

Peñitas Police Department
PO Box 204
Peñitas, TX 78576

Employment Application



Position Applying For:

- Peace Officer
- Reserve Officer

Documents needed for completion of this personal history statement are as follows:

1. BIRTH CERTIFICATE
2. NATURALIZATION PAPERS (IF APPLICABLE)
NOTE: FEDERAL LAW PROHIBITS ITS DUPLICATION OF THESE DOCUMENTS:
HOWEVER THE PENITAS POLICE DEPARTMENT PERSONNEL OFFICER DOES
NOT NEED TO SEE THEM.
3. DRIVER'S LICENSE
4. HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
5. HIGH SCHOOL TRANSCRIPT
6. COLLEGE DIPLOMA
7. COLLEGE TRANSCRIPTS
8. MARRIAGE CERTIFICATE
9. DISSOLUTION OF MARRIAGE PAPERS
10. MILITARY DISCHARGE
11. ANY AND ALL CERTIFICATES OF ANY SPECIALIZED TRAINING,(i.e.
MILITARY,POLICE RELATED, ETC. WHICH YOU FEEL WOULD BE BENEFICIAL
TO YOU AS A POLICE OFFICER, POLICE RESERVE, COMMUNICATIONS
OFFICER).
- 12 .COPY OF CREDIT HISTORY
13. COPY OF SELECTIVE SERVICE NUMBER

**NOTE: A LEGIBLE COPY OF THE ABOVE DOCUMENTS WILL BE ACCEPTABLE
WITH THE EXCEPTION OF #2.**

THE PERSONAL HISTORY STATEMENT MUST BE FILLED OUT IN its ENTIRETY, AS
WELL AS LEGIBILITY.

PERSONAL HISTORY STATEMENT

1. **APPLICATION:** INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

1.1 Name: _____
 Last **First** **Middle**

1.2 Address: _____
 Number **Street** **City** **State** **Zip Code**

1.3 Telephone Number: () _____ () _____ () _____
 Home **Business** **Other**

1.4 Date of Birth _____
 Month **Day** **Year**

1.5 Nicknames(S) or other names(S) by which you are/or have been known by:

1.6 Place of Birth: _____
 City **County** **State**

1.7 Are you legally authorized to work in the United States? YES NO

1.8 Driver License Number: _____ State where issued: _____
 Other Identification Number: _____ Issued By: _____

1.9 Height: _____

1.10 Weight: _____

1.11 Color of Hair: _____

1.12 Color of Eyes: _____

1.13 Scars, Tattoos, or Other Distinguishing Marks: _____

2. **RESIDENCES:** List all addresses where you have lived during the past 10 years. Beginning with the present address list date by month and year attach extra page if necessary.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **WORK HISTORY:** Beginning with your present or most recent job, list all employment since the age of 16, including part time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

3.1 From _____ to _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of Co-Worker _____

Reason for Leaving _____

3.2 From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of Co-Worker _____

Reason for Leaving _____

3.3 From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of Co-Worker _____

Reason for Leaving _____

3.4 From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____ Name of Co-Worker _____

Reason for Leaving _____

3.5 From _____ To _____ Employer _____

Address _____

Phone Number _____ **Job Title** _____

Duties _____

Supervisor _____ **Name of Co-Worker** _____

Reason for Leaving _____

3.6 From _____ **To** _____ **Employer** _____

Address _____

Phone Number _____ **Job Title** _____

Duties _____

Supervisor _____ **Name of Co-Worker** _____

Reason for Leaving _____

3.7 From _____ **To** _____ **Employer** _____

Address _____

Phone Number _____ **Job Title** _____

Duties _____

Supervisor _____ **Name of Co-Worker** _____

Reason for Leaving _____

3.8 From _____ **To** _____ **Employer** _____

Address _____

Phone Number _____ **Job Title** _____

Duties _____

Supervisor _____ **Name of Co-Worker** _____

Reason for Leaving _____

3.9 From _____ **To** _____ **Employer** _____

Address _____

Phone Number _____ **Job Title** _____

Duties _____

Supervisor _____ **Name of Co-Worker** _____

Reason for Leaving _____

3.10 From _____ **To** _____ **Employer** _____

Address _____

Phone Number _____ **Job Title** _____

Duties _____

Supervisor _____ **Name of Co-Worker** _____

Reason for Leaving _____

4. MILITARY RECORD

4.1 Have You Served in the U.S. Armed Forces? Yes **No**

4.2 Date Of Service: From _____ **to** _____ **Branch of Service** _____

Unit of Designation _____ **Military Service Number** _____

Highest Rank Held _____ **Types of Discharge** _____

4.3 List specific military schools or courses completed with honors or awards.

Were you ever disciplined while in the military service (including court martial, captain's masts, and company punishment)? Yes [] No []

CHARGE	AGENCY	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you received a discharge other than honorable, give complete details.

5. EDUCATIONAL HISTORY

5.1 High School Attended	City & State	Dates Attended		Graduated	
		From	To	Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5.2 College or University

Attended _____
City & State _____ Dates Attended _____
Unit Completed _____ Major/Minor _____
Degree Received, Date Received, if any _____

Attended _____
City & State _____ Dates Attended _____
Unit Completed _____ Major/Minor _____
Degree Received, Date Received, if any _____

5.3 List other schools attended (trade, vocational, business, etc.) Give name and address of school, Dates attended, course of study, certificate, and any other pertinent information.

6. SPECIAL QUALIFICATIONS & SKILLS:

6.1 List any special licenses/ certifications you hold (such as pilot, radio operator, scuba, public dispatcher), showing licensing authority, original date issue, and date of expiration.

6.2 List any specialized machinery or equipment in which you can operate.

6.3 If you are fluent in foreign language, indicate in which area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing
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6.3 List any other special skills or qualifications you may possess.

7. ARRESTS, DETENTIONS, AND LITIGATION'S:

7.1 Have you ever been involved as a party in a civil litigation? Yes No

If yes, give details: _____

8. TRAFFIC RECORD

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

Yes No If yes, give date(s), location(s), and reason(s)

8.2 With what company do you carry auto insurance?

8.3 List to the best of your knowledge all traffic citations you have received, excluding parking tickets:

Month& Year	Charge	City& State	Disposition
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8.4 Describe in a brief narrative any traffic accidents in which you have been involved, give (dates, and locations).

9. MARITAL & FAMILY HISTORY

9.1 Are you? Single Married Engaged Separated Divorced
 Widowed

9.2 If engaged:
Name of Fiancé: _____
Address: _____
Phone Number: _____

9.3 If Married:
Date married: _____ **City & State** _____

9.4 If separated, divorced, or widowed:
Date of marriage: _____ **City & State:** _____
Spouse's name (wife's maiden name) _____
Present address & phone number: _____

9.5 Separated, divorced, or annulled (state which):
Date of order or degree: _____
Court & State where issued: _____

9.6 List all Children related to you or your spouse (natural, step-children, adopted & foster children):

Name	Relation	DOB	Address	Supported by whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9.7 List all other dependents:

Name	Address	Relation

9.8 List all other relatives in the following order: Father, Mother (include Maiden name), brothers, sister:[if deceased, so indicate]

Name	Address	Phone	Relation	Age

10. FINANCIAL HISTORY

Sources of Income

10.1 What is your present salary or wages? _____

10.2 Do you have income from any source other than your principal occupation?

Yes No

How much: _____

How often: _____

The Source: _____

10.3 Do you own any real estate?

Yes No **Value:** \$ _____

10.4 Do you own any bond, government or other?

11. REFERENCES List five (5) persons who know you well enough to provide sufficient information about you. Do not list any relatives or former employers.

ALL BLANKS MUST BE FILLED IN FOR THE PERSONS LISTED BELOW

Name: _____ **Address** _____

Residence Phone: _____ **Business Phone:** _____

Business Address: _____

Years known: _____

Name: _____ **Address** _____

Residence Phone: _____ **Business Phone:** _____

Business Address: _____

Years known: _____

Name: _____ **Address** _____

Residence Phone: _____ **Business Phone:** _____

Business Address: _____

Years known: _____

Name: _____ **Address** _____

Residence Phone: _____ **Business Phone:** _____

Business Address: _____

Years known: _____

Name: _____ **Address** _____

Residence Phone: _____ **Business Phone:** _____

Business Address: _____

Years known: _____

12. MEMBERSHIP IN ORGANIZATION [past and/ or present]

Name & Address	Type (social, fraternal professional, etc.)	From	To

13. PERSONAL DECLARATIONS:

13.1 Describe in your own words the frequency and extent of your use of Intoxicating Liquors.

13.2 Have you ever used marijuana or any other drug not prescribe by your physician:

Yes No If yes, what were the circumstances?

13.3 Have you ever sold or furnished drugs or narcotics to anyone?

Yes No If yes, explain in detail

13.4 Do you have any reason and/ or obligations which would prevent you from fully performing assigned duties, including working on weekends, holidays, evenings, or night shifts?

Yes No If yes, explain:

13.5 Have you ever been employed by the City of Penitas? Yes No

If yes, list Department(s), Position(s) held, and date of employment below:

13.6 Have you ever made an application for employment with this City or any other law enforcement or related agency?

Yes No If so, give agency (ies), date(s), and status of applications

13.7 Are you related by blood or marriage to any member of the Penitas City Council or any employee of the City of Penitas?

Yes No If yes, complete the following:

Name	Department	Relation
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13.8 Are there any incidents in your life or details not mentioned here in which may influence this department's evaluation of your suitability for employment:

Yes No If so, explain

I HEREBY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSION OR FALSIFICATIONS IN THE FORGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

RELEASE OF INFORMATION AGREEMENT

To Whom It May Concern: I am an applicant for a position with the _____ Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the _____ 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 all full disclosure of all records, or any part thereof, concerning myself, by and to any duty agent authorized of the _____ Department, whether said records are public, private, or confidential in nature. 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 _____ Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning, 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 investigator files, efficiency ratings, complaints or grievances filed by me or another person in any case, either criminal or civil, in which presently have, or have had an interest, attendance records, polygraph examinations, 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 other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records _____ organization, 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 of the duty accredited representative of the _____ Department regardless of any agreement I may have made with you previously the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the _____ Department's acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Penitas Police Department I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under title 5, United States Codes, Section 552a, the Piracy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the _____ Department in conjunction with employment procedures.

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

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form and against all claims, damages, losses and expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name: _____

Date of Birth: _____

S.S.# _____

Telephone Number () _____ Address _____
Street City State Zip Code

Signature: _____ Date: _____

THE STATE OF TEXAS

COUNTY OF _____

Before me _____ on this day personally

Appeared _____

Known to me on the oath of _____ or through _____

To be this person whose name is subscribed to the foregoing instrument and acknowledge to me that (s)he executed the same for the purposes and consideration there in expressed.

(seal) Given under my hand and seal of office this _____ day of _____ AD _____

