

Hillsboro Department of Public Safety



Personal History Statement Form

Applicant: _____

Date: _____

Returned: _____

I am applying for:

Peace Officer - PID #: _____

County Jailer - PID#: _____

Telecommunicator - PID #: _____

Civilian Employment

Background Investigator: _____

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, **enter N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (*photocopies are acceptable in most cases*). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary)*

READ THESE INSTRUCTIONS CAREFULLY
IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND
COMPLETE.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

During your pre-employment process with the Hillsboro Police Department, it is important to dress appropriately (as you would for any job interview). Unless otherwise instructed, T-shirts, shorts, tennis shoes, sweat clothes, etc. are not to be worn to any of your appointments or review boards, psychological and polygraph. You need to let us know promptly if you cannot make an appointment due to an emergency.

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be legible and do not have anyone else fill it out for you. Correct all mistakes completely and return all pages. Your Personal History Statement is part of the assessment process. The ability to follow instructions and to prepare neat, accurate, thorough, and legible documents is an integral part of police work, and will be evaluated.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories, also be sure to include the area code on phone numbers.
5. If there is insufficient space on the Personal History Statement Form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.

Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of the required information are grounds for rejection.

In addition to the Personal History Statement, you are required to submit the following:

1. An official high school transcript and a copy of the diploma or G.E.D., if applicable;
2. An official college transcript and a copy of the diploma, if applicable;
3. Copies of any divorce or other civil papers that may apply;
4. A copy of the applicant's military Form DD-214 discharge papers showing an Honorable Discharge, if applicable;
5. A copy of the applicant's Birth Certificate
6. Letters of recommendation, if applicable; and
7. Copies of any Police related training, if applicable.

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these required documents, indicate why in the space at the bottom of the page and the anticipated date they will be submitted.

Your background investigation may be delayed or your application may be rejected if these documents are not submitted promptly.

1. [] Certified Copy of Birth Certificate;
2. [] Naturalization papers (if applicable);
3. [] Photo copy of Drivers License; or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)
4. [] Certified copy of High School transcript;
5. [] Photo copy of High School diploma or G.E.D.;
6. [] Sealed Certified copy of College or University transcript (from each school attended);
7. [] Photo copy of College diploma (if applicable);
8. [] Photo copy of Marriage Certificate;
9. [] Photo copy of Divorce decree (if applicable);
10. [] Photo copy of Military discharge paper (DD-214) showing they type of discharge;
11. [] Photo copy of Social Security card;
12. [] Photo copy of proof of liability insurance;
13. [] Photo copies of any training that relates to the position for which you are applying;
14. [] Photo copies of any litigation that you have been a party to;
15. [] Photo copies of any TCLEOSE certificates (if applicable); and,
16. [] A recent photograph.
17. [] Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only).
18. [] Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only).
19. [] Copy of a TCOLE-approved Firearms Qualifications within the last 12 months.
20. If you have questions, please contact your assigned background investigator.
21. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' and deliver to your assigned background investigator.

INSTRUCTIONS TO THE APPLICANT

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other states, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct, which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

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

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Name: _____
Last First Middle

Maiden _____
Other names used: Adoption, Nicknames, Etc.

Home Address: _____
Street City State Zip

Mailing Address (if different from above):

Street City State Zip

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S. Citizen? [] Y [] N

Place of Birth: _____

Drivers License: _____
Number State of Issue Expiration Date

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifiers:

Scars: _____

Marks: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Home Phone Number: (____) _____ - _____

Work Phone Number: (____) _____ - _____

Cell Phone Number: (____) _____ - _____

Pager Number: (____) _____ - _____

Fax: (____) _____ - _____

Other Phone #s: _____

List all Email addresses: _____

Have you ever attended a basic licensing course? [] Y [] N

If yes, provide the PID you were assigned: _____

Academy Name: _____ Date Started _____ Date Ended _____

Location: _____
City State Zip

Name Training Coordinator: _____ Contact Number: _____

Did you graduate? [] Y [] N

Have you ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)?
[] Y [] N

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply to each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency: _____ Position Applied For: _____

Date Applied: _____

Address: _____
Street City State Zip

Background Investigator's Name (if known): _____

Contact Number (ext): _____ Email: _____

Check each step in the process that you completed, and your status:

Steps:

- Application Written Physical agility Oral
- Polygraph/CVSA Background Conditional job offer
- Psychological examination: Date: _____ Medical: Date: _____

Status:

- Hired On List Withdrawn Disqualified

INVESTIGATOR'S NOTES: _____

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment? __ Y __ N If "yes", explain:

2. Have you ever quit a job because you suspected you were about to be fired? __ Y __ N If "yes", explain:

3. Have you ever been fired from a job? __ Y __ N If "yes", explain:

4. Have you ever quit a job without giving notice? __ Y __ N If "yes", explain:

5. Have you ever used alcohol on the job? __ Y __ N If "yes", explain:

6. Have you ever used any illegal drugs on the job? __ Y __ N If "yes", explain:

7. Have you ever missed work due to alcohol usage? __ Y __ N If "yes", explain:

8. Have you ever missed work due to illegal drug usage? Y N If “yes”, explain:

9. Have you had any prior law enforcement related experience? Y N If “yes”, give location, type of experience, number of years, duty, training, rank, awards, and citations. Indicate past employment, which you think, will specifically qualify you for the position for which you have made this application.

10. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Y N

11. Have you ever been fired, released from probation, or asked to resign from any place of employment? Y N

12. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Y N

13. Have you ever resigned without giving two weeks-notice? Y N

14. Have you ever resigned in lieu of termination? Y N

15. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Y N

16. Were you ever the subject of a written complaint at work? Y N

17. Have you ever been counseled at work due to lateness or absences? Y N

18. Did you ever receive an unsatisfactory performance review? Y N

19. Have you ever sold, released, or given away legally confidential information? Y N

20. Have you ever called in sick when you were neither sick nor caring for a sick family member? Y N

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 10 – 20, explain (include when, where, and circumstances; indicate the corresponding question number):

21. Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? ___Y___N If YES, list below.

List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer, (begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).

If you have any military experience including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.

List ALL periods of unemployment in excess of 30 days.

INVESTIGATOR'S NOTES: _____

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____
Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____

Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____
Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____
Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____
Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____

Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____

Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer or Military Unit: _____

Employer's Address or Base: _____

Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Assignments: _____

Time in position(s): _____

Name of final Supervisor: _____

Name of Co-Workers and their phone number(s)

Reason for leaving this position? _____

INVESTIGATOR'S NOTES: _____

PERIODS OF UNEMPLOYMENT

(A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB)

Record any period of unemployment since graduating from High School.

From (Month/Year)	To (Month/Year)	Reason for being Unemployed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you were a full time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

INVESTIGATOR'S NOTES: _____

EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

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

List high schools attended or where you obtained your GED:

1. Name: _____ City _____ St. _____
Dates Attended: _____ to _____ Did you graduate? ___Y___N

2. Name: _____ City _____ St. _____
Dates Attended: _____ to _____ Did you graduate? ___Y___N

List all colleges or universities attended:

1. Name: _____ City _____ St. _____
Dates Attended: _____ to _____ Did you graduate? ___Y___N

2. Name: _____ City _____ St. _____
Dates Attended: _____ to _____ Did you graduate? ___Y___N

3. Name: _____ City _____ St. _____
Dates Attended: _____ to _____ Did you graduate? ___Y___N

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

1. Name: _____ City _____ St. _____
Type of school or training _____ Dates Attended: _____ to _____
Did you complete the course? ___Y___N

2. Name: _____ City _____ St. _____
Type of school or training _____ Dates Attended: _____ to _____
Did you complete the course? ___Y___N

3. Name: _____ City _____ St. _____
Type of school or training _____ Dates Attended: _____ to _____
Did you complete the course? ___Y___N

Have you ever been expelled from any school you have attended? ___ Y ___ N

School: _____ Dates: _____

Reason: _____

Have you ever been placed on academic probation? ___ Y ___ N

School: _____ Dates: _____

Reason: _____

INVESTIGATOR'S NOTES: _____

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

School Activities: (Clubs, Sports, Etc.)

High School

College (circle grade)

_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.

Positions of Leadership: (Indicate position/organization/dates held):

Community Activities: _____

Awards, Commendation or Items of Special Recognition: _____

INVESTIGATOR'S NOTES: _____

MILITARY SERVICE

1. Have you been required to register with selective service? ___ Y ___ N

If yes, have you registered? _____ Y _____ N

If no, explain: _____

Branch of Service _____ Dates Served from: _____ To _____

2. Have you ever been rejected by any branch of the armed forces? ___ Y ___ N

3. Have you ever been a member of any branch of the U.S. Armed Forces? ___ Y ___ N

Type of Discharge: Entry Level Honorable General Other than Honorable

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

4. Are you currently participating in one of the following? Military Reserve National Guard
If checked, the date obligation ends: _____

5. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment) _____ Y _____ N

6. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? _____ Y _____ N

If you answered "YES" to either of the last two questions (5 & 6), explain. Include dates and circumstances.

Awards: (Type)

Date awarded:

Special Schools/Training:

While in the military service, were you ever arrested for an offense, which resulted in a trial by deck court or by summary, special or general court-martial? ___ Y ___ N

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

Charge: _____ Date: _____

Results: _____

Last duty station and name of commanding officer: _____

INVESTIGATOR’S NOTES: _____

ARREST OR DETENTION

Have you ever been charged or cited for any family violence offense? ___ Y ___ N

If “yes”, explain (list juvenile as well as adult occurrences):

Have you ever been arrested by the Police? ___ Y ___ N

If “yes”, explain (list juvenile as well as adult occurrences):

Have you ever been detained (other than a traffic ticket) by the Police? ___ Y ___ N

If “yes”, explain (list juvenile as well as adult occurrences):

Have you ever been summoned into court for a criminal offense? ___ Y ___ N

If “yes”, explain (list juvenile as well as adult occurrences):

INVESTIGATOR’S NOTES: _____

FINANCIAL

INCOME AND EXPENSES: For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income? \$ _____
2. Do you have income other than from your salary or wages? _____
If yes, fill in amount: _____ per month Explain: _____
3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have): _____
4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ___Y___N
5. Have any of your bills ever been turned over to a collection agency? ___Y___N
6. Have you ever had purchased goods repossessed? ___Y___N
7. Have your wages ever been garnished? ___Y___N
8. Have you ever been delinquent on income or other tax payments? ___Y___N
9. Have you ever failed to file income tax or cheated/lied on an income tax form? ___Y___N
10. Have you ever had an employment bond refused? ___Y___N
11. Have you ever avoided paying any lawful debt by moving away? ___Y___N
12. Have you ever defaulted on a loan, including a student loan? ___Y___N
13. Have you ever borrowed money to pay for a gambling debt? ___Y___N
If "Yes," do you currently have any outstanding debts as a result of gambling? ___Y___N
14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? ___Y___N
15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? ___Y___N
16. Have you written three or more bad checks in a one-year period? ___Y___N
17. Are you in arrears on court-ordered child support? ___Y___N

If you answered "Yes" to any of Questions 4 – 17 (above), explain. Include when, where, and why and indicate the corresponding question number:

LITIGATION

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, 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)

___ Y ___ N

If yes, explain each incident

Approx. Date: _____ Arresting or detaining agency: _____

Charge: _____

Deposition or penalty: _____

Approx. Date: _____ Arresting or detaining agency: _____

Charge: _____

Deposition or penalty: _____

Approx. Date: _____ Arresting or detaining agency: _____

Charge: _____

Deposition or penalty: _____

Approx. Date: _____ Arresting or detaining agency: _____

Charge: _____

Deposition or penalty: _____

1. Have you ever been placed on court probation as an adult? ___ Y ___ N
2. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition? ___ Y ___ N
3. Were you ever required to appear before a juvenile court for an act, which would have been a crime, if committed as an adult?
4. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ___ Y ___ N
5. Have the police ever been called to your home for any reason? ___ Y ___ N
6. Have you or your spouse/partner ever been referred to Child Protective Services? ___ Y ___ N

7. Have you ever been the subject of an emergency protective, restraining, or stay-away order?
 Y N
8. 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? Y N
9. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Y N
10. Have you ever filed a false insurance or workers' compensation claim? Y N

If you answered "Yes" to any of Questions 1 – 10 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

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

1. Annoying/obscene phone calls Y N
2. Assault (use of force or violence upon another) Y N
3. Assault on a family member (use of force or violence upon a family member) Y N
4. Brandishing a weapon (any type of weapon) Y N
5. Carrying a concealed weapon without a permit Y N
6. Contributing to the delinquency of a minor Y N
7. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Y N
8. Driving under the influence of alcohol and/or drugs. Y N
9. Drunk in public (being so intoxicated in a public place that you are not able to care for yourself).
 Y N
10. Hit and run collision (no injuries). Y N
11. Hunting or fishing without a license. Y N
12. Illegal gambling. Y N
13. Impersonating a peace officer. Y N

14. Indecent exposure (including flashing or mooning). ____Y____N

15. Joyriding (using a car or other vehicle without owner's permission). ____Y____N

Undetected Acts – Part 2

1. At any time in your life, have you ever committed any of the following? ____Y____N

2. Arson (intentionally destroying property by setting a fire) ____Y____N

3. Assault with a deadly weapon? ____Y____N

4. Theft of a vehicle and/or vehicle parts? ____Y____N

5. Burglary (entering a structure or vehicle to commit theft or other crime) ____Y____N

6. Child molestation (performing unlawful acts with a child) ____Y____N

7. Accessing, producing, or possessing child pornography? ____Y____N

8. Injury to a child, elderly, and/or disabled? ____Y____N

9. Embezzlement (theft of money or other valuables entrusted to you) ____Y____N

10. Felony drunk driving (involving injuries) ____Y____N

11. Forcible rape or other act of unlawful intercourse/sexual activity? ____Y____N

12. Forgery (falsifying any type of document, check certificate, license, currency, etc.) ____Y____N

13. Hit and run (with injuries) ____Y____N

14. Hate crime? ____Y____N

15. Insurance fraud? ____Y____N

16. Theft (value of over \$500 and/or any firearm)? ____Y____N

17. Murder, homicide, or attempted murder? ____Y____N

18. Perjury (lying under oath) ____Y____N

19. Possession of an explosive/destructive device? ____Y____N

20. Robbery (theft from another person using a weapon, force, or fear) ____Y____N

21. Stalking? ____Y____N

22. Blackmail or extortion? ____Y____N

23. Any other act amounting to a felony? ____Y____N

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

Questions about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs. Your answers should include, but not limited to, your use of any of the following drugs

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

Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? ____Y____N

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

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

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

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

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

- Sold Manufactured Purchased Furnished Cultivated Carried or held for another

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

INVESTIGATOR'S NOTES: _____

MOTOR VEHICLE OPERATION

Current Driver License # _____ State of Issue: _____ Exp Date: _____

Full name under which license was granted: _____

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

1. N/A State of Issue: _____ Type of License: _____ License # _____

Name under which license was granted: _____

2. N/A State of Issue: _____ Type of License: _____ License # _____

Name under which license was granted: _____

3. N/A State of Issue: _____ Type of License: _____ License # _____

Name under which license was granted: _____

Have you ever been refused a driver license by any state? ___Y___N

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

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

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

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

1. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____
Mailing City State Zip

2. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____
Mailing City State Zip

3. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____
Mailing City State Zip

4. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____
Mailing City State Zip

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

1. Nature of Violation: _____

Location (Street, City, State, Zip): _____

Date of Violation Occurred: _____

Action Taken: Not Guilty Fined Traffic School Dismissed

2. Nature of Violation: _____

Location (Street, City, State, Zip): _____

Date of Violation Occurred: _____

Action Taken: Not Guilty Fined Traffic School Dismissed

3. Nature of Violation: _____

Location (Street, City, State, Zip): _____

Date of Violation Occurred: _____

Action Taken: Not Guilty Fined Traffic School Dismissed

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

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

If checked, explain the circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? ___Y___N
If yes, give details:

1. Date: _____
Location (Street, City, State, Zip) _____
Police Report? ___Y___N Injury or Non-Injury? _____
Law Enforcement Agency _____

2. Date: _____
Location (Street, City, State, Zip) _____
Police Report? ___Y___N Injury or Non-Injury? _____
Law Enforcement Agency _____

3. Date: _____
Location(Street, City, State, Zip) _____
Police Report? ___Y___N Injury or Non-Injury? _____
Law Enforcement Agency _____

4. Date: _____
Location(Street, City, State, Zip) _____
Police Report? ___Y___N Injury or Non-Injury? _____
Law Enforcement Agency _____

Have you ever driven a vehicle without auto insurance, as required by law? ___Y___N
If yes, give a reason: _____

Date: _____ Location: _____
Street City State Zip

Have you ever been refused automobile liability insurance, a bond, or had a policy cancelled? ___ Y ___ N
If yes, give reason: _____

Insurance Company: _____

Date: _____ Location: _____
Street City State Zip

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

**** Attach a copy of your current insurance card in the space below.**

1. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ___ Y ___ N
2. 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? ___ Y ___ N
3. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? ___ Y ___ N
4. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? ___ Y ___ N

If you answered "YES" to any of the questions 1 – 4 (above), give details, dates, and circumstances. Indicate the corresponding question number.

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.) ____ Y ___N

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

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

RELATIVES AND REFERENCES

- Provide all applicable information in the spaces below.
- Mark N/A if a category is not applicable or if the individual is deceased

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A **A. Fathers Name:** _____ **D.O.B** _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A **D. Step - Mother Name:** _____ **D.O.B** _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

D.O.B _____ Home Address _____ City _____

St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

Years of Marriage: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? ___Y___N

N/A **F. Father-in-Law's Name:** _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A **G. Mother-in-Law's Name:** _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A **H. Former Spouse/Cohabitant's Name:** _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

Years of Dissolution: _____

Is there, or has been, a restraining or stay-away order in effect for this individual? ___Y___N

N/A I. Former Spouse/Cohabitant's Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

Years of Dissolution: _____

Is there, or has been, a restraining or stay-away order in effect for this individual? ___Y___N

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

N/A 1. Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A 2. Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A 3. Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A 4. Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A 5. Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

N/A 6. Name: _____ D.O.B _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

N/A 1. Name: _____ D.O.B _____
Male or Female: _____ Custodial Parent or guardian (if other than you) _____
Address _____ City _____ St _____ Zip: _____
Contact Number: _____ Email Address: _____

N/A 2. Name: _____ D.O.B _____
Male or Female: _____ Custodial Parent or guardian (if other than you) _____
Address _____ City _____ St _____ Zip: _____
Contact Number: _____ Email Address: _____

N/A 3. Name: _____ D.O.B _____
Male or Female: _____ Custodial Parent or guardian (if other than you) _____
Address _____ City _____ St _____ Zip: _____
Contact Number: _____ Email Address: _____

N/A 4. Name: _____ D.O.B _____
Male or Female: _____ Custodial Parent or guardian (if other than you) _____
Address _____ City _____ St _____ Zip: _____
Contact Number: _____ Email Address: _____

N/A 5. Name: _____ D.O.B _____
Male or Female: _____ Custodial Parent or guardian (if other than you) _____
Address _____ City _____ St _____ Zip: _____
Contact Number: _____ Email Address: _____

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

1. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

2. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

3. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

4. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

5. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

6. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

7. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

8. Name: _____

Home Address _____ City _____ St _____ Zip: _____

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone _____ Email Address: _____

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

How long have you known this person? _____

RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code.
DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

Current Residence Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____

Contact Number: _____

Address of property manager, rent collector, or owner: _____

Email: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

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

Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____

Contact Number: _____

Address of property manager, rent collector, or owner: _____

Email: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

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

Reason for moving:

Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____

Contact Number: _____

Address of property manager, rent collector, or owner: _____

Email: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

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

Reason for moving:

Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____

Contact Number: _____

Address of property manager, rent collector, or owner: _____

Email: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

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

Reason for moving:

Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____

Contact Number: _____

Address of property manager, rent collector, or owner: _____

Email: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

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

Reason for moving:

Former Address: _____

City: _____ State: _____ Zip: _____

If renting; property manager, rent collector, or owner: _____

Contact Number: _____

Address of property manager, rent collector, or owner: _____

Email: _____

City: _____ State: _____ Zip: _____

From: _____ to _____

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

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

Housemate Name: _____ **Contact Number:** _____

Email: _____ **Current St Address:**

City: _____ **State:** _____ **Zip** _____

Nature of Relationship (friend, relative, landlord, housemate only): _____

Housemate Name: _____ **Contact Number:** _____

Email: _____ **Current St Address:**

City: _____ **State:** _____ **Zip** _____

Nature of Relationship (friend, relative, landlord, housemate only): _____

Housemate Name: _____ **Contact Number:** _____

Email: _____ **Current St Address:**

City: _____ **State:** _____ **Zip** _____

Nature of Relationship (friend, relative, landlord, housemate only): _____

Housemate Name: _____ **Contact Number:** _____

Email: _____ **Current St Address:**

City: _____ **State:** _____ **Zip** _____

Nature of Relationship (friend, relative, landlord, housemate only): _____

Housemate Name: _____ **Contact Number:** _____

Email: _____ **Current St Address:**

City: _____ **State:** _____ **Zip** _____

Nature of Relationship (friend, relative, landlord, housemate only): _____

Have you ever been evicted or asked to leave a residence? ___ Y ___ N

Have you ever left a residence owing rent? ___ Y ___ N

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

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person’s system. Example: experimented, tried, etc.

Have you ever used:

	# Times in Life	Last Date Used	Form Used
___ Y ___ N Marijuana	_____	_____	_____
___ Y ___ N Hashish	_____	_____	_____
___ Y ___ N “Speed”	_____	_____	_____
___ Y ___ N Cocaine	_____	_____	_____
___ Y ___ N LSD	_____	_____	_____
___ Y ___ N “XTC”	_____	_____	_____
___ Y ___ N PCP	_____	_____	_____
___ Y ___ N Peyote	_____	_____	_____
___ Y ___ N Mushrooms	_____	_____	_____
___ Y ___ N Quaaludes	_____	_____	_____
___ Y ___ N Tranquilizers	_____	_____	_____
___ Y ___ N Barbiturates	_____	_____	_____
___ Y ___ N Heroin	_____	_____	_____
___ Y ___ N Any Designer Drug	_____	_____	_____

Have you ever sold any of the items specified above? ___ Y ___ N

Which? _____ When? _____ # Times? _____

Have you ever bought any of the items specified above? ___ Y ___ N

Which? _____ When? _____ # Times? _____

Have you ever had an illegal drug injection? ___ Y ___ N Of What? _____

Have you ever inhaled paint, glue, or any other petroleum product? ___ Y ___ N

Which? _____ When? _____ # Times? _____

Do others use drugs in your presence? ___ Y ___ N

Have you ever abused any prescribed medication? ___ Y ___ N Type: _____

How did you abuse (misuse)? _____

Have you ever been involved, in any way, in the manufacturing of an illegal drug? ___ Y ___ N

If "yes", what Drug?

Describe your involvement: _____

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a painkiller, etc.? ___ Y ___ N If "yes", explain:

INVESTIGATOR'S NOTES: _____

ALCOHOL USE

Do you use alcoholic products? ___ Y ___ N

Describe the use: _____

Have you ever used cough medicine to get a “high”? ___ Y ___ N

MISCELLANEOUS INFORMATION

List your past/present memberships in groups, associations or clubs:

Official Name of Organization	TYPE: Social, Fraternal, Professional, Etc.	Office(s) Held	Dates of Membership	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hobbies and Sports you participate in:

Name of Sport	Length of Time	Level of Proficiency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? ___ Y ___ N If “yes”, explain:

Do you or your spouse have a relative currently employed with the City of Hillsboro? ___ Y ___ N

Name: _____

Relationship to you: _____ Position: _____

Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement-related agency? ___ Y ___ N

Name of Agency	Type of Position	Date of Application	Status Application (rejected, pending, not pursued, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* If there are additional agencies, list them on a separate sheet of paper.

INVESTIGATOR'S NOTES: _____

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

Signature of Applicant

Date

Sworn to and Subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____

My commission expires: _____ / _____ / _____. (SEAL)

Printed Name of Notary

Signature of Notary

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant

Date of Preparation

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED. THIS STATEMENT REQUIRES A NOTARY.

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I may be required to provide legal proof of authorization to work in the United States.
3. I understand that the Hillsboro Police Department will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give the City of Hillsboro any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages, which may result from furnishing such information to you.

THIS APPLICATION WAS COMPLETED BY MYSELF AND NO OTHER PERSON AND IS COMPLETE AND TRUTHFUL.

SIGNATURE OF APPLICANT

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

(Seal)

Notary Signature

Notary Public in and for _____ County, Texas
My Commission Expires _____

**AUTHORITY FOR RELEASE OF
CONFIDENTIAL INFORMATION AND WAIVER**

1. I, _____, hereby authorize the full disclosure and release of all confidential, privileged, public and/or private records contained in my personal file to the **Hillsboro Police Department**, or to its duly authorized agent.
2. The authorization here subscribed and witnessed gives my consent for full and complete disclosure of any or all of said records and/or recollections of educational, financial or credit institutions, including loan records, employment and pre-employment records, background reports, efficiency rating, commendations, awards, grievances and/or complaints filed by, for, or against me. Further, I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I may hold such privilege, and thereby authorize the disclosure of such privileged information relating to any civil or criminal case in which I may have present or past involvement.
3. I understand that the above authorization for release of records may be requested during the course of a personal history background investigation. I further understand that any such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile and forwarded to prospective employers.
4. I further certify that any persons or institutions furnishing information concerning me shall be held harmless, and I hereby release said persons or institutions from any and all liability which may incur as a result of the release of said information.
5. A photocopy or telecopy of this sworn and subscribed release document will be valid as an original thereof.

SIGNATURE OF APPLICANT

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

(Seal)

Notary Signature

Notary Public in and for _____ County, Texas
My Commission Expires _____