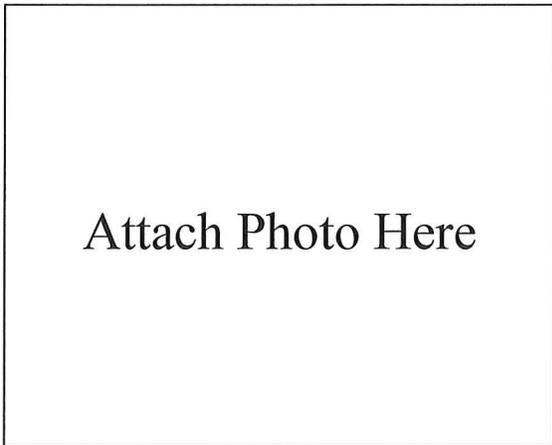




Applicant: _____
Home Phone: _____
Business Phone: _____
Alternate Phone: _____
Hours of Work: _____
Email Address: _____
Myspace/Facebook User Name: _____



**CITY OF OVILLA POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information be accurate in all aspects. It will be used as a basis for a background investigation.

1. Your Personal History Statement must be hand-printed in black ink and filled out by you personally. DO NOT type or have anyone else fill out this form for you. Answer all questions to the best of your ability.
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 correct and in proper sequence before you begin.
4. You are responsible for obtaining correct information and addresses. If you are not sure of any address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference the page number and affix a lower case letter behind the page number. Please begin with the letter "a."
6. Please attach a recent photograph of yourself within the last 90 days to the last page of your personal history statement.
7. An accurate and complete form will help expedite your application. On the other hand, **ANY OMISSIONS OR FALSIFICATIONS MAY RESULT IN DISQUALIFICATION OF YOUR APPLICATION!**
8. Be sure signatures are notarized where required.
9. Failure to complete this form with all information and blanks filled in can terminate your application!

I understand that the information obtained during the background investigation is confidential and the Ovilla Police Department will not release to me any details of these interviews or the reason(s) for rejection of employment.

Applicant's Signature

Date

CITY OF OVILLA POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

State of Texas
County of _____

Sworn to and signed before me, on this the _____ day of _____, 20____,
by _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

**CITY OF OVILLA POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

Personal Identifiers:

Full Legal Name: _____

Name Used or Known By: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____
(Home) (Work) (Cell)

E-Mail Address(es): _____

Facebook/Myspace User Name: _____

Date Of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Type: _____

City of Birth: _____ County of Birth: _____ State of Birth: _____

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

Race: _____ Sex: Male Female Are you a U.S. Citizen? Yes No

Scars, Tattoos or Other Distinguishing Marks? Yes No If yes;

Tattoo Image/Design: _____ Where located: _____

Residences:

List all addresses, starting with your current, include dates you resided there, apartment complex name/landlord name and phone number:

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Residences Continued:

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Residences Continued:

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Complete Address: _____

Apartment Name/Landlord Name: _____

Phone Number: _____ From: _____ To: _____

Was a lease signed? Yes No

Who was on the lease? _____

Education:

List all schools, beginning with the most recent/last attended.

Elementary/Middle Schools:

School Name: _____ Attended: _____ to _____

City/State: _____

School Name: _____ Attended: _____ to _____

City/State: _____

School Name: _____ Attended: _____ to _____

City/State: _____

School Name: _____ Attended: _____ to _____

City/State: _____

High School:

School Name: _____ Attended: _____ to _____

Grade Completed: _____ Graduated: Yes No

School Name: _____ Attended: _____ to _____

Grade Completed: _____ Graduated: Yes No

School Name: _____ Attended: _____ to _____

Grade Completed: _____ Graduated: Yes No

GED: Yes No Date Received: _____ Issuing School: _____

Education Continued:

College or University:

School Name: _____ City/State: _____

Major: _____ Minor: _____ Attended: _____ to _____

Graduated: Yes No Credit Hours Received: _____ Date Graduated: _____

School Name: _____ City/State: _____

Major: _____ Minor: _____ Attended: _____ to _____

Graduated: Yes No Credit Hours Received: _____ Date Graduated: _____

School Name: _____ City/State: _____

Major: _____ Minor: _____ Attended: _____ to _____

Graduated: Yes No Credit Hours Received: _____ Date Graduated: _____

School Name: _____ City/State: _____

Major: _____ Minor: _____ Attended: _____ to _____

Graduated: Yes No Credit Hours Received: _____ Date Graduated: _____

Other Schools/Training:

School Name: _____ City/State: _____

Type Training: _____ Attended: _____ to _____

Certifications: _____

School Name: _____ City/State: _____

Type Training: _____ Attended: _____ to _____

Certifications: _____

Military History:

Are you registered with the draft board? Yes No Female

If yes, list Selective Service Number: _____

Have you ever served in any branch of the Armed Services? Yes No

Date of Service: From: _____ To: _____ Military Service #: _____

Branch: _____ Highest Rank: _____ Rank at Discharge: _____

Primary Specialty: _____ Military Education: _____

Location of Discharge: _____ Types of Discharge: _____

Medals, Awards, Ribbons Awarded: _____

Are you currently on Active Reserve or In-Active Reserve National Guard? Yes No

Were you ever disciplined while in the military? (Include Court-Martial, Masts, Company Punishment, etc.) Yes No

Charge: _____

Date: _____ Disposition: _____

Charge: _____

Date: _____ Disposition: _____

Charge: _____

Date: _____ Disposition: _____

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

Were you ever AWOL? Yes No

Employment History:

Start with your present employer and work back. List all employment including part-time, seasonal, volunteer or temporary employment. Include all periods of unemployment. List dates by month and year.

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Employer: _____

Type Business: _____

Address: _____

City: _____ St.: _____ Zip: _____

Business Phone Number: _____

Supervisor: _____ Phone Number: _____

Co-Worker: _____ Phone Number: _____

Employment Dates: _____ to _____

Salary: Start _____ End: _____

Starting Position: _____ Ending Position: _____

Work Schedule: _____

Duties: _____

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____

Reason for Leaving: _____

Was notice given? Yes No If yes, how much notice: _____

If no, why? _____

Are you eligible for re-hire? Yes No If no, explain: _____

Employment History Continued:

Have you ever been fired, asked to resign or had a contract terminated from any employment? Yes No

If yes, give employer's name and reason: _____

Have you ever resigned in exchange for a favorable recommendation to future employer(s)?

If yes, give employer's name and reason: _____

Have you ever been reprimanded (verbal or written), suspended, or placed on administrative leave?
Yes No

If yes, give employer's name and reason: _____

Have you ever been subject to an internal affairs complaint while employed with a law enforcement agency? Yes No

If yes, give employer's name, date of complaint, allegation(s), conclusion:

Have you ever missed work or been late for work because of alcohol use? Yes No

Has alcohol ever affected your job performance? Yes No

Employment History Continued:

Are you currently the subject of an internal affairs complaint or on administrative leave with a law enforcement agency? Yes No

If yes, date of complaint, and allegation(s): _____

Have you ever intentionally damaged an employer's property? Yes No

Have you ever violated an employer's rule, regulation or policy that would have resulted in disciplinary action or termination had the employer been aware? Yes No

Have you ever been reprimanded for reporting late to work? Yes No

Have you ever been reprimanded for missing work? Yes No

Have you ever taken any materials, merchandise, uniforms, supplies or tools from any place of employment, without direct permission? Yes No

If yes, state the employer, items taken, and approximate value of the items. _____

Have you ever falsified information either verbally or in writing pertaining to a work related incident or injury? Yes No

Have you ever had a sexual harassment complaint filed against you? Yes No If yes:

Date: _____ Complainant: _____ Results: _____

Employer/Entity
Where Complaint Filed: _____

Circumstances: _____

Date: _____ Complainant: _____ Results: _____

Employer/Entity
Where Complaint Filed: _____

Circumstances: _____

Employment History Continued:

List employment which you think will specially qualify you for the position for which you have applied. _____

Describe positions you have held that required supervisory ability, the exercise of authority and leadership.

Do you speak any foreign languages? Yes No

If yes, list degree of fluency (Excellent, Good, Fair);

Language	Speaking	Reading	Writing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any special skills or qualifications you may possess:

List any licenses you hold (pilot, radio operator, scuba, etc.)

License Title	Date Issued	Date Expired
---------------	-------------	--------------

List any specialized machinery or equipment that you can operate: _____

Family History:

Status: Married ____ Single ____ Separated ____ Divorced ____ Annulment ____
Engaged ____ Deceased Spouse ____ Significant Other: ____

If Married:

Spouse's Full Name (Include Maiden Name): _____

Spouse's Date of Birth: _____ Marriage Date: _____

Where Married: City: _____ County: _____ State: _____

Employer: _____

Occupation: _____ Cell Phone#: _____ Work Phone#: _____

Significant Other:

Person's Full Name (Include Maiden Name): _____

Person's Date of Birth: _____ Date Began Living Together: _____

Employer: _____

Occupation: _____ Cell Phone#: _____ Work Phone#: _____

If Annulment:

Ex- Spouse's Name (Include Maiden Name): _____

Marriage Date: _____ Annulment Date: _____

Where Married: City: _____ County: _____ State: _____

Where Annulled: City: _____ County: _____ State: _____

Reason Annulment: _____

Family History Continued:

If Engaged:

Fiancée's Full Name (Include Maiden Name): _____

Fiancée's Date of Birth: _____

Employer: _____

Occupation: _____

Cell Phone#: _____ Home Phone#: _____ Work Phone#: _____

If Divorced:

How many times: _____

Ex-Spouse's Maiden Name (Include Maiden Name): _____

Date of Birth: _____

If ex-spouse has remarried, list married name: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Occupation: _____ Cell Phone#: _____ Work Phone#: _____

Marriage Date: _____ Divorce Date: _____

Where Married: City: _____ County: _____ State: _____

Where Divorced: City: _____ County: _____ State: _____

Reason Divorce: _____

Number of children you have with this ex-spouse: _____

Family History Continued:

If Divorced Continued:

Ex-Spouse's Name (Include Maiden Name): _____

Date of Birth: _____

If ex-spouse has remarried, list married name: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Occupation: _____ Cell Phone#: _____ Work Phone#: _____

Marriage Date: _____ Divorce Date: _____

Where Married: City: _____ County: _____ State: _____

Where Divorced: City: _____ County: _____ State: _____

Reason Divorce: _____

Number of children you have with this ex-spouse: _____

Ex-Spouse's Maiden Name (Include Maiden Name): _____

Date of Birth: _____

If ex-spouse has remarried, list married name: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Occupation: _____ Cell Phone#: _____ Work Phone#: _____

Marriage Date: _____ Divorce Date: _____

Where Married: City: _____ County: _____ State: _____

Where Divorced: City: _____ County: _____ State: _____

Reason Divorce: _____

Number of children you have with this ex-spouse: _____

Family History Continued:

If Spouse is Deceased:

Name of Spouse (Include Maiden Name): _____

Date of Birth: _____ Date of Death: _____

Cause of Death: _____

Child Support

Do you pay child support? Yes No

If yes, have you ever been delinquent on your child support payments? Yes No

If yes, explain reason: _____

Relatives:

List all relatives in the following order: Children (biological, step and foster), Parents (include step-parents), Siblings, and In-Laws (include brother and sister-in-laws).

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Relatives Continued:

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

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Relatives Continued:

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

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Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Relationship: _____ Occupation: _____

Social History:

List 7 references that know you well enough to provide current information about you. DO NOT list relatives, employers, supervisors, or anyone listed elsewhere in this statement. List people who you socialize with regularly, not friends of any of your family members.

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Social History Continued:

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Email address: _____

Work Phone#: _____ Home Phone#: _____ Yrs Known: _____

How Acquainted: _____ When did you last see this person? _____

Social History Continued:

Do you consume alcoholic beverages? Yes No If yes, how often? _____

List any hobbies, sport, or special interests you participate in:

Type	Length of Participation	Level of Proficiency	Award(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any organizations in which you are or have been a member:

Organization	Type	Membership Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driving History:

When completing this section include all traffic citations including those with you pled guilty, were found guilty, pled no contest, received deferred adjudication and took defensive driving for.

How many traffic citations have you received since you began driving? _____

If any list:

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a motor vehicle accident? Yes No If yes list:

Date: _____ Address: _____

City: _____ State: _____

Describe what happened: _____

Driving History Continued:

Date: _____ Address: _____

City: _____ State: _____

Describe what happened: _____

Date: _____ Address: _____

City: _____ State: _____

Describe what happened: _____

Do you have any unpaid traffic or parking citations? Yes No

If yes, list where: _____

Have you ever driven a motor vehicle on a public roadway without liability insurance? Yes No

Has your driver's license ever been suspended or revoked? Yes No If yes, list date, type suspension, type suspension, and date suspension lifted: _____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations? Yes No

Have you ever been placed as an assigned risk for vehicle insurance? Yes No

Have you ever had your liability insurance revoked, suspended or cancelled due to the number of traffic citations or accidents? Yes No

List type of driver's license you hold and when you obtained the license:

Type	License #	Date Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driving History Continued:

Have you ever held a driver's license from another state? Yes No If yes:

State	Type	Date Obtained
_____	_____	_____
_____	_____	_____

Have you ever been arrested or cited for DWI or DUI? Yes No

If yes, list date, location, and case disposition: _____

Have you ever struck a person, vehicle (attended or unattended), fixture or highway landscaping and left the scene without complying with the duties set forth in the transportation code? Yes No

If yes, give details: _____

Have you ever driven a motor vehicle while under the influence of alcohol? Yes No

If yes, when, where and what were the circumstances: _____

Have you ever driven a motor vehicle while under the influence of a narcotic? Yes No

If yes, when, where and what were the circumstances: _____

Have you ever fled from the police (in a vehicle or on foot)? Yes No

If yes, when, where and what were the circumstances: _____

Driving History Continued:

Do you have liability insurance? Yes No If yes;

Company: _____ Phone#: _____

Policy Number: _____

Vehicles covered by the policy:

Year: _____ Make: _____ Model: _____ LP: _____ VIN#: _____

Year: _____ Make: _____ Model: _____ LP: _____ VIN#: _____

Year: _____ Make: _____ Model: _____ LP: _____ VIN#: _____

Year: _____ Make: _____ Model: _____ LP: _____ VIN#: _____

Criminal Legal History:

Have you been issued a citation for a Class "C" misdemeanor criminal offense? Yes No

If yes,

Date	Location (Include City)	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted or plead "No Contest" to any Class "C" Misdemeanor, other than traffic? Yes No If yes;

Date	Location (Include City)	Charge	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been arrested? Yes No If yes;

Date	Location (Include City)	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Criminal Legal History Continued:

Have you ever been detained by the police, other than for a traffic citation? Yes No If yes;

Date	Location (Include City)	Reason for detention
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a warrant issued for your arrest? Yes No If yes;

Date	Location (Include City)	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever testified in a criminal case? Yes No If yes;

Date	Location (Include City)	Type Case	Your Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been summoned or asked to appear in court on a criminal case? Yes No If yes;

Date	Location (Include City)	Type Case	Your Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever carried, in your vehicle or on your person, an instrument that could be classified as an illegal weapon? Yes No

If yes explain: _____

Have you ever been present when a friend or family member committed a criminal offense?

Yes No If yes;

Date	Location (Include City)	Person Committing Offense	Offense Committed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you for any reason ever taken a polygraph? Yes No

If yes list reason and result; _____

Criminal Legal History Continued:

Have you ever caused anyone to believe you were acting in a official capacity as a police officer when you were not a police officer? Yes No

If yes explain: _____

Have you ever been arrested or detained and released to a responsible party as a result of being determined by a police officer to be too intoxicated? Yes No

If yes;

Date	Location (Include City)	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever bought an alcoholic beverage using a fake identification card? Yes No

If yes explain: _____

Have you ever had someone other than your parent(s) buy an alcoholic beverage for you because you were too young to purchase it yourself? Yes No

If yes explain: _____

Have you ever made an alcoholic beverage available to a minor who was too young to purchase it themselves? Yes No

If yes explain: _____

Have you ever been issued a citation for Minor in Possession of Alcohol or Consumption of Alcohol (Minor)? Yes No

If yes;

Date	Location (Include City)	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Criminal Legal History Continued:

Have you ever been a member of a gang or paramilitary organization? Yes No If yes;

Date: _____ To _____ Name of Gang/Organization: _____

Circumstances: _____

Date: _____ To _____ Name of Gang/Organization: _____

Circumstances: _____

Have you ever had your criminal record expunged? Yes No If yes,

Date of Offense/Arrest: _____ Location of Offense/Arrest: _____

Criminal Charge: _____

Case Disposition: _____ Reason for Expunging: _____

Agency Recorded Expunged At: _____

Agency Recorded Expunged At: _____

Agency Recorded Expunged At: _____

Date of Offense/Arrest: _____ Location of Offense/Arrest: _____

Criminal Charge: _____

Case Disposition: _____ Reason for Expunging: _____

Agency Recorded Expunged At: _____

Agency Recorded Expunged At: _____

Agency Recorded Expunged At: _____

Civil Legal History:

Have you ever been involved in any type lawsuit (Even as a witness)? Yes No

Date	Location (Include City)	Type Case	Your Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been sued? Yes No If yes;

Date	Location (Include City)	Type Case	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever testified in a civil case? Yes No If yes;

Date	Location (Include City)	Type Case	Your Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever sued anyone? Yes No If yes;

Date	Location (Include City)	Type Case	Reason for suing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

Have you ever filed for bankruptcy? Yes No If yes;

Date	Location (Include City)	Circumstances that led to the filing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever legally changed your name or assumed another name? Yes No If yes:

Name	Reason Used
_____	_____
_____	_____
_____	_____
_____	_____

Substance Usage:

Usage means the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (needle), smoke, puff, toke, oral (by pill tab, tasting, consume or mixed with food or drink), or absorbed into the body by any means.

When asked to give the maximum number of times that you used the drug, you must give the ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG.

Drug	First Used Month/Yr	Last Used Month/Yr	Maximum Times Used	How Used	Never Used
PCP					
THC / MARIJUANA					
LSD					
PEYOTE					
HEROIN					
COCAINE					
QUAALUDES					
AMPHETAMINE					
METH-AMPHETAMINE					
ADDERALL					
ECSTASY					
DILAUDID					
MUSHROOMS					
ANABOLIC STEROIDS /STEROIDS					
ROHYPNOL					

INHALANTS	First Used Month/Yr	Last Used Month/Yr	Maximum Times Used	How Used	Never Used
GLUE					
PAINT					
FREON					
GASOLINE					
BUTYL NITRITE					

Have you ever used any prohibited drugs not listed above? Yes No If yes;

LIST DRUG NAME	First Used Month/Yr	Last Used Month/Yr	Maximum Times Used	How Used

Substance Usage Continued:

Have you ever bought or sold prohibited drugs, including steroids? Yes No If yes:

LIST DRUG NAME	When Bought Month/Yr	When Sold Month/Yr	Maximum Bought or Sold

Have you ever given any illegal substance to another person? Yes No If yes;

LIST DRUG NAME	Person Drug Given To	Relationship To The Person	When Given Month/Yr	Maximum Times Given

Have you ever been involved in any way with the manufacturing of any illegal drug? Yes No If yes;

LIST DRUG NAME	When Involved Month/Yr	What part did you play in the manufacturing

Have you ever taken prescription medications that were prescribed to someone other than yourself?
Yes No If yes:

Person Medication Prescribed For	When Month/Yr	Circumstances

Personal Declaration:

Could you take a human life? Yes No Explain you answer: _____

Are you aware of any problems that could prevent you from getting this job? Yes No
If yes, explain: _____

Do you have any reasons that would prevent you from performing the duties as a member of this department, including working holidays, weekends, or various times? Yes No

If yes, explain: _____

Are there any incidents in your life or details not mentioned herein, which may influence this department's evaluation of you suitability for employment with the Ovilla Police Department.
Yes No If yes, explain _____

Applicant's Statement:

I represent and warrant the answers I have made to each and all of the foregoing questions are full and true, to the best of my knowledge and belief.

I acknowledge that any false statement made in answering the above questions is good cause for removal from the eligibility list or discharge during or after probation.

Applicant's Signature

Date

Required Attachments:

Attach copies of the following documents to the back of the personal history statement:

___ High School Transcript ___ College Transcript/Diplomas ___ Driver's License

___ Military Discharge Papers ___ Birth Certificate

AUTHORIZATION FOR ACCESS TO SOCIAL MEDIA SITES

I, _____ have applied for employment with the **Ovilla Police Department**. I am aware that my entire background is to be investigated. I hereby authorize and grant the Ovilla Police Department and/or its agents and employees access to any and all social media sites for which I have a personal account/profile during the course of my background investigation.

Social Media is defined as a form of online communication or publication that allows for multi-directional interaction. Social media includes blogs, wikis, podcasts, social networks, photograph and video hosting websites, and crowd sourcing. Examples would include, but are not limited to, Facebook and My Space.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such as my background investigation in complete and/or upon the completion of my probationary period with the City of Ovilla.

I agree to indemnify and hold harmless the Ovilla Police Department and/or its agents and employees, from and against all claims, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this requirement. I further understand failure to fully disclose any social media sites for which I have a personal account/profile can result in disqualification from the pre-employment process and termination during the probationary employment period.

I have social media accounts/profiles at the following sites:

Social Media Site	Personal Account/Profile Name

I further understand that when asked by my background investigator, I will be required to access all of these sites and allow the background investigator full access to my account/profile while in my presence.

Applicant's Signature

Date

State of Texas
County of _____

Sworn to and signed before me, on this the _____ day of _____, 20____,
by _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

**DEPARTMENT
CONFIDENTIAL INFORMATION AGREEMENT FORM**

A thorough investigation will be conducted to determine your qualifications for employment with the Ovilla Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons whom you have been associated. Therefore, such information is confidential, and the department cannot reveal the reason(s) for rejection of those applicants who are not accepted.

If the reason(s) for your acceptance is of a temporary nature, whereby you could be accepted at a later date, you will be notified.

I understand that if I am uninsurable, due to my driving record, I will not be hired to a position that requires operation of City Vehicles. I also understand that if employed in a position that requires operation of city vehicles and I become uninsurable, my employment with the city of Ovilla may be terminated.

I have read and fully understand the statement.

Applicant's Signature

Date

State of Texas
County of _____

Sworn to and signed before me, on this the _____ day of _____, 20____,
by _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

RETURN OF CITY EQUIPMENT AND PROPERTY UPON SEPARATION OF EMPLOYMENT

I understand that when I terminate my employment with the City, I must return all property of the City's to my supervisor or my supervisor's designated representative. City keys, pagers, phones, City owned tools, books, equipment and City vehicles, and any money I owe the City.

I also understand that my final check shall include payment of the balances of any leave and may be a manual check. Upon separation of my employment with the City, if I fail to return any City property or City funds to my supervisor or my supervisor's designated person, I authorize the City to deduct this amount or the value of the equipment or property from my final paycheck.

Employee's Signature

Date