

Iowa Park Police Department

104 E. Highway
Iowa Park, TX 76367

www.iowapark.com/dept/police



Personal History Statement

Due to the unique requirements of a position in law enforcement, an extensive investigation of an applicant's background is necessary. It is important that you complete this Personal History Statement as thoroughly as possible. There are very few **automatic** reasons 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 applications being rejected, regardless of the nature of 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.

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

For Police Department Use Only:

Applicant: _____

Position:

Police Officer

Dispatch

Upon initial review:

PHS appears complete, continue in process

PHS incomplete, action taken: _____

Rejected, action taken: _____

Reviewer: _____ Date: _____

PERSONAL HISTORY STATEMENT

*****ATTENTION*****

DO NOT MISSTATE OR OMIT FACTS WHEN COMPLETING YOUR PERSONAL HISTORY STATEMENT. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT.

NO STATEMENT CONTAINED HEREIN SHALL CONSTITUTE AN OFFER OR CONDITION OF EMPLOYEMENT.

PLEASE READ CAREFULLY"

INCOMPLETE PERSONAL HISTORY STATEMENTS WILL NOT BE ACCEPTED.

Your Personal History Statement (PHS) is subject to a complete background investigation of family, personal, financial, education, and employment history. Questions relating to age, height, weight, and physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatements of fact or omission of material information reported in this PHS, or withholding new information that may affect your qualifying for employment may disqualify you from employment with the Iowa Park Police Department for the next 2 years. If more space is needed to answer any question, use a separate piece of paper, 8.5"x11", lined notebook paper, being sure to number the question to which you are responding. All responses will be held in confidence to the extent allowed by the law. **REMEMBER:** the ability to make legible, accurate, and complete reports is an important part of law enforcement work.

INSTRUCTIONS

1. **PRINT** all answers in **BLUE** or **BLACK** ink. **DO NOT TYPE.** This statement must be completed by **YOU** and no one else. If someone other than you completes your PHS and information is omitted or incorrect, your application may be rejected for employment with the Iowa Park Police Department. Therefore, be sure that you fill it out correctly and completely.
2. Answer **EVERY** question.
If the information requested does not apply to you, print "N/A" in the space provided.
3. If you cannot remember or do not know the requested information, print "I can't remember" or "I don't know" in the space. However, make all attempts to gather the information that you are lacking. Check the phone book for number and addresses or research on the internet.
4. Once you have completed this PHS, you **MUST** have the **Authorization for Release of Personal Information** notarized. If both of these pages are not notarized **BEFORE** the Personal History Statement is turned in, it will not be accepted.
5. This statement must be returned to the Iowa Park Police Department. **NOTE: The PHS must be hand delivered by "YOU ONLY", unless advised otherwise.**
6. **You must submit copies of the following documents that apply to you** at the time the PHS is completed:
 - High School Diploma, High School transcript, or GED
 - College transcripts and degree (OFFICIAL COPIES)
 - DD-214 (Member 4)
 - Any training certifications which pertain to law enforcement.
 - Dispositions of any arrest(s).
 - Birth Certificate (Bring original, copy will be made by IPPD staff.)
 - Drivers License and Social Security Card
 - Any name change records
7. In the Employment History Section of the pHS, when asked the aname and title of your immediate supervisor, **DO NOT** list the owner of the company. We want the name and title of the person who is/was directly in charge of you and knows your work habits.
Example: John Doe, Supervisor, Shipping and Receiving.
8. When listing references, DO NOT list family members. It is preferred that all references have a local address and phone number. However, out-of-town references will be accepted provided that complete address and phone numbers are listed.
9. If you were the subject of any form of military discipline while serving in the Armed Forces (Article 15, etc.), you will be required to provide official documentation of the incident(s).
10. Finally, please be as thorough as possible. If information is missing, incorrect, or unreadable, **we cannot and will not** continue your background investigation. Once the PHS is completed, review your responses to guarantee that all are **CORRECT AND COMPLETE** before returning it to our office.

Applicant's Name: _____

11. If you have any problems while filling out the statement or you are not sure what information you should list, do not hesitate to call the police department and ask for assistance. The phone number is (940)592-2181.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AND WILL COMPLY WITH ALL INSTRUCTION HEREIN.

Signature

Date

ALL INFORMATION OBTAINED DURING THE INVESTIGATION OF YOUR PERSONAL HISTORY MAY BE USED AS A BASIS OF QUESTIONING DURING THE ORAL INTERVIEW EXAMINATION.

Print Name

Date

Signature

Background/Qualification Information Agreement

A comprehensive review and investigation will be conducted to determine your qualifications for the position.

To a great extent, your employment with the Iowa Park Police Department will depend on the information obtained from you and from your interviews. Information will also be obtained through correspondence with persons whom you have been associated with in various stages of your life. The information we obtain from you references, both personal and professional, is strictly confidential.

Therefore, it is the practice and policy of the Iowa Park Police Department to not discuss the reason(s) for rejection for those applicants who are not accepted for employment.

"I have read and agree to the above statement."

"I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers. All entries are made by me and are true, complete, and correct. I understand that if hired I may be discharged if the information provided by me contains any misrepresentations, falsifications, or if any material information has been omitted."

Applicant's Name (printed)

Applicant's Signature

Date

Applicant's Name _____

I. Applicant Identification

DATE OF APPLICATION:				POSITION APPLIED FOR:			
LEGAL NAME: <i>MUST MATCH NAME ON SOCIAL SECURITY CARD</i>		LAST		FIRST		MIDDLE	
ALIASES, NICKNAMES, MAIDEN NAME:			U.S. CITIZEN				
			NATURALIZED		DATE:		STATE:
			LEGAL ALIEN				
DATE OF BIRTH:		PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY):			MOTHER'S MAIDEN NAME:		
DRIVER'S LICENSE NUMBER:			STATE ISSUED		EXPIRATION DATE:		
TATTOOS OR DISTINGUISHING SCARS OR MARKS:							
IN CASE OF EMERGENCY NOTIFY: LAST		FIRST			MIDDLE		
ADDRESS: NUMBER STREET APT. # CITY STATE ZIP CODE						OWN	
						RENT	
						VISITING	
Is your "Application for Employment" complete and truthful to the best of your knowledge?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home phone number							
Cell phone number							
E-mail address:							

II. RESIDENCES

PEACE OFFICER APPLICANTS: LIST ALL RESIDENCES SINCE AGE 15, STARTING WITH YOUR PRESENT RESIDENCE.
ALL OTHER APPLICANTS: LIST ALL RESIDENCES FOR LAST FIVE (5) YEARS, STARTING WITH YOUR PRESENT RESIDENCE

FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #

BELOW, LIST ALL THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 5 YEARS, EXCLUDE FAMILY MEMBERS. (ALL APPLICANTS)

NAME: LAST FIRST MIDDLE AGE	HOME TELEPHONE	BUSINESS TELEPHONE
ADDRESS: NUMBER STREET CITY STATE ZIP	OCCUPATION	YEARS KNOWN
NAME: LAST FIRST MIDDLE AGE	HOME TELEPHONE	BUSINESS TELEPHONE
ADDRESS: NUMBER STREET CITY STATE ZIP	OCCUPATION	YEARS KNOWN
NAME: LAST FIRST MIDDLE AGE	HOME TELEPHONE	BUSINESS TELEPHONE
ADDRESS: NUMBER STREET CITY STATE ZIP	OCCUPATION	YEARS KNOWN

Applicant's Name _____

III. EMPLOYMENT INFORMATION

JAILER/PEACE OFFICER APPLICANTS: BEGIN WITH YOUR MOST CURRENT EMPLOYMENT, PLEASE LIST ALL JOBS (INCLUDING PART-TIME, TEMPORARY, MILITARY, AND VOLUNTARY POSITIONS) YOU HAVE HELD IN THE PAST FIFTEEN (15) YEARS.

ALL OTHER APPLICANTS: LIST ALL JOBS HELD FOR PAST TEN (10) YEARS, BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT.

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS:	NUMBER	STREET	CITY STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:		REASON FOR LEAVING:
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST	FIRST	(AREA CODE) TELEPHONE
	ADDRESS:	NUMBER	STREET	CITY STATE ZIP
SALARY	CO-WORKER'S NAME:	LAST	FIRST	(AREA CODE) TELEPHONE
	ADDRESS:	NUMBER	STREET	CITY STATE ZIP

IF CONTACT WERE MADE AT THIS TIME WITH YOUR PRESENT EMPLOYER, WOULD IT JEOPARDIZE YOUR POSITION?

YES NO

IF YES, PLEASE PROVIDE COMMENTS IN THE BOX
>>>

COMMENTS:

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS:	NUMBER	STREET	CITY STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:		REASON FOR LEAVING:
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST	FIRST	(AREA CODE) TELEPHONE
	ADDRESS:	NUMBER	STREET	CITY STATE ZIP
SALARY	CO-WORKER'S NAME:	LAST	FIRST	(AREA CODE) TELEPHONE
	ADDRESS:	NUMBER	STREET	CITY STATE ZIP

Applicant's Name _____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
SALARY	CO-WORKER'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
			SUPERVISOR'S WORK HOURS	
			CO-WORKER'S WORK HOURS	
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
			SUPERVISOR'S WORK HOURS	
			CO-WORKER'S WORK HOURS	

Applicant's Name _____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
				SUPERVISOR'S WORK HOURS
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
				CO-WORKER'S WORK HOURS
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
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TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
				SUPERVISOR'S WORK HOURS
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
				CO-WORKER'S WORK HOURS
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	
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				SUPERVISOR'S WORK HOURS
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
				CO-WORKER'S WORK HOURS

Applicant's Name _____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY STATE ZIP	
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	ADDRESS: NUMBER	STREET	CITY STATE ZIP	
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	ADDRESS: NUMBER	STREET	CITY STATE ZIP	
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TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
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SALARY	CO-WORKER'S NAME:	LAST FIRST	(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY STATE ZIP	

Applicant's Name _____

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TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	SUPERVISOR'S WORK HOURS			
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	CO-WORKER'S WORK HOURS			
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	SUPERVISOR'S WORK HOURS			
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	CO-WORKER'S WORK HOURS			
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER	
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	SUPERVISOR'S WORK HOURS			
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	CO-WORKER'S WORK HOURS			

Applicant's Name _____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER
	ADDRESS: NUMBER	STREET	CITY STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST FIRST	(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY STATE ZIP
SALARY	CO-WORKER'S NAME: LAST FIRST	(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY STATE ZIP
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE NUMBER
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TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:
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	ADDRESS: NUMBER	STREET	CITY STATE ZIP
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	ADDRESS: NUMBER	STREET	CITY STATE ZIP
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME NUMBER		(AREA CODE) TELEPHONE
	ADDRESS: NUMBER	STREET	CITY STATE ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST FIRST	(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY STATE ZIP
SALARY	CO-WORKER'S NAME: LAST FIRST	(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY STATE ZIP

Applicant's Name _____

A. Have you ever resigned or been asked to resign from any job in lieu of being fired or terminated? If yes, explain. **Yes** **No**

B. Have you ever been fired from a job? If yes, explain. **Yes** **No**

C. Have you ever quit a job without giving at least two weeks notice? If yes, explain. **Yes** **No**

D. Have you ever taken (stolen) anything – including but not limited to money, office supplies, uniforms, food, merchandise, etc. – regardless of value, from an employer? If yes, explain. **Yes** **No**

Employer/Year	Item(s)
Employer/Year	Item(s)

E. Without consent, have you ever converted an employer's property for personal use? If yes, explain. **Yes** **No**

F. Have you ever witnessed a co-worker steal from an employer? If yes, did you report it to a supervisor? If no, explain. **Yes** **No**

G. Have you ever intentionally or knowingly damaged an employer's or customer's property? If yes, explain. **Yes** **No**

H. The work schedule for this position may require you to work day, evening, or midnight shifts. Are there any specific times that you are unable to work? If yes, list the times. **Yes** **No**

Applicant's Name _____

- I. Have you ever violated a rule, regulation or policy of an employer? If yes, list all violations and disciplinary actions you have received from employers. Yes No

Employer	Date	Violation/Action

IV. MILITARY RECORD

- A. When did you register with the Selective Service? _____
(This question does not apply to female applicants.)

- B. Were you ever in the ROTC or any similar program in High School or College? If yes, explain. Yes No

- C. Have you ever served in any branch of the US Armed Services? Yes No
(If no, skip questions D through J.)

- D. Your military service branch(es):

Branch	Enlistment Date	Discharge Date	Character of Service (honorable, etc.)

- E. What is/was your primary assignment? _____

- F. Were you ever A.W.O.L? If yes, explain. Yes No

- G. Were you ever reduced in rank? If yes, explain. Yes No

- H. Were charges ever preferred or referred against you to a court martial? If yes, explain. Yes No

Applicant's Name _____

I. Did you have any other disciplinary actions taken against you? If yes, explain. Yes No

J. Were you discharged before the scheduled end of your tour of duty? If so, explain: Yes No

V. EDUCATION INFORMATION

1. LIST HIGH SCHOOL GRADUATED FROM OR LAST ATTENDED

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		DID YOU GRADUATE	TEXAS PROFICIENCY TEST OR GED? YES <input type="checkbox"/> WHEN AND WHERE TAKEN?
		FROM	TO		

2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (START WITH MOST RECENT COLLEGE AND UNIVERSITY ATTENDED)

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		DID YOU GRADUATE	MAJOR TAKEN/ DEGREE EARNED	UNITS EARNED
		FROM	TO			

HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL OR DISCIPLINED BY ANY SCHOOL OFFICIAL? YES NO IF YES, EXPLAIN BELOW.

VI. ARRESTS, DETENTIONS, CITATIONS

- A. Have you ever been contacted, questioned, detained, fingerprinted, arrested, or charged with any crime by any law enforcement agency (civilian or military) – whether or not you were arrested? If yes, list. Yes No

Agency	Date	Reason
Agency	Date	Reason
Agency	Date	Reason

- B. Have you ever committed a crime that went undetected? If yes, explain. Yes No

- C. Are you now or have you ever been a member of a street gang or a militant organization that advocates the use of violence? If yes, explain. Yes No

- D. Have you ever appeared before a grand jury as a suspect in any offense? Yes No

- E. Have you ever been indicted by a grand jury?

- F. Have you ever confessed to a felony offense?

- G. List all states where you currently possess a driver's license or have in the past possessed a driver's license. Include the state and license number if known. Begin with your current license.

State	License No.	Appx. Date Issued
State	License No.	Appx. Date Issued

- H. List all traffic citations issued to you in the last five years (speeding, stop sign, parking, no insurance, expired registration, etc.), regardless of disposition.

Date	Violation	Location	Disposition
Date	Violation	Location	Disposition
Date	Violation	Location	Disposition
Date	Violation	Location	Disposition

Applicant's Name _____

- I. List all traffic accidents you have been involved in, as the driver, in the last five years. Indicate if officers responded or a state accident report was filed. Also, describe what happened and list who was at fault.

Date	Location	Description
Date	Location	Description
Date	Location	Description

- J. Has your driver's license ever been suspended or revoked for any reason? If yes, explain. Yes No

VII. Law Enforcement/Security/Military Police/Jailer History

- A. Have you every applied with the Iowa Park Police Department before this date or any other law enforcement agency for any position? If so provide the below requested information. Under heading "Position" identify the application as: police officer, jailer, dispatcher, etc. Under the heading "Status" explain where you are in that agencies hiring process, i.e. "awaiting test date", "failed physical agility", "hired", etc. Yes No

Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status

- B. Have you ever taken part in a police ride-along program? If yes, what department and when? Yes No

- C. Have you ever taken part in a police/fire cadet or explorer program? If so, what department and when? Yes No

Applicant's Name _____

D. Do you have, or have you ever applied for any of the following licenses from the Texas Commission on Law Enforcement Officer Standards and Education: Yes No

- Temporary Jailer Peace Officer Firearms Instructor
 Jailer Instructor Telecommunicator

If yes, what is your TCLEOSE PID #: _____

VIII. FAMILY HISTORY

1. LIST RELATIVES IN THE FOLLOWING ORDER: MOTHER (MAIDEN NAME), STEP MOTHER, FOSTER-MOTHER, FATHER, STEPFATHER, FOSTER-FATHER, LEGAL GUARDIAN, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW, BROTHERS-IN-LAW, SISTERS-IN-LAW, EX-MOTHER-IN-LAW, EX-FATHER-IN-LAW.

RELATIONSHIP	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME			
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE	
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK: : ADDRESS	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME			
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE	
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK: : ADDRESS	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME			
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE	
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK: : ADDRESS	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME			
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE	
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK: : ADDRESS	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE

Applicant's Name

RELATIONSHIP	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
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RELATIONSHIP	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE (AREA CODE) WORK PHONE

2. MARITAL INFORMATION:

MARTIAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPERATED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED
SPOUSES NAME: LAST	FIRST	MIDDLE	AGE
			DATE OF BIRTH
SPOUSES MAIDEN NAME:			
(AREA CODE) DAYTIME PHONE NUMBER		(AREA CODE) WORK/OTHER PHONE NUMBER	

Applicant's Name _____

3. LIST ALL OF YOUR CHILDREN (INCLUDE STEPCHILDREN, ADOPTED CHILDREN, FOSTER CHILDREN, ETC.)

NAME: LAST, FIRST, MIDDLE	SEX	RELATIONSHIP		PRESENTLY LIVING WITH YOU?	
		NATURAL	STEP	YES	NO
	<input type="checkbox"/> MALE	NATURAL	STEP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FEMALE	FOSTER	ADOPTED		
	<input type="checkbox"/> MALE	NATURAL	STEP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FEMALE	FOSTER	ADOPTED		
	<input type="checkbox"/> MALE	NATURAL	STEP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FEMALE	FOSTER	ADOPTED		
	<input type="checkbox"/> MALE	NATURAL	STEP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FEMALE	FOSTER	ADOPTED		
	<input type="checkbox"/> MALE	NATURAL	STEP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> FEMALE	FOSTER	ADOPTED		

4. IF DIVORCED, WIDOWED OR ANNULLED, LIST PRIOR MARRIAGES IN ORDER OF OCCURRENCE:

FORMER SPOUSES NAME:	LAST	FIRST	MIDDLE	DATE FILED/DIVORCE FINAL			
FORMER SPOUSE'S ADDRESS:	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE
FORMER SPOUSES NAME:	LAST	FIRST	MIDDLE	DATE FILED/DIVORCE FINAL			
FORMER SPOUSE'S ADDRESS:	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE
FORMER SPOUSES NAME:	LAST	FIRST	MIDDLE	DATE FILED/DIVORCE FINAL			
FORMER SPOUSE'S ADDRESS:	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE
FORMER SPOUSES NAME:	LAST	FIRST	MIDDLE	DATE FILED/DIVORCE FINAL			
FORMER SPOUSE'S ADDRESS:	NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE

5. IF UNMARRIED, COMPLETE THE FOLLOWING:

NAME OF SIGNIFICANT OTHER:	LAST	FIRST	MIDDLE	DATE OF BIRTH	
ADDRESS:	NUMBER	STREET	CITY	STATE	ZIP CODE
(AREA CODE) HOME TELEPHONE			(AREA CODE) BUSINESS TELEPHONE		

Applicant's Name _____

IX. REFERENCES

1. LIST FIVE (5) REFERENCES, OTHER THAN RELATIVES, EMPLOYERS, OR LAW ENFORCEMENT PERSONNEL WHO KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU. INCLUDE TWO (2) REFERENCES APPROXIMATELY YOUR AGE.

NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE	
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION	YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE	
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION	YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE	
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION	YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE	
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION	YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE	
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION	YEARS KNOWN

2. LIST MEMBERS OF LAW ENFORCEMENT AGENCIES YOU ARE ACQUAINTED WITH, TYPE OF RELATIONSHIP (RELATIVE, CLOSE FRIEND, NEIGHBOR, CASUAL ACQUAINTANCE, CO-WORKER) AND YEARS KNOWN.

NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP	
BUSINESS NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE	YEARS KNOWN
ADDRESS:						
NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP	
BUSINESS NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE	YEARS KNOWN
ADDRESS:						
NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP	
BUSINESS NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE	YEARS KNOWN
ADDRESS:						

X. PERSONAL DECLARATIONS

- A. To your knowledge, has any member of your family (including spouse's family) been a member of or associated with any subversive, militant organization or group that advocates the overthrow of the government by force or violence with intent to further its aims? Yes No
- B. Have you sold or attempted to sell government information?

- C. Have you ever been a member or attended any meetings of a group of individuals that professed hatred or intense dislike for individuals based on their race, color, religious beliefs, gender, or sexual preference? **Yes** **No**

This section covers the use of any controlled substance, dangerous drug, inhalant or marihuana. "Use" means the introduction into your body, by inhaling, smoking, ingesting, injecting, tasting, trying, experimenting, or by any other means.

- D. Have you in the last two years used any of the following?

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Amphetamines (speed) | <input type="checkbox"/> | <input type="checkbox"/> | Methadone |
| <input type="checkbox"/> | <input type="checkbox"/> | Barbiturates | <input type="checkbox"/> | <input type="checkbox"/> | Methamphetamine |
| <input type="checkbox"/> | <input type="checkbox"/> | Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | Methaqualone |
| <input type="checkbox"/> | <input type="checkbox"/> | Codeine (not prescribed) | <input type="checkbox"/> | <input type="checkbox"/> | Mescaline (peyote) |
| <input type="checkbox"/> | <input type="checkbox"/> | Crack cocaine | <input type="checkbox"/> | <input type="checkbox"/> | Morphine (not prescribed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ecstasy (XTC) | <input type="checkbox"/> | <input type="checkbox"/> | Opiates |
| <input type="checkbox"/> | <input type="checkbox"/> | Hashish | <input type="checkbox"/> | <input type="checkbox"/> | PCP (angel dust) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heroin | <input type="checkbox"/> | <input type="checkbox"/> | Psilocybin (mushrooms) |
| <input type="checkbox"/> | <input type="checkbox"/> | LSD (acid) | <input type="checkbox"/> | <input type="checkbox"/> | Steroids (not prescribed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Marihuana | <input type="checkbox"/> | <input type="checkbox"/> | Tranquilizers (not prescribed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other illegal drug not listed above or not prescribed to you. If yes, list: | | | _____ |

- E. Have you ever sold, bought, or provided any controlled substance or dangerous drug? If yes, explain. **Yes** **No**

- F. Have you ever possessed, transported, or purchased any precursor chemicals or any chemical laboratory glassware or apparatus used in the manufacturing of any controlled substance or dangerous drug? If yes, explain. **Yes** **No**

- G. Have you ever used a prescription medication that was prescribed for another person? If yes, explain. **Yes** **No**

- H. Have you used any of the following products as inhalants?

- | | | | | | | | | |
|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------|
| Yes | No | | Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Glue | <input type="checkbox"/> | <input type="checkbox"/> | Paint | <input type="checkbox"/> | <input type="checkbox"/> | Beauty care |
| <input type="checkbox"/> | <input type="checkbox"/> | Office supplies | <input type="checkbox"/> | <input type="checkbox"/> | Petroleum based | <input type="checkbox"/> | <input type="checkbox"/> | Other (list) |
| | | | | | | | | _____ |

XI. FINANCIAL INFORMATION

A. Have you ever filed an income tax statement that contained false information? If yes, explain. **Yes** **No**

B. Have you ever written a check on another person's account without that person's permission? If yes, explain. **Yes** **No**

C. Have you ever issued an insufficient funds ("hot") check? If yes, explain and include the date, county where issued, and disposition. **Yes** **No**

Applicant's Name _____



CITY OF IOWA PARK POLICE DEPARTMENT



OFFICE: (940) 592-2181
104 E. HIGHWAY - P.O. BOX 190

FAX: (940)-592-5542
IOWA PARK, TX. 76367- 0190

E-Mail: rjohnson@iowaparkpd.com

Robert Johnson Chief of Police

I have applied for employment with the Iowa Park Police Department. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Police Department. For this specific reason, I authorize the release and full disclosure of any and all information of a confidential or privileged nature to a duly authorized agent of the Iowa Park Police Department.

The following are examples of the type of information being requested:

- | | | |
|------------------------------|----------------------------------|----------------------------|
| Criminal arrest records | Jail and custody information | Field interviews |
| Officer's notebook notations | Traffic accident reports/records | Booking information |
| Traffic citations | Probation/parole reports/records | District Attorney records |
| Court records/reports | Other reports or records | Laboratory reports/results |
| Performance evaluations | Disciplinary reports | Employment records |
| Polygraph results | Medical information | Credit History |
| School transcripts | | Psychological evaluations |
| Detentions, field citations | | |

I authorize the Iowa Park Police Department to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Police Department.

I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, that his information will likely bar me from further consideration for this position and it will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

"I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested."

Print Name

Social Security Number

Signature(MUST be notarized)

Date

Before me, the undersigned, a Notary Public in and for the State of _____, County of _____, on this day personally appeared, _____, known to me to be the person whose name is subscribed to the forgoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration herein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ___ day of _____, A.D. 20__.

Seal

Notary Public Signature

