Divorce Decree was issued: \_\_\_\_\_

\_\_\_\_\_

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

**If you are Widowed:**

Deceased Name: \_\_\_\_\_

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

Date of Marriage: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Do you have any children?    Yes        No   

List all children and dependents below:

Childs Full Name	Male/ Female	Date of Birth	Relationship	Custodial Parent or Guardian's Name, Contact Number, Email, and Home Address <small>(if different than your own)</small>

**Father:**

Full Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Mother:**

Full Name: \_\_\_\_\_  
Last (maiden)
First
Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Stepfather:**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Stepmother:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Brother:** (biological/step) circle which applies

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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**Brother:** (biological/step) circle which applies

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Brother:** (biological/step) circle which applies

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Sister:** (biological or step) circle which applies

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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**Sister:** (biological or step) circle which applies

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Sister:** (biological or step) circle which applies

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**Father-In-Law:**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Mother-In-Law:**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Brother-In-Law**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Brother-In-Law**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Sister-In-Law**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Sister-In-Law**

Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

Have you ever been evicted or asked to move from any place where you have lived? Yes  No

Have you ever caused any problems for any apartment management or landlord? Yes  No

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

Have you ever been late in payment of rent? Yes  No

Have you ever left a residence owing rent? Yes  No

Have you ever broken a lease agreement? Yes  No

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



**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

When completing the following information, you must give sufficient detailed information that can be verified. List information such as the name of the school and year involved in such activities.

School Activities: Clubs/Sports/Etc.

---

---

---

Positions of Leadership: (Indicate Position/Organization/Dates held)

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---

---

Community Activities:

---

---

---

Awards/Commendations or Special Recognition:

---

---

---

List any special licenses you hold: (Pilot, Radio Operator, Scuba, License to Carry)

Type	From	To	License Number

Foreign Language

Language (excellent/good/fair)	Reading (excellent/good/fair)	Speaking (excellent/good/fair)	Understanding (excellent/good/fair)	Writing (excellent/good/fair)

**Military Service History**

Have you registered with the Selective Service? Yes  No

When did you register? \_\_\_\_\_

If No, Reason: \_\_\_\_\_

Have you ever been rejected by any branch of the US Armed Forces? Yes  No

Have you ever been a member of any branch of the US Armed Forces? Yes  No

If Yes, Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Type of Discharge:  Entry Level  Honorable  General  Other than Honorable

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

Awards (Types and date awarded): \_\_\_\_\_

Special Schools/Training: \_\_\_\_\_

Last Duty Assignment Base Name: \_\_\_\_\_

Base Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code Country

Are you a current member of a US Reserve/National/State Guard? Yes  No

Branch of Service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_

Current Status: Active  Inactive  Standby

Date obligation ends: \_\_\_\_\_

Organization/Station/Unit and Location: \_\_\_\_\_

What is / has been your primary assignments and/or duties in the Military? \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

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

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident:

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever been the subject of any military investigation?

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

While in service, were you ever AWOL or on unauthorized absence?

Yes  No

Were you ever confined to the brig or guardhouse?

Yes  No

Have you ever had an auto accident while in the military, whether reported or not?

Yes  No

Were you ever reduced in rank?

Yes  No

Did you ever sell anything on the black market?

Yes  No

Were you discharged prior to the end of your tour of duty?

Yes  No

Use space below for any explanations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Employment History

Beginning with your current or most recent job, list **all** jobs that you have had, including all part-time, temporary, or seasonal positions. This employment history **shall** include every job that you have held **and any lapse of unemployment** since your sixteenth (16) birthday.

Include all instances of unemployment and indicate such time by circling "unemployed" on the appropriate line. In times of unemployment, use the "duties/responsibilities" line to briefly indicate reason for unemployment and identify your source of financial support during the unemployment period.

**Please include additional sheets, if necessary, at the back of this Personal History Statement.**

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

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

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

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

Did You Receive Job Performance Evaluations? Yes  No

Reason for Leaving: \_\_\_\_\_

How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

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Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

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How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

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How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

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How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

Did You Receive Job Performance Evaluations? Yes  No

Reason for Leaving: \_\_\_\_\_

How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

Did You Receive Job Performance Evaluations? Yes  No

Reason for Leaving: \_\_\_\_\_

How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

Job Status: Full  Part  Temporary  Seasonal  Unemployed

Employment Began On: \_\_\_ / \_\_\_ / \_\_\_ Ended On: \_\_\_ / \_\_\_ / \_\_\_ = Total Months \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name of Final Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone Number #: \_\_\_\_\_

Co Worker Name: \_\_\_\_\_ Co Worker Phone Number: \_\_\_\_\_

Co Worker Email: \_\_\_\_\_

Did You Receive Job Performance Evaluations? Yes  No

Reason for Leaving: \_\_\_\_\_

How much notice was given prior to leaving? \_\_\_\_\_

Are you eligible for re-hire? Yes  No

Were you fired, asked to resign or contract terminated by this Employer? Yes  No

If yes, state the reason for having been fired or contract terminated: \_\_\_\_\_

ROYSE CITY POLICE DEPARTMENT

Applicant Initials Here \_\_\_\_\_

Have you ever resigned from a job to keep from being fired? Yes  No

Have you ever been asked to resign from a job? Yes  No

Have you ever claimed to be injured or disabled when you were not? Yes  No

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

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

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

Were you ever the subject of a written complaint at work? Yes  No

Did you ever receive an unsatisfactory performance review? Yes  No

Have you ever sold, released, or given away legally confidential information? Yes  No

Have you ever borrowed any money from any business owner and failed to pay it back? Yes  No

Have you ever called in sick when you were not ill? Yes  No

How many times have you used sick leave when you were not actually sick? \_\_\_\_\_

What did you do on these days? \_\_\_\_\_

Have you ever failed to report to work without contacting your employer? Yes  No

How many times have you failed to report without contacting your employer? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever walked off a job because you were angry? Yes  No

Have you ever walked off a job because of pressure? Yes  No

Have you ever been reprimanded for reporting late to work? Yes  No

How many times have you been reprimanded for this? \_\_\_\_\_

Have you ever been late to work? Yes  No

If so, how many minutes, on average, are you late? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever taken any money, merchandise, materials, uniforms or tools from where you work or have worked without direct permission? Yes  No

Place(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Item(s): \_\_\_\_\_

Value: \_\_\_\_\_

Do you still have the items listed above? Yes  No

Have you ever had knowledge of another employee stealing or being dishonest, but not act upon it? Yes  No



**Other Law Enforcement Agencies**

Are you T.C.O.L.E. certified as a police officer?  Yes  No

If Yes PID # \_\_\_\_\_

Are you certified as an officer in another state?  Yes  No

Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?

Yes  No **If YES, list below.**

Are you currently enrolled in a Police Academy?  Yes  No

If yes, expected date of graduation: \_\_\_\_\_

1. Academy Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Name Training Coordinator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Did you graduate?  Yes  No

2. 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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background

Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_

Status:  Hired  On List  Withdrawn  Disqualified

**ROYSE CITY POLICE DEPARTMENT****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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_Status:  Hired  On List  Withdrawn  Disqualified**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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_Status:  Hired  On List  Withdrawn  Disqualified**D. 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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_Status:  Hired  On List  Withdrawn  Disqualified

**ROYSE CITY POLICE DEPARTMENT****E. 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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_Status:  Hired  On List  Withdrawn  Disqualified**F. 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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_Status:  Hired  On List  Withdrawn  Disqualified**G. 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:

Steps:  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background Conditional job offer  Psychological examination Date: \_\_\_\_\_  Medical Date: \_\_\_\_\_Status:  Hired  On List  Withdrawn  Disqualified

Attach a page if you have applied at more agencies.

ROYSE CITY POLICE DEPARTMENT

Applicant Initials Here \_\_\_\_\_

Are you currently, or have you ever been, a party to a lawsuit involving allegations of excessive force, wrongful death, or civil rights violations? N/A  Yes  No

Have you ever watched another security guard, jailer, prison guard, police officer or military police officer commit any type of criminal offense and not reported the officer to the proper authorities or supervisors? N/A  Yes  No

Have you ever watched another security guard, jailer, prison guard, police officer or military police officer violate the civil rights of another person and not report it to the proper authorities? N/A  Yes  No

Have you ever solicited or attempted to solicit money or material objects in return for not enforcing the law? N/A  Yes  No

Have you ever accepted money or material objects in return for not enforcing the law? N/A  Yes  No

Have you ever made a false statement in any type of report? N/A  Yes  No

Have you ever been accused of hurting a person? N/A  Yes  No

Have you ever been disciplined while an officer? N/A  Yes  No

If yes, how many times? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever made a false statement under oath? N/A  Yes  No

Have you ever filed a resisting arrest charge? N/A  Yes  No

If yes, how many times? \_\_\_\_\_

Have you ever been classified as ineligible for re-hire by a police department? N/A  Yes  No

Have you ever had any type of unauthorized physical or sexual contact while on duty? N/A  Yes  No

Have you ever presented a police badge to an individual while off duty or not in the official capacity as a police officer? N/A  Yes  No



### Criminal History

An arrest occurs when you have been handcuffed and taken to jail or to the police station where you are later released. Generally, it requires you to post a bond, pay a fine or be released to a responsible party (such as an intoxicated person being released to another without posting bond). A detention is a temporary loss of freedom pending the results of a criminal investigation, which may be occurring or have occurred. In being detained, one may be released with no further action taken against you or it may result in a citation and future summons to court.

Have you ever been arrested by the police (juvenile and/or adult)? Yes  No

Have you ever been detained, other than for a traffic citation, by the police? Yes  No

Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency (including offenses punishable under the Uniform Code of Military Justice)? **If yes, list below.** Yes  No

**List Arrest /Detained/Questioned Below:**

Agency Location (City & State)	Charge	Date	Disposition

Have you ever been charged, convicted, placed on probation or given deferred adjudication for any arrest(s)? **If yes, list below.** Yes  No

Agency / Location (City & State)	Charge	Date	Disposition

**ROYSE CITY POLICE DEPARTMENT**

Have you ever been placed on court probation as an adult?  Yes  No

Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?  Yes  No

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

Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?  Yes  No

Have the police ever been called to your home for any reason?  Yes  No

Have you or your spouse/partner ever been referred to Child Protective Services?  Yes  No

Have you ever been the subject of an emergency protective, restraining, or stay-away order?  Yes  No

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

Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?  Yes  No

Have you ever filed a false insurance or workers' compensation claim?  Yes  No

**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?**

Annoying/obscene phone calls  Yes  No

Assault (use of force or violence upon another)  Yes  No

Assault on a family member (use of force or violence upon a family member)  Yes  No

Brandishing a weapon (any type of weapon)  Yes  No

Carrying a concealed weapon without a permit  Yes  No

Contributing to the delinquency of a minor  Yes  No

Defrauding an innkeeper (not paying for food or room at a hotel/motel)  Yes  No

Driving under the influence of alcohol and/or drugs  Yes  No

Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)  Yes  No

Hit and run collision (no injuries)  Yes  No

Hunting or fishing without a license  Yes  No

Illegal gambling  Yes  No

Impersonating a peace officer  Yes  No

Indecent exposure (including flashing or mooning)  Yes  No

Joyriding (using a car or other vehicle without owner's permission)  Yes  No

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

Arson (intentionally destroying property by setting a fire)  Yes  No

Assault with a deadly weapon  Yes  No

**ROYSE CITY POLICE DEPARTMENT**Theft of a vehicle and/or vehicle parts  Yes  NoBurglary (entering a structure or vehicle to commit theft or other crime)  Yes  NoChild molestation (performing unlawful acts with a child)  Yes  NoAccessing, producing, or possessing child pornography  Yes  NoInjury to a child, elderly, and/or disabled  Yes  NoEmbezzlement (theft of money or other valuables entrusted to you)  Yes  NoFelony drunk driving (involving injuries)  Yes  NoForcible rape or other act of unlawful intercourse/sexual activity  Yes  NoForgery (falsifying any type of document, check certificate, license, currency, etc.)  Yes  NoHit and run (with injuries)  Yes  NoHate crime  Yes  NoInsurance fraud  Yes  NoTheft (value of over \$500 and/or any firearms)  Yes  NoMurder, homicide, or attempted murder  Yes  NoPerjury (lying under oath)  Yes  NoPossession of an explosive/destructive device  Yes  NoRobbery (theft from another person using a weapon, force, or fear)  Yes  NoStalking  Yes  NoBlackmail or extortion  Yes  NoAny other act amounting to a felony  Yes  No

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

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

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

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

Have you ever run from or attempted to elude a police officer either on foot or in a vehicle?  Yes  No

Have you ever illegally entered onto or into the property, house, building or a vehicle of another when you did not have permission to do so?  Yes  No

**ROYSE CITY POLICE DEPARTMENT**

Have you ever assaulted (struck, pushed or hit) anyone, including a family member, roommate or partner?  Yes  No

Have you ever requested, suggested or received money or anything of value from a person as a gift to thank you for your protection or for not harassing or hurting them?  Yes  No

Have you ever viewed, purchased, possessed, manufactured or distributed child pornography?  Yes  No

Have you ever owned operated or participated in the operation of a web site that depicted child pornography, nudity, and/or sexual acts?  Yes  No

Have you ever purchased, sold or furnished any alcoholic beverage to a person you knew to be under 21 years of age?  Yes  No

Have you ever testified before a grand jury?  Yes  No

Have you ever illegally sold or attempted to sell government information or secrets?  Yes  No

Have you ever (no matter what your age) taken anything from a store without paying?  Yes  No

If yes, list items and values:

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Have you ever changed or altered the price tags on any merchandise?  Yes  No

Have you ever used a credit card without the owner's permission?  Yes  No

Have you ever converted government property to your own use or sold it?  Yes  No

If yes, list items and values:

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Have you ever taken a "joy ride" in a stolen vehicle?  Yes  No

Have you ever entered a vehicle (not your own) and taken anything out of it?  Yes  No

Have you ever used a vehicle without the permission of the owner?  Yes  No

Have you ever been present when someone committed a crime?  Yes  No

Have you ever committed any criminal mischief offenses?  Yes  No

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

Have you ever entered a house/building with the intent of stealing anything? Yes  No

Have you ever suggested to anyone that you might be able to protect them from harm if they paid you? Yes  No

Have you ever received any money or item of value from a person as a gift to thank you for their protection?  
Yes  No

Have you ever worked (free or compensated) as a bodyguard? Yes  No

Have you ever entered a house or building with the intent of hurting someone or stealing any property? Yes  No

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

Have you ever taken a polygraph exam for any reason? Yes  No

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

Have you ever sold or pawned anything that you believed or suspected to be stolen? Yes  No

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

Have you ever had sexual contact with a person 16 years of age or younger since your 19<sup>th</sup> birthday? Yes  No

Have you ever exposed your genitals in a public place? Yes  No

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

Have you ever had or attempted to have a criminal record expunged? Yes  No

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

Have you ever intentionally set property belonging to you on fire, other than trash, for either personal reasons or for profit?  
Yes  No

Do you know any relatives, friends or personal contacts who are or have been involved in any type of criminal activity?

If yes, identify the person, the activity, and the type of relationship you have with them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had forced sexual contact with another person by word or action? Yes  No

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

Are you aware of any problems that could prevent you from getting this job? Yes  No

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

Have you ever been involved in any fights? Yes  No

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

Have you ever caused an animal to attack another animal or person? Yes  No

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

**Litigations**

- Have you ever been involved in any type of lawsuit? (even as a witness) Yes  No
- Have you personally been sued? Yes  No
- Have you ever sued anyone or any business? Yes  No
- Has anyone ever threatened to take you to court for non-payment of a bill? Yes  No
- Have you ever filed for bankruptcy? Yes  No

If Yes, give following information:

Date: \_\_\_\_\_ Chapter Filed: \_\_\_\_\_  
 Court: \_\_\_\_\_ County/State: \_\_\_\_\_

- Have you ever been refused or denied credit by a bank or creditor? Yes  No   
 If yes, give following information:  
 Number of Times: \_\_\_\_\_

- Have you ever experienced a significant event that caused you a financial hardship and left you unable to pay your monthly bills? Yes  No

- Have you ever made an application for credit that contained false information? Yes  No

- Have you ever had any property repossessed, voluntarily or non-voluntarily? Yes  No

- Have you ever had a creditor turn your account over to a collection agency? Yes  No

If yes, when: \_\_\_\_\_

- Have you ever been evicted, threatened with eviction or told to move from any place you have ever lived because of your financial situation? Yes  No

- Have you ever moved and failed to give a creditor a new address to avoid receiving a bill? Yes  No

- Have you ever had an account balance you owe charged off because of your failure to pay the bill? Yes  No

- Have you ever written a check on another's account without their permission? Yes  No

If yes, describe circumstances: \_\_\_\_\_

- Have you ever altered any document so you could receive money that was not due to you? Yes  No

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

- Have you ever participated in an act of financial fraud? Yes  No

**Driving History**

A moving violation is any violation which is not a non-mechanical infraction. It does not include such violations as expired inspection stickers, expired vehicle registrations, defective headlamps, etc.

How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three years? \_\_\_\_\_

Have you ever driven a motor vehicle, since your 17<sup>th</sup> birthday, without a valid drivers' license for that vehicle?  
 Yes  No

Have you ever driven a motor vehicle, within the past 10 years, without the proper insurance and received a citation for it?  
 Yes  No

Have you ever had your driver's license suspended or revoked?  
If yes, complete the following:

Date of Suspension	Type of Suspension	Date Lifted
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Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?  
 Yes  No

Have you ever had a hearing for probation/suspensions, etc.?  
 Yes  No

Have you ever been placed as an assigned risk for vehicle insurance?  
 Yes  No

Have you ever had your insurance revoked due to the number of traffic citations or accidents?  
 Yes  No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked?  
 Yes  No

Have you ever been denied a driver's license for any reason?  
 Yes  No

Have you ever struck an unattended vehicle and then left without leaving identification or complying with the duties upon striking an unattended motor vehicle?  
 Yes  No

Have you ever been involved in an accident, as a driver, after you had been drinking alcoholic beverages?  Yes  No

Have you ever operated a motor vehicle/boat while impaired by alcohol or drugs?  
 Yes  No

Have you ever operated a motor vehicle/boat while under the influence of alcohol or drugs?  
 Yes  No

**Citations**

List, to the best of your memory, all driving citations you have received in the past (7) seven years.

<i>Date Received</i>	<i>Type of Violation</i>	<i>Issuing Agency/Location</i>	<i>Disposition</i>

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:

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**Accidents**

List all accidents, in a lifetime, in which you have been involved as a driver:

<i>Date</i>	<i>Location (include city &amp; state)</i>	<i>Brief Description</i>	<i>Contributor to Accident (other driver or You)</i>

Was a police report completed for any of the accidents listed above?  Yes  No

If yes, date of accident: \_\_\_\_\_ Injury or Non-Injury?  Injury  Non-Injury

Law Enforcement Agency: \_\_\_\_\_

If yes, date of accident: \_\_\_\_\_ Injury or Non-Injury?  Injury  Non-Injury

Law Enforcement Agency: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT****Subversive Organizations and Actives**

Are you now or have you ever been a member of a Fascist organization or street gang?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you now or have you ever been a member of a terrorist cell or organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of the United States constitutional form of government, or which has adopted that policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you now associating with, or have you associated with, any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations described above?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever engaged in any activities for an organization of the type described above, made contribution(s) to, attended, or participated in any social, or other activities of said organizations, or of any projects sponsored by them, including the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced or published, by them or any of their agents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
To your knowledge, has any member of your family (or your spouse's family) been a member of, or associated with any subversive or militant organization or group?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever associated with a person who advocated the overthrow of the government?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever wanted to overthrow this form of government by force or violence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever knowingly attended such group's meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever attended a street gang activity or street gang gathering?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been a member of any other criminal organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever carried a weapon without the proper permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever bought, sold, traded, or possessed erotic images of children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever taken erotic pictures of children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever viewed erotic images of children on the internet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Without the permission of the owner, have you ever used the password of another person to gain access to a secure computer, web site or other electronic device?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever bought anything that you suspected was stolen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently possess any property that you believe may have been stolen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**ROYSE CITY POLICE DEPARTMENT****Narcotic Usage**

Our society's opinion and beliefs on the use of narcotics is constantly changing and, in some instances, leaning to more liberal thoughts. 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 for the State 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 becomes 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.

Let's discuss what we mean by drug usage. By usage we mean 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 mixed 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 an 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.

Now 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 a 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.

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM # TIMES USED	HOW USED	NEVER
PCP					
ANGEL DUST					
THC/MARIJUANA					
LSD					
PEYOTE					
MESCALINE					
HEROIN					
COCAINE					
BATH SALTS					
SYNTHETIC CANNABIS (K-2, SPICE, etc.)					
TRANQUILIZERS					
AMPHETAMINE					
METHAMPHETAMINE					
SPEED					
CRANK					
CRACK					
BIPHETAMINE					
ECSTASY / XTC / ICE					
PRELUDIN					
DILAUDID					
TALWIN / PBZ					
MUSHROOMS (PSILOCYBIN) CHEESE					
METHADONE					
MORPHINE					
CODEINE					
OPIATES					
BARBITURATES					

**ROYSE CITY POLICE DEPARTMENT**

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED	NEVER
INHALANTS-see below					
GLUE					
PAINT					
TOLUENE PRODUCTS					
FREON					
GASOLINE PRODUCTS					
DESIGNER DRUGS-see below					
ANABOLIC STEROIDS					
ROHYPNOL (DATE RAPE DRUG)					
ANY OTHER NOT LISTED					

In reference to any type of the 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 maximum number of times I have ever used Marijuana in any form. The last possible date that I used Marijuana is \_\_\_\_\_

\_\_\_\_\_ is the maximum number of times I have ever used Hashish in any form. The last possible date that I used Hashish is \_\_\_\_\_

Have you ever sold or provided any illicit drugs, controlled substance, dangerous drugs, or marijuana to anyone? Yes  No

Have you ever possessed, transported, or purchased any precursor chemicals or any chemical laboratory glassware, or apparatus, used in the manufacturing of any controlled substance or dangerous drugs? Yes  No

Have you ever grown marijuana? Yes  No

Have you ever grown mushrooms? Yes  No

**ROYSE CITY POLICE DEPARTMENT**

Have you ever operated a vehicle after using any of the above illicit drugs, controlled substances, Yes  No   
dangerous drugs, or marijuana?

Have you ever been involved, or assisted anyone, in the smuggling or transportation of any Yes  No   
illegal contraband (drugs, chemicals for drug manufacturing, money, weapons), persons or  
property for any illegal purpose?

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

\_\_\_\_\_ is the number of drinks, per day, that I consume alcoholic beverages. The last possible time that I  
consumed an alcoholic beverage is \_\_\_\_\_

\_\_\_\_\_ is the number of days, per week, that I consume alcoholic beverages.

\_\_\_\_\_ is the number of weeks, per month, that I consume alcoholic beverages.

\_\_\_\_\_ is the number of months, per year, that I consume alcoholic beverages.

Have you ever purchased alcoholic beverages using a fake identification card? Yes  No

Have you ever had someone, other than your parents, purchase alcoholic beverages Yes  No   
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 Yes  No   
it yourself?

Have you ever failed to declare your alcoholic beverages that you purchased, in a foreign Yes  No   
country, to the U.S. Customs Inspectors? (regardless if you were later caught)

Have you ever transported alcoholic beverages across state lines? Yes  No   
If Yes, explain: \_\_\_\_\_

Have you ever been issued a citation for Minor in Possession of Alcoholic Beverages? Yes  No   
If Yes, give date and place: \_\_\_\_\_

Have you ever been late for, or missed, work because of alcohol use? Yes  No   
If Yes, explain: \_\_\_\_\_

Has alcohol ever affected your job performance? Yes  No   
If Yes, explain: \_\_\_\_\_

As an adult, have you ever been convicted of DWI? Yes  No   
If Yes, explain: \_\_\_\_\_

Have you ever been arrested or detained and released to a responsible party because of  
being determined too intoxicated by a law enforcement officer? Yes  No

**Financial Information**

What is your present salary or wages? \_\_\_\_\_ (yearly/gross)

List any income from any other source, other than your principal occupation (excluding your spouse's income).

SOURCE	AMOUNT	FRENQUENCY

Do you own any real estate? Yes  No   
 If yes, state value of real estate? \_\_\_\_\_  
 Real Estate Location: \_\_\_\_\_

Do you own any bonds, Government or other? Yes  No   
 If yes, state value: \_\_\_\_\_

Do you own any Corporate stock? Yes  No   
 If yes, state value: \_\_\_\_\_

Savings Account Current Balance \$ \_\_\_\_\_

Checking Account Current Balance \$ \_\_\_\_\_

Do you pay child support or alimony? Yes  No

Are you delinquent in these payments? Yes  No

Have you ever been ordered to court for non-payment of alimony or child support? Yes  No

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

Have your wages ever been garnished? Yes  No

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

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

Do you currently owe income tax from past years? Yes  No   
 If yes, explain: \_\_\_\_\_

Are you currently making payments? Yes  No   
 If yes, monthly amount paid: \_\_\_\_\_

Have you ever had an employment bond refused? Yes  No

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

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

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

Yes

No

If "Yes", do you currently have any outstanding debts as a result of gambling?

Yes

No

Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?

Yes

No

Have you written three or more bad checks in a one-year period?

Yes

No



**Motor Vehicle Information**

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

N/A State of Issue: \_\_\_\_\_ Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Name under which license was granted: \_\_\_\_\_

N/A State of Issue: \_\_\_\_\_ Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Name under which license was granted: \_\_\_\_\_

N/A State of Issue: \_\_\_\_\_ Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Name under which license was granted: \_\_\_\_\_

List any vehicle you or your spouse own or drive:

1. \_\_\_\_\_

Make	Model	Year	License #/Expiration Date/State
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Type of Coverage:  Insured     Bonded     Cash Deposit

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

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

2. \_\_\_\_\_

Make	Model	Year	License #/Expiration Date/State
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Type of Coverage:  Insured     Bonded     Cash Deposit

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

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

3. \_\_\_\_\_

Make	Model	Year	License #/Expiration Date/State
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Type of Coverage:  Insured     Bonded     Cash Deposit

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

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

4. \_\_\_\_\_

Make	Model	Year	License #/Expiration Date/State
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Type of Coverage:  Insured     Bonded     Cash Deposit

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

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

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

Have you ever driven a vehicle without auto insurance, as required by law?  Yes  No

If yes, given reason: \_\_\_\_\_

Date: \_\_\_\_\_ Location (Street, City, State, Zip): \_\_\_\_\_

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled?  Yes  No

If yes, give reason: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Date: \_\_\_\_\_

Location (Street, City, State, Zip): \_\_\_\_\_

**Club/Group or Association Memberships**

Official Name Of Organization	Type: Social, Fraternal, Professional, etc..	Office(s) Held	Date of Memberships	
			FROM	TO

**Hobbies and Sports**

Name of sport/hobby	Duration	Level of Proficiency

**ROYSE CITY POLICE DEPARTMENT**

Applicant Initials Here \_\_\_\_\_

Do you have a relative, spouse, friend, acquaintance currently employed with the City of Royse City? Yes  No

If yes, please give the following:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Department \_\_\_\_\_  
Contact number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Department \_\_\_\_\_  
Contact number \_\_\_\_\_

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your stability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

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In your own words, please state why becoming a Royse City Police Officer is important to you?

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**ROYSE CITY POLICE DEPARTMENT****Personal References**

List 7-10 people that can provide current information about you. Do not list relatives, past or present employers or supervisors. You must be complete in all areas. It is your responsibility, not this departments, to locate and obtain this information

**1.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**2.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**3.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**4.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**5.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**ROYSE CITY POLICE DEPARTMENT**

**6.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**7.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**8.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**9.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**10.**  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 COMPANY/WORK ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

**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, either wholly or partly, because of information contained in a consumer report, the City of Royse City 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.

I have read the above notice and understood what it means. I hereby authorize the City of Royse City to investigate my credit worthiness, credit standing or credit capacity for employment purposes.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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



**STATE OF TEXAS**

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
Notary Public

My Commission expires on \_\_\_\_\_

ROYSE CITY POLICE DEPARTMENT

ROYSE CITY POLICE DEPARTMENT

PERSONAL INQUIRY WAIVER FORM
AUTHORIZATION TO RELEASE INFORMATION

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 Royse City and/or the Royse City 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 psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, 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 Royse City and/or the Royse City 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 Royse City from all liability for supplying any information concerning my employment to any potential employer. I authorize the City of Royse City and/or the Royse City Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative 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 Royse City and/or the Royse City 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 Royse City and/or the Royse City 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 Royse City and/or the Royse City 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.

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.

Applicant's Printed Name

Applicant's Signature

Date of Birth

Social Security Number

\*\*\*\*\*

STATE OF TEXAS

"I, \_\_\_\_\_, Badge # \_\_\_\_\_, Royse City Police Department, am a Texas Peace Officer as defined in Article 2.12 Texas Code of Criminal Procedures and have administered this oath in Performance of my duties pursuant to Article 602.002(16) of the Texas Government Code."

Signature

Date

**Affirmation of Truthfulness**

**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this personal history statement. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate and permanent rejection of my application, or if currently employed with the Department, termination of said employment.**

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE STATE OF TEXAS,  
\_\_\_\_\_ THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
County Day Month year

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

(Stamp or seal)

My commission expires: \_\_\_\_\_