

CITY OF NACOGDOCHES POLICE DEPARTMENT

APPLICANT: _____ **DATE:** _____

Please attach certified copies of the following listed documents. This information must accompany the Personal History statement prior to processing.

1. CERTIFICATE OF BIRTH
2. PROOF OF CITIZENSHIP (IF YOU WERE NOT BORN IN AMERICA).
3. COPY OF TCLEOSE BASIC PEACE OFFICER CERTIFICATION (REQUIRED)
4. COPY OF HIGH SCHOOL DIPLOMA OR GED
5. COPY OF COLLEGE TRANSCRIPT
6. COPY OF MARRIAGE LICENSE
7. COPY OF DD-214 IF APPLICABLE
8. COPY OF DIVORCE DECREE IF APPLICABLE
9. COPY OF DRIVERS LICENSE
10. COPY OF SOCIAL SECURITY CARD
11. COPY OF YOUR AUTOMOBILE PROOF OF INSURANCE
12. COPY OF LAW ENFORCEMENT CERTIFICATIONS

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

APPLICANT INFORMATION

City of Nacogdoches Applicants,

Thank you for your interest in employment with the City of Nacogdoches. The following information is intended to explain what to expect when applying for a position with the City of Nacogdoches.

Applicants needing assistance during any phase of the application, interview, or employment process will need to contact a Human Resources representative. Every reasonable effort will be made to accommodate your needs in a timely manner. Please be advised that the City of Nacogdoches is a Drug Free Workplace and all applicants receiving a contingent offer of employment will be drug tested.

What do I need to know about completing an application? You must meet the minimum requirements for a position to complete an application and apply for that position. **All** questions must be answered completely and accurately. Do **NOT** write **See Attached Resume** anywhere on the application or your application will not be considered.

What is the deadline for submitting my application? A deadline is established for most positions advertised. All applications must be submitted to the Human Resources office on or before the closing date. Applications submitted after the closing date will not be considered. Some positions may be “open until filled.”

What happens to my application after I leave it in Human Resources office? All applications for a current vacancy are reviewed by Human Resources to determine if the application meets the minimum qualifications required for the position. If the application does not clearly indicate the required minimum qualifications, no further processing occurs. If it does meet minimum requirements it is then forwarded to the hiring supervisor. The hiring department will then set up interviews at their convenience.

Will I be called about the status of my application? Those applicants who are selected for an interview will be contacted. All applicants not selected will be notified by mail once the position is filled.

If my application is selected for an interview, how long does it take after I submit my application before I am called? The length of time depends on how long it is necessary to advertise the vacancy, the number of applicants to review, and the time required to review the applications by the hiring manager.

What happens after the department interviews me and a conditional offer of employment is made? If a conditional offer of employment is made, you will be contacted to complete post offer paperwork, which may include a medical/physical examination, drug-screening, and any other necessary testing directly related to the position. Additional testing of job-related skills may be required prior to employment as well. Other conditions of employment may be required before you are ready to report for work. Documents will be required in order to prove “eligibility” to work in the United States as required by the Department of Homeland Security.

EQUAL EMPLOYMENT OPPORTUNITY DATA
City of Nacogdoches, Texas

This form is optional. You are not required to furnish the information requested below.

This information does not become part of the hiring process, nor will the information be considered by those involved in the hiring process. The data is being collected for EEO reporting purposes.

Name (please type or print) _____

Social Security No: _____

Date of Birth _____

Sex: Male _____ Female _____

Check One:

- _____ White (Non Hispanic)
- _____ Black (Non Hispanic)
- _____ Hispanic
- _____ American Indian/ Alaskan Native
- _____ Asian/ Pacific Islander

How did you hear about the position?

- _____ Newspaper
- _____ Referred by Employment Agency
- _____ Read City's Job Announcement
- _____ Referred by City Employee
- _____ Website
- _____ Other

Date of Application: _____

Position Applied for: _____

Signature- Applicant

Date

Remarks:

WORK EXPERIENCE - List your last three employers/positions, beginning with the most recent.

MONTH & YEAR FROM _____ TO _____	NAME & ADDRESS of EMPLOYER _____ _____	REASON for LEAVING _____ _____	<input type="checkbox"/> PAID EMPLOYMENT <input type="checkbox"/> UNPAID / VOLUNTEER <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Avg. Hours/week _____ Ending Salary _____
--	--	--------------------------------------	--

Title: _____ Duties _____

Number of Employees under Your Supervision _____ Your Immediate Supervisor's Name _____
 Phone Number _____

MONTH & YEAR FROM _____ TO _____	NAME & ADDRESS of EMPLOYER _____ _____	REASON for LEAVING _____ _____	<input type="checkbox"/> PAID EMPLOYMENT <input type="checkbox"/> UNPAID / VOLUNTEER <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Avg. Hours/week _____ Ending Salary _____
--	--	--------------------------------------	--

Title: _____ Duties _____

Number of Employees under Your Supervision _____ Your Immediate Supervisor's Name _____
 Phone Number _____

MONTH & YEAR FROM _____ TO _____	NAME & ADDRESS of EMPLOYER _____ _____	REASON for LEAVING _____ _____	<input type="checkbox"/> PAID EMPLOYMENT <input type="checkbox"/> UNPAID / VOLUNTEER <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Avg. Hours/week _____ Ending Salary _____
--	--	--------------------------------------	--

Title: _____ Duties _____

Number of Employees under Your Supervision _____ Your Immediate Supervisor's Name _____
 Phone Number _____

*****If you need additional space, please continue on a separate sheet of paper *****

We may contact the employer(s) listed above unless you indicate otherwise and give the reason(s) for your request.

Do Not Contact	Reason

FOREIGN LANGUAGE(S): (List and circle where applicable)

LIST LANGUAGES:	1. SPEAK	2. READ	3. WRITE
_____ _____ _____	FAIR GOOD EXCELLENT	FAIR GOOD EXCELLENT	FAIR GOOD EXCELLENT

Professional, Trade, Business or Civic Activities and Offices Held – You may exclude membership which would reveal gender, race, religion, national origin, age, disability or any other protected status:

Name of Organization	Position Held	Membership Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOCATIONAL LICENSES | CERTIFICATIONS | REGISTRATIONS

TYPE	NUMBER	ISSUING AUTHORITY	ISSUE DATE	EXPIRATION DATE

Do you have a valid Texas CDL? YES NO

Computer Skills (hardware and software) _____

SUPPLEMENTAL WORK EXPERIENCE _____

REFERENCES Please include supervisors and persons **NOT** related to you that we may contact to verify your performance and qualifications.

Name _____	Occupation _____	Mailing Address _____
Your Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization _____	Daytime Phone _____
Name _____	Occupation _____	Mailing Address _____
Your Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization _____	Daytime Phone _____
Name _____	Occupation _____	Mailing Address _____
Your Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization _____	Daytime Phone _____

Please list any relatives working for the City :

Name	Relationship

AFFIRMATION and AUTHORIZATION

I affirm that the facts set forth above in my application for employment with the City of Nacogdoches are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that during the application process, any information provided by me is subject to verification and that incomplete or inaccurate, information or omission of my signature is just cause for rejection of my application

I understand and agree that, if hired, my employment would be contingent upon the conditions specific to the position for which I am applying. I also understand that any omission of information or erroneous information provided in any part of the employment process would be sufficient cause for discharge.

_____ Signature of Applicant _____ Date



202 East Pilar Street, Rm. 110
P.O. Box 635030
Nacogdoches, TX 75963
936-559-2567

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(MO/YR) (Street) (City) (State & Zip)

Previous Address From: _____
(MO/YR) (Street) (City) (State & Zip)

Previous Address From: _____
(MO/YR) (Street) (City) (State & Zip)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver License Number & State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the City of Nacogdoches and its designated agents and representatives to conduct a comprehensive review of my background and references causing a consumer report and/or investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of social security number, credit reports, current references and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Nacogdoches or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The City of Nacogdoches and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner, unless otherwise required by law, in order to protect the applicant's personal information, including, but not limited to, address, social security numbers, and dates of birth.

Signature: _____ Date: _____

**NACOGDOCHES POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT – PEACE OFFICER**

(08/03/09) – Page 2 of 30

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of a **Nacogdoches Peace Officer**.
- Type or neatly print, in ink, responses to **all** items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response. Do not leave any portion or question of this application blank.
- **If you need more space for any response, use the last page of this form (page 30) and identify the additional information by the question number.**

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior **illegal** drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations are because they **deliberately** withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 3 of 31

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY			STATE ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	CELL () OTHER ()
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			9. BIRTHDATE
			10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES
13. IMMEDIATE FAMILY
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. If deceased, state when and how, if not by natural causes. (Use page 28, if more space needed.) Mark "N/A" if a category is not applicable If more space is needed, continue your response on page 30.

<input type="checkbox"/> N/A	A. Father
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

<input type="checkbox"/> N/A	B. Step-father
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

<input type="checkbox"/> N/A	C. Mother
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 4 of 31

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. Step-mother					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A E. Spouse					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A F. Father-in-law					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A G. Mother-in-law					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A H. Former Spouse(s)					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 5 of 31

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers & Sisters** – list all siblings, including half, step and foster siblings, etc. If deceased, state when & how, if not by natural causes.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

N/A **J. Children**

List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. If deceased, state when & how, if not by natural causes.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL			
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)				
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL			

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 6 of 31

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, and military acquaintances. **Do not include relatives, employers or housemates, or other individuals listed elsewhere.**

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 7 of 31

SECTION 2: RELATIVES AND REFERENCES (Section 14, References) <i>continued</i>					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 8 of 31

SECTION 3: EDUCATION

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

15. Check applicable: High School Diploma from an accredited U.S. institution GED

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

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

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended a Basic Police Officer Academy? Yes No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 9 of 31

SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 30.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 10 of 31

SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 12 of 31

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

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

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE
- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 30.)
 - If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
 - List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 13 of 31

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 14 of 31

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*
 25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 15 of 31

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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

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

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

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice? Yes No

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

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

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

33. Have you ever been counseled at work due to lateness or absences? Yes No

34. Did you ever receive an unsatisfactory performance review? Yes No

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

36. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

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

If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? Yes No

If yes, how often?

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

WHEN?	NAME OF EMPLOYER
-------	------------------

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

WHEN?	NAME OF EMPLOYER
-------	------------------

Sign this page to indicate that you have provided complete and accurate information: _____ **Date:** _____

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 16 of 31

40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)?..... Yes No

- If yes, list EVERY agency 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 more space is needed, continue your response on page 30.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

C) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

42. BRANCH OF SERVICE		43. DATES OF SERVICE From _____ To _____	
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – refer to your DD-214:			
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends: _____			

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 17 of 31

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

47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? Yes No

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

48. INCOME AND EXPENSES
 The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? \$ _____ per month

B) Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: \$ _____ per month

Explain:

C) From your spouse's employer(s), what is their take-home monthly income? \$ _____ per month

Current Monthly Expenditures		Current Assets	
Real Estate (mortgage) Payments	\$	Savings	\$
Rent	\$	Checking	\$
Credit Cards (charge accounts)	\$	Real Estate	\$
Utilities and other Monthly Payments	\$	Stocks and Bonds	\$
Autos	\$	Other Assets	\$
Total Monthly Expenditures	\$	Total Assets	\$

Please list all banks or savings institutions where you have current accounts.

Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Saving
		How long there? Yrs: Mos:
Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Saving
		How long there? Yrs: Mos:

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 18 of 31

Please list information on all of your current accounts (open) charge accounts, loans, financial contracts and long-term liabilities.

Name of Creditor, Bank, Firm or Lender	Reason for debt	Monthly Payment	Current Balance	List the number of times you have been late 30 days or more

SECTION 7: FINANCIAL (cont.)

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

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

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

52. Have your wages ever been garnished? Yes No

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

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

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

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

57. Have you ever defaulted on (failed to pay) a loan? Yes No

58. Have you ever borrowed money to pay for a gambling debt? Yes No
 If yes, do you currently have any outstanding debts as a result of gambling? Yes No

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

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

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

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 20 of 31

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **peace officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed, or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

NOTE: You are advised to consult with an attorney before omitting any detention, arrest, or conviction. The fact that a conviction may have been set aside does not necessarily permit you to deny your involvement in a criminal act.

62. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, transported to a Law Enforcement Facility, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on page 30.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY

63. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 21 of 31

SECTION 8: LEGAL <i>continued</i>		
68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. UNDETECTED ACTS – PART 1		
Within the past seven years OR at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?		
A) Annoying / obscene phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*

Questions 74 and 75 asks about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|---|------------------------------|
| - Amphetamines / Methamphetamines
(Uppers, Speed, Crank, etc) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| | - Intoxicating liquors | - Tetrahydrocannabinol (THC) |

74. **Within the past six months**, have you used any drug(s) as indicated above?..... Yes No

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

75. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

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

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

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 25 of 31

SECTION 9: MOTOR VEHICLE OPERATION

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

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

79. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

80. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit						
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
B) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit						
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
C) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit						
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
D) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit						
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 26 of 31

SECTION 9: MOTOR VEHICLE OPERATION <i>continued</i>			
82. List all traffic citations, excluding parking citations, you have received within the past seven years:			
A) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
E) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
F) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
G) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
H) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
I) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
J) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
K) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
L) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
M) NATURE OF VIOLATION		LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN		
Month Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

(08/03/09) – Page 27 of 31

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

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

If checked, explain circumstances:

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

If yes, give details. List all passengers at the time of the accident.

Have you ever been a passenger in a motor vehicle accident within the past seven years? Yes No

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

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

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

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

IF YES, GIVE REASON:

INSURANCE COMPANY

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

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

NACOGDOCHES POLICE DEPARTMENT PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

SECTION 10: OTHER TOPICS

- 86. Have you ever been refused a permit to carry a concealed weapon?..... Yes No
- 87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 88. 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
- 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 90. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

NACOGDOCHES POLICE DEPARTMENT
312 West Main Street
Nacogdoches, TX 75961
(936)559-2607

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, hereby authorize any representative of the Nacogdoches Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Nacogdoches Police Department, whether said records are of public, private, or confidential nature, including my social networking sites. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Nacogdoches Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

If you are the custodian of records for a government agency, I hereby grant a Special Right of Access to Confidential Information to the bearer of this signed document and designate them as my authorized representative. I understand that this allows them access to information that is protected from public disclosure by laws intended to protect my privacy interests.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examination, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal law. I hereby release you, as the custodian of such records of the Nacogdoches Police Department, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Nacogdoches Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

I agree to indemnify and hold harmless the City of Nacogdoches, its agents and employees, and the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Address of Applicant: _____

THE FOLLOWING CERTIFICATION MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGEMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____ County/City of _____ on _____.
(Date)

This individual whose name is signed to the foregoing instrument appeared before me, acknowledge the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statement in the said instrument are true.

Notary Public, Signature

My commission expires on the _____ day of _____ 20 _____.