

PERSONAL HISTORY STATEMENT



**Flower Mound Police Department
4150 Kirkpatrick Lane
Flower Mound, Texas 75028
PERSONNEL SECTION**

**Police Department
(972) 539-0525
Personnel Officer
(972) 874-3330**

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY

BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be **printed legibly in ink**. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the spaces provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining **COMPLETE** addresses on all past/present employers, personal references, schools, etc. This includes correct zip and area codes, email addresses, and cell phone numbers. **THE FLOWER MOUND POLICE DEPARTMENT** will not be responsible for acquiring information.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. An incomplete form will result in **AUTOMATIC REMOVAL** from the eligibility list. Deliberate omissions or falsifications will result in disqualification.
7. It is your responsibility to have the Authorization for Release of Personal Information Form/Employment Termination History Release Form notarized.

NOTE: Answer all questions fully and accurately and provide explanations when necessary. Do not assume any response constitutes automatic ineligibility for employment.

NAME _____
 LAST FIRST MIDDLE

DATE OF BIRTH _____

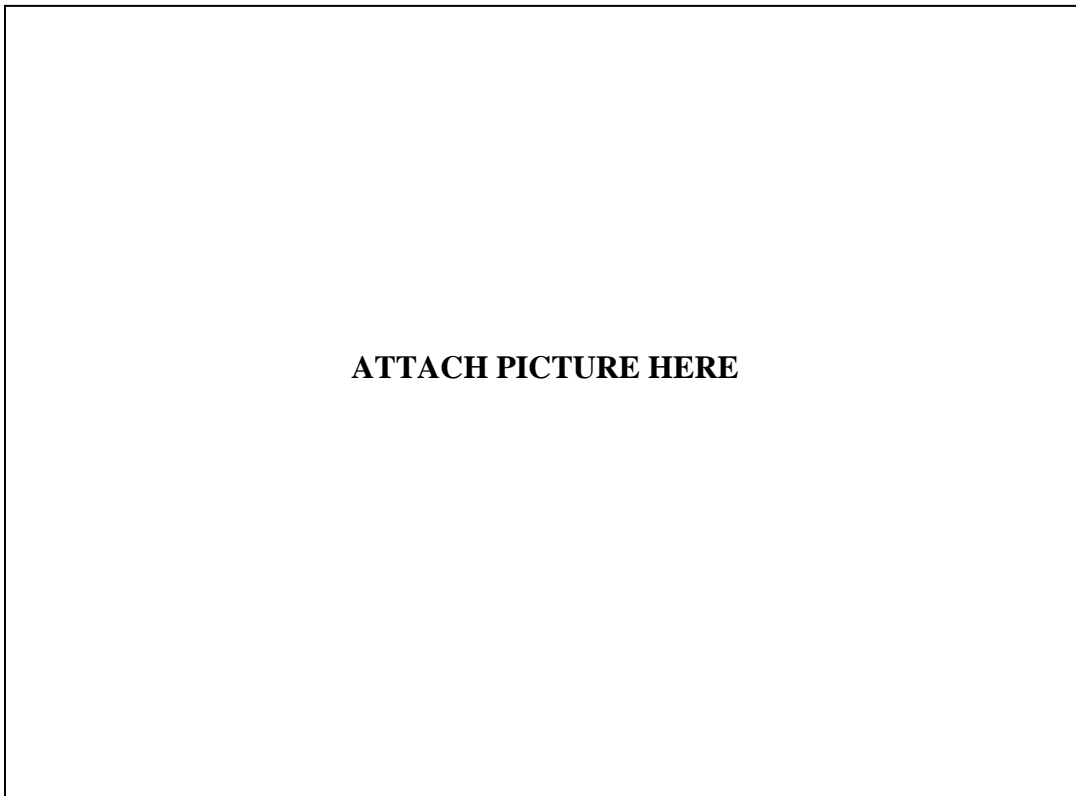
SOCIAL SECURITY NUMBER _____

DAYTIME PHONE NUMBER _____

**INCOMPLETE OR LATE APPLICATIONS WILL BE DISQUALIFIED
WITHOUT FURTHER NOTICE**

IF YOU MAIL THIS APPLICATION, PLEASE ADDRESS IT TO:

**Flower Mound Police Department
4150 Kirkpatrick Lane
Flower Mound, Texas 75028
ATTN: POLICE PERSONNEL**



Attach a photograph of yourself taken during the past 90 days in the space provided above. Attach the photo above securely with paste, tape, or staples.

IF CURRENTLY MARRIED, SPOUSE'S FULL MAIDEN NAME:

| | | |
|-------------|--------------|---------------|
| Last | First | Middle |
|-------------|--------------|---------------|

Date of Birth ___/___/___ Date of Marriage ___/___/___

Marriage Location _____

| | | |
|-------------|--------------|----------------|
| City | State | Country |
|-------------|--------------|----------------|

Current Residence _____

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Full time _____ Part Time _____ Annual Salary _____

Place of employment _____

Address of employment _____

NAME OF FIANCÉ(E) OR GIRLFRIEND/BOYFRIEND

| | | |
|-------------|--------------|---------------|
| Last | First | Middle |
|-------------|--------------|---------------|

Date of Birth ___/___/___

Residence _____

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Place of employment _____

Address of employment _____

CHILDREN AND DEPENDANTS

YES NO Do you have any children?

YES NO Do you have other dependants that you claim for tax purposes?

Please list children and dependants below:

| First/Last Name | Date of Birth | Residence Address | Supported By Whom |
|-----------------|---------------|-------------------|-------------------|
|-----------------|---------------|-------------------|-------------------|

YES NO Do you pay child support or alimony?

YES NO Are you delinquent in these payments?

YES NO Have you ever been delinquent on any child support payments?

Use space below for any explanations:

MARITAL INFORMATION

YES NO Do you or have you ever had a common-law marriage?

YES NO Are you avoiding payments to your former spouse?

YES NO Have you ever been ordered into court for non payment of alimony or child support?

YES NO Do your family and friends want you to get into this type of work?

YES NO Could you arrest a close friend or a family member for a violation of the law?

YES NO Have you or your spouse/boyfriend/girlfriend ever been involved in any civil or criminal court action? **If yes, complete information below.**

YES NO Has any member of your family or spouses/boyfriend/girlfriend's family ever been arrested? **If yes, complete information below.**

| DATE | COURT/AGENCY | REASON FOR COURT ACTION |
|------|--------------|-------------------------|
|------|--------------|-------------------------|

EDUCATION

High School(s)

| Name | City | State | Year(s) Attended | GPA |
|-------------|-------------|--------------|-------------------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

YES NO Did you graduate from high school with a diploma?

If you did not graduate, please explain:

YES NO N/A Did you receive a GED?

Date of GED ___/___/___ Place GED Obtained _____

COLLEGE OR UNIVERSITIES

YES NO Have you ever attended college? YES NO Did you graduate?

List all Colleges Attended

| College | City/State | Major | Credits | Yr(s). Attended | GPA |
|----------------|-------------------|--------------|----------------|------------------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

IF GRADUATED:

| Degree & Major | College | Yr. received | GPA |
|---------------------------|----------------|---------------------|------------|
| _____ | _____ | _____ | _____ |

List other schools and training (i.e., business schools, military, vocational, etc.) with dates attended, location of schools and subjects studied.

| Name | City | State | Years Attended | Subject studied |
|-------|-------|-------|----------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

YES NO Have you ever been suspended from school (any grade level)?
If yes, please give dates, schools and reason for suspension:

YES NO Have you ever been expelled from school?
If yes, please give dates, schools and reason for expulsion:

YES NO Have you ever been placed on academic probation?
If yes, please give dates, schools, and reason for probation:

Please list any awards, honors or scholarships related to your education, work or dedication to public service.

Please list the names of two Professors, instructors or advisors at a University or school that you attended (if you graduated within the past 5 years).

| Name | Email | Phone | Subject |
|-------|-------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List any special licenses you hold: (i.e., Pilot, Radio Operator, Scuba, Concealed Handgun Permit, etc.)

| Type | Licensing Authority | Issue Date | Expiration |
|-------|---------------------|------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PRIOR MILITARY

YES NO Did you register for the Selective Service at age 18?
YES NO Have you ever been in the military?

ACTIVE DUTY SERVICE

Branch _____ Rank _____ Grade _____ Dates _____

FOR RESERVES

Branch _____ Rank _____ Grade _____ Dates _____

Are you presently serving Active Duty, in the Reserves or National Guard? _____

INFORMATION FOR LAST DUTY ASSIGNMENT

Base Name _____

Base Address _____

| | | | |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

Supervisor's Name _____

Contact number _____ E-mail _____

Please describe your reserve obligation and tenure, if any:

What were your primary assignments and/or duties in the Military?

What type of discharge did you receive? _____

Date of Separation ___ / ___ / ___

YES **NO** Have you ever been rejected for any branch of the military?

YES **NO** Have you ever been the subject of any military investigation?

YES **NO** Were you ever given company punishment or disciplined while in the military (Article 15 or Captain's Mast)?

If yes, please provide the following:

| CHARGE | DATE | AGE | DISPOSTION |
|---------------|-------------|------------|-------------------|
|---------------|-------------|------------|-------------------|

YES **NO** While in the 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 accident while in the military whether reported or not?

YES **NO** Were you ever reduced in rank?

YES **NO** Were you ever given a court martial?

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** Could you have re-enlisted if you wanted to?

Use space below for any explanations:

FOREIGN LANGUAGE

| Language | Reading (exc/good/fair) | Speaking (exc/good/fair) | Understanding (exc/good/fair) | Writing (exc/good/fair) |
|----------|----------------------------|-----------------------------|----------------------------------|----------------------------|
| _____ | /_____ | /_____ | /_____ | /_____ |
| _____ | /_____ | /_____ | /_____ | /_____ |
| _____ | /_____ | /_____ | /_____ | /_____ |

Please list any special skills, talents, or qualifications that you possess as well as any machines or equipment that you are able to operate. (Ex: short wave radio, key punch, computer, transcribing machine, scientific devices or professional devices.)

DRIVING

Please list any and all operator's licenses that you may have had since the age of 15, either in the US or any foreign country.

| STATE | LICENSE # | CLASS | DATE EXP. | RESTRICTIONS |
|-------|-----------|--------|-----------|--------------|
| _____ | /_____ | /_____ | /_____ | /_____ |
| _____ | /_____ | /_____ | /_____ | /_____ |
| _____ | /_____ | /_____ | /_____ | /_____ |

What is the address on your current drivers' license?

YES NO Is this address current? If no, please explain

YES NO Have you ever been denied a license?

Use space below for any explanations:

YES **NO** Has your drivers license ever been deemed invalid (suspended, revoked, cancelled, denied renewal, or expired during a period of suspension)?
If yes, please give dates along with a brief explanation:

YES **NO** Have you ever driven a vehicle when you knew that your license was invalid?
Please give approximate dates and reason:

YES **NO** Do you own or lease an automobile?

Please list the following on your vehicles:

| Year | Make | Model | LP # | LP State |
|-------------|-------------|--------------|-------------|-----------------|
|-------------|-------------|--------------|-------------|-----------------|

INSURANCE INFORMATION

Auto Insurance Company _____

Policy Number _____ **Expiration Date** _____

YES **NO** Have you ever been refused automobile insurance?
If yes, please give details:

YES **NO** Have you ever operated a motor vehicle without valid insurance?
If yes, please give details:

EMPLOYMENT

Beginning with your current job, list all jobs that you have ever had in chronological order including military, part-time, temporary, seasonal, and periods of unemployment. If you were a student between periods of unemployment list that information as well. Attach a separate page if you need additional space.

CURRENT JOB

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DO YOU WANT TO LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___ / ___ / ___ **TO** ___ / ___ / ___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___ / ___ / ___ **TO** ___ / ___ / ___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

SUPERVISOR _____ **PHONE/EMAIL** _____

CO-WORKER _____ **PHONE/EMAIL** _____

DESCRIPTION OF DUTIES _____

WHY DID YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING? _____

WOULD YOU BE ELIGIBLE FOR REHIRE? YES _____ NO _____

PLEASE CHECK YES OR NO

- YES NO 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 been fired from a job?
- YES NO Have you ever been told that your job assignment was being changed due to problems you were having in completing your duties?
- YES NO Have you ever claimed to be injured or disabled when you were not?
- YES NO Have you ever filed a complaint against an employer?
- 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?
What is the # of times that you have used sick leave when you were not actually sick? _____
What did you do on those days? _____
- YES NO Have you ever damaged an employer's/employee's property for revenge?
- YES NO Have you ever attempted in any way to get revenge against a past or present employer/employee?
- YES NO Have you ever failed to report to work without contacting your employer? How many times? _____
Please explain: _____
- YES NO Have you ever caused problems, or asked someone to cause problems, as a customer of any business?
- YES NO 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 quit a job without 2 weeks notice? Please explain: _____
- YES NO Have you ever been reprimanded for reporting late to work?
How many times? _____
If you are late, on an average, how many minutes? _____
Please explain: _____

Use space below for any explanations:

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

PLACE(S) _____

DATES(S) _____

ITEM(S) _____

VALUE OF EACH _____

YES NO N/A Do you still have the items listed above?

YES NO Have you ever taken part in a theft with another employee?

YES NO Have you ever had knowledge that another employee was stealing or being dishonest and not acted upon it?

YES NO Have you ever witnessed an employee steal, take or destroy anything?

YES NO Have you ever been an accomplice in any way to a theft at work?

YES NO Have you ever submitted a falsified expense report?

YES NO Have you ever charged any item or material to a business charge account that was not business related?

YES NO Have you ever submitted an untruthful statement in order to obtain unemployment benefits?

Number of times _____

YES NO Have you ever been denied unemployment benefits?

YES NO Have you ever resigned from a job while under investigation?

YES NO Have you ever claimed that you worked more hours than you actually worked?

YES NO Have you ever violated a company policy knowing that you were doing so?

YES NO Do you get along with co-workers?

YES NO Do you usually get along with employers?

YES NO Have you ever claimed to be working, and getting paid, when you were not actually doing the job you were paid to do?

YES NO Have you ever consumed alcoholic beverages at work?

YES NO Have you ever consumed any form of an illegal substance at work?

Use space below for any explanations:

PRIOR POLICE- (Police, Military Police, Jailer, Prison Guard, Security Guard)

****If you have no prior experience, skip to FINANCIAL STATUS section.**

YES NO Have you ever attempted by word or action to cause someone to believe that you were a police officer other than when employed as a certified officer?

YES NO Have you ever been employed in the law enforcement field?
If so, in what capacity? _____

YES NO As a security guard, jailer, prison guard, police officer, or military police officer have you ever violated the civil rights of any person?

YES NO Have you used deadly force against anyone?

YES NO While on duty, have you ever discharged your duty firearm other than as a part of a training exercise?

YES NO While off duty, have you ever discharged your firearm other than during a practice session or hunting?

YES NO Have you ever had your peace officer, jailer, or security license revoked or denied by final order?

YES NO As a peace officer, jailer or security guard, have you ever had a voluntary surrender of your license or suspension in effect?

YES NO Are you currently under investigation for excessive use of force issues or civil rights violations or similar investigation at this time?

YES NO Are you currently or have you ever been a party to a lawsuit involving allegations of excessive force, wrongful death or civil rights violations?

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 that officer to the proper authorities or supervisors?

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?

YES NO Have you ever solicited or attempted to solicit money or material objects in return for not enforcing the law?

YES NO Have you ever accepted money or material objects in return for not enforcing the law?

YES NO Have you ever made a false statement in any type of report?

YES NO Have you ever committed any type of crime while an officer?

YES NO Have you ever been accused of hurting a person?

YES NO Have you ever been disciplined while an officer?
If yes, how many times? _____ What type? _____

YES NO Have you ever made a false statement under oath?

YES NO Have you ever slept on duty?
Number of times _____ For what reason? _____

YES NO Have you ever filed a resisting arrest charge? How many? _____

FINANCIAL STATUS

YES **NO** Do you have any income from a source other than your present principal occupation? If yes, please list below:

SOURCE _____

AMOUNT _____

FREQUENCY _____

YES **NO** Do you own any real property other than your primary residence?
If yes, please list:

| Type of property | Location of property | Value/Payment |
|------------------|----------------------|---------------|
|------------------|----------------------|---------------|

1. _____

2. _____

YES **NO** Do you own a home? If yes, please list:

MORTGAGE AMOUNT _____ **PAYMENT AMOUNT** _____

NAME OF MORTGAGE COMPANY _____

NAME ON MORTGAGE _____

PROPERTY INSURANCE CO. NAME _____

YES **NO** Do you rent? If yes, what is your monthly rent? _____

YES **NO** Is the apartment/house you are renting furnished?

YES **NO** Do you pay utilities?

YES **NO** Are utilities in your name?

YES **NO** Have you ever had a property foreclosed on?

YES **NO** Have you ever broken a residential lease/left property without fulfilling the lease agreement?

Use space below for any explanations:

Financial Accounts:

Checking Account(s)

Bank

Current Balance

YES **NO** Have you ever written any NSF checks? If yes, please explain:

Savings Account(s)

Bank

Current Balance

YES **NO** Have you ever had any delinquent credit?

If so, with whom? _____

Amount _____

When? _____

YES **NO** In your opinion do you have good credit at this time?

YES **NO** Have you ever considered filing for bankruptcy?

YES **NO** Have you ever filed for bankruptcy? If yes, please explain:

Date filed _____ **Type filed** _____

Date of disposition _____

REFERENCES:

Please list 5 persons who you know well enough to provide current information. DO NOT list relatives or former employers.

Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

Years Known _____

Briefly describe your relationship: _____

Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

Years Known _____

Briefly describe your relationship: _____

Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

Years Known _____

Briefly describe your relationship: _____

Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

Years Known _____

Briefly describe your relationship: _____

Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

Years Known _____

Briefly describe your relationship: _____

Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

Years Known _____

Briefly describe your relationship: _____

FOREIGN TRAVEL:

DATE FROM DATE TO COUNTRY VISITED PURPOSE

PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

ORGANIZATION SOCIAL/FRATERNAL OFFICE HELD DATES

CRIMINAL ACTIVITIES

YES **NO** Have you ever been detained by the police for anything other than as a witness or on a traffic stop? **List below.**

YES **NO** Have you ever been questioned, detained, indicted, arrested or charged with a crime by a law enforcement agency? **List below.**

AGENCY CHARGE DATE DISPOSITION

| AGENCY | CHARGE | DATE | DISPOSITION |
|--------|--------|------|-------------|
|--------|--------|------|-------------|

Use space below for any explanations:

Have you ever been involved in any way in any of the following WHETHER ARRESTED OR NOT? (Circle the appropriate response)

- | | |
|--|---|
| YES <input type="checkbox"/> NO <input type="checkbox"/> Murder | YES <input type="checkbox"/> NO <input type="checkbox"/> Kidnapping |
| YES <input type="checkbox"/> NO <input type="checkbox"/> False Imprisonment | YES <input type="checkbox"/> NO <input type="checkbox"/> Fighting in public |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Injury to a child | YES <input type="checkbox"/> NO <input type="checkbox"/> Injury to the elderly |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Terroristic Threat | YES <input type="checkbox"/> NO <input type="checkbox"/> Violate protective order |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Criminal Non-support | YES <input type="checkbox"/> NO <input type="checkbox"/> Criminal Mischief |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Robbery | YES <input type="checkbox"/> NO <input type="checkbox"/> Burglary |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Unauthorized use of vehicle | YES <input type="checkbox"/> NO <input type="checkbox"/> Theft |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Forgery | YES <input type="checkbox"/> NO <input type="checkbox"/> Disorderly conduct |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Perjury | YES <input type="checkbox"/> NO <input type="checkbox"/> Riot |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Harassment | YES <input type="checkbox"/> NO <input type="checkbox"/> Public Intoxication |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Violation of civil rights | YES <input type="checkbox"/> NO <input type="checkbox"/> Abuse of a Corpse |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Cruelty to Animals | YES <input type="checkbox"/> NO <input type="checkbox"/> Theft of Utilities |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Organized criminal activity | YES <input type="checkbox"/> NO <input type="checkbox"/> Intoxicated Assault |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Keeping a gambling place | YES <input type="checkbox"/> NO <input type="checkbox"/> Credit Card Abuse |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Unlawful Carry Weapon | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Use of glue or aerosol as an intoxicant | |

Have you ever committed any of the following acts?

- YES NO Indecent Exposure
- YES NO Public Lewdness (sexual act in a public place)
- YES NO Urinating in Public (regardless of whether others are around)
- YES NO Any sexual act on the job
- YES NO Masturbation on the job
- YES NO Sexual Assault
- YES NO Sexually explicit "prank" phone calls
- YES NO Sexual contact with a sleeping, drugged or unconscious person
- YES NO Sexual act with a child (person under the age of 17)
- YES NO Sexual act with a person under the age of 17 when you were 18 or older?
- YES NO Sexual act with a person that had a mental or physical handicap
- YES NO Solicitation of Prostitution (sex for money, **whether legal or not**)
- YES NO Prostitution
- YES NO Window peeping (voyeurism)

Please give details on any items that are circled "YES," dates, times locations and circumstances. If referring to theft, be specific with items of value taken itemized with dates and values.

Have you ever possessed, used, transported, manufactured or sold any item below?

- YES NO Illegal firearm, knife or weapon
- YES NO Automatic weapon
- YES NO Explosive Weapon
- YES NO Illegal club
- YES NO Armor piercing ammunition
- YES NO Chemical weapons
- YES NO Hoax bomb/components of explosive device
- YES NO Firearm silencer
- YES NO Illegal ammunition

- 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 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.
- YES NO Have you ever purchased, sold or furnished any alcoholic beverage to a person that 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 taken anything from a store without paying? (No matter what your age) If yes, please list items and value.

If you circled yes to any of the above, please explain:

- YES NO 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?
If yes, please list items and value.
- YES NO 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 Have you ever entered a house or a building with the intent of hurting someone or stealing any property?
- 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 your protection?
- YES NO Have you ever worked as a body guard?
- YES NO Have you ever forged any checks or prescriptions?
- YES NO Have you ever been married to more than one person at the same time?
This would include common-law marriages.
- YES NO Have you ever taken part in an act of civil disobedience?
- YES NO Have you ever committed any criminal act that went undetected by any law enforcement entity?
- YES NO Have you ever been fingerprinted for any reason? If YES:

| DATE | AGENCY | REASON (job, arrest, etc.) |
|-------------|---------------|-----------------------------------|
| | | |
| | | |
| | | |

Use space below for any explanations for “YES” answers:

DRUG USAGE AND POSSESSION

The usage of illegal drugs has become common in today's society. It is important that the department be aware of your past or current drug usage since you may be called to testify as a witness in a criminal prosecution of someone who is charged with drug use or possession. The defense could ask you about your personal drug usage in an effort to attack your credibility.

For our purposes, drug usage means the ingestion of drugs into your system. Ingestion is defined as, but not limited to: snorting, sniffing, injecting, smoking, puffing, oral ingestion (by pill, tasting, or mixing with food or drink), or being absorbed into the body by any means. Each separate instance of usage, regardless of the quantity consumed, constitutes "one time used".

Each drug you have used or experimented with must be identified. You will also need to list the first time and last time each individual drug was used. You will also need to explain how the drug was ingested, for example, smoked, injected, etc...

When asked to give the maximum number of times used, you must give the **absolute maximum number of times** you used that drug. If you are not sure how many times you used that drug, then state the absolute maximum number of times that you could have used that drug. Any discrepancies relating to the maximum number of times used will be viewed as deceptive and will be cause for immediate disqualification.

DRUG USAGE:

Under the laws in the State of Texas it is a criminal offense to possess, use, buy, sell or trade a dangerous drug and controlled substance. Usage refers to any form of introducing the substance into your body's system. This includes terms like "experimentation," "trying," or "taking a hit."

| | | # of Times Used | Date of First time/Last Time |
|------------------------------|-----------------------------|-----------------------------------|---------------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Marijuana | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hashish | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Amphetamines | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Methamphetamines | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | "Speed" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Cocaine | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Crack-cocaine | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | LSD-"Acid" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Ecstasy "X" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | PCP "Angel Dust" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Mescaline "Peyote" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Zanax "4 Bars" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | "Cheese" | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Tranquilizers (non prescribed) | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Methadone | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Steroids | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Heroin | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Psilocybin | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Mushrooms | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Morphine | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Codeine | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Opiates | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Barbiturates | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Methadone | _____ |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | GHB | _____ |

YES NO Have you ever used any other illicit drug, controlled substance or dangerous drug not listed above? If yes, list the drug, the number or times used and when last used:

| Type of Drug | Times used | Last Use |
|--------------|------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YES **NO** Have you ever sold or provided any illicit drugs, controlled substance, dangerous drugs, or marijuana whether listed above or not to anyone? If yes, please explain:

| Type of Drug | Sold or Provided | Number of times |
|---------------------|-------------------------|------------------------|
| _____ | | |
| _____ | | |
| _____ | | |

YES **NO** Have you ever used glue, paints, Freon, or petroleum products to get high? If yes, please explain:

| Type of Drug | Number of times | Last time used |
|---------------------|------------------------|-----------------------|
| _____ | | |
| _____ | | |
| _____ | | |

YES **NO** Have you ever bought an illicit drug, controlled substance, dangerous drugs or marijuana? If yes, please explain:

| Type of Drug | Number of times | Last time bought |
|---------------------|------------------------|-------------------------|
| _____ | | |
| _____ | | |
| _____ | | |

YES **NO** Have you ever been present when someone else was buying, selling or using drugs? If yes, please explain:

| Type of Drug | Number of times | Last time |
|---------------------|------------------------|------------------|
| _____ | | |
| _____ | | |
| _____ | | |

YES **NO** Have you ever used a prescription drug that was not prescribed to you?

| Drug | Number of times | First Time/Last time |
|-------------|------------------------|-----------------------------|
| _____ | | |
| _____ | | |
| _____ | | |

- YES NO Do you associate with any individual(s) who use any illegal drugs?
- YES NO Have you ever lied to a doctor in order to obtain prescriptions such as valium or pain killers? What drug? _____ When? _____
- YES NO Have you ever taken a prescription drug more than the prescribed amounts? What drug? _____ When? _____
- YES NO Have you ever grown marijuana?
- YES NO Have you ever grown mushrooms?
- YES NO Have you ever had an illegal injection?
- YES NO Have you ever operated a vehicle after using any of the above illicit drugs, controlled substances, dangerous drugs, or marijuana?
If yes, please explain:

| Type of Drug | Number of times | Last | time |
|--------------|-----------------|------|------|
| | | | |
| | | | |
| | | | |

- YES NO Have you ever been involved, or assisted anyone, in the smuggling or transportation of any illegal contraband (drugs, chemicals for drug manufacturing, money, weapons etc...), persons or property for any illegal purpose? If yes, please explain:
- _____
- _____
- _____

Use space below for any explanations for “YES” answers:

SUBVERSIVE ORGANIZATIONS AND ACTIVITIES

YES NO Are you now or have you ever been a member of a terrorist cell or organization?

YES NO 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 our 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 NO 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 NO 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?

If you answered yes to any of the above questions, please attach an additional page with a full detailed statement. If associated with any of these organizations, please specify nature and extent of association with each, including office or position held. Also, include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

YES NO 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 NO Have you ever associated with a person who advocated the overthrow of the government?

YES NO Have you ever wanted to overthrow this form of government by force or violence?

Use space below for any explanations for "YES" answers:

PERSONAL DECLARATIONS

- YES NO Have you ever been a member of any street gang?
- YES NO Have you ever attended a street gang activity or street gang gathering?
- YES NO Have you ever carried a weapon without the proper permit?
- YES NO Have you ever bought, sold, traded or possessed erotic images of children?
- YES NO Have you ever taken erotic pictures of children?
- YES NO Have you ever viewed images of child pornography on the Internet?
- YES NO Have you ever illegally gained access to a computer that you were not authorized to enter?
- YES NO 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 NO Have you ever set any item, regardless of value or ownership, on fire, for personal reasons, profit, revenge, self-gratification, pleasure or fun?
- YES NO Do you have any personal contacts, family or friends that are involved in any criminal activities now?
- YES NO Have you ever or are you currently friends with anyone that is a felon?
- YES NO Have you ever lived with a felon?
- YES NO Have you ever bought anything that you suspected was stolen?
- YES NO Do you currently possess any property that you believe may have been stolen?
- YES NO Have you ever participated in any money laundering operations?
- YES NO Have you ever made money from placing a bet with a bookmaker?
- YES NO Have you ever worked for any illegal book making organization?
- YES NO Have you ever been a paid or unpaid police informant?
- YES NO Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?
If yes, please explain:

Use space below for any explanations for “YES” answers:

The following documents must be included if you are applying for Police Officer:

1. Military Form DD214_____
2. Certified High School Transcript or copy of your GED *** _____
3. Copy of High School Diploma_____
4. Certified college and university transcripts *** _____
5. Copy of College Diploma_____
6. Certified Copy of Birth Certificate *** _____
7. Copies of Marriage License _____
8. Copies of Divorce Decree_____
9. Copies of Naturalization_____
10. Copy of Drivers License, Insurance, & Social Security_____
11. Notarized Release of Personal Information _____

**** These documents may be mailed directly to the Flower Mound Police Department address listed on page (1) of this personal history statement.*

If any item from the above list is missing from your packet, please make a note in regards to its status (i.e. being mailed, requested, unable to obtain, etc).

WAIVER OF LIABILITY

EMPLOYMENT TERMINATION HISTORY RELEASE

NAME (LAST, FIRST, MIDDLE INITIAL): _____

SOCIAL SECURITY NUMBER: _____

DEPARTMENT REQUESTING RECORDS: _____

I understand that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report must include an explanation of the circumstances of my resignation or termination.

I understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

I understand the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, **when a written request, on agency letterhead, from a chief administrator and this release is presented to the Commission;** and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, public security officer or telecommunicator, which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission to the department named above.

Signature of Licensee

Date

Sworn to and subscribed before me this the ____ day of _____,
20__.

Notary Public, State of Texas

Printed Name: _____

SEAL

**TOWN OF FLOWER MOUND, TEXAS POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the FLOWER MOUND POLICE DEPARTMENT, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure, including but not limited to, the records of: educational 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 whenever 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, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the FLOWER MOUND POLICE DEPARTMENT.

I also certify that any person(s) and governmental entit(y)(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and government entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the Town of Flower Mound from any claim or demand related to the Town of Flower Mound obtaining and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies, and for any other purpose.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature

Date