

Galveston County Sheriff's Office



Application for Employment & Personal History Statement

601 - 54th Street
Galveston, Texas 77551
(409) 766-2300
so.employment@co.galveston.tx.us
www.sheriff.galvestoncountytexas.gov

Dear Potential Employee,

As Sheriff of Galveston County, I encourage you to take the opportunity by joining our team of outstanding law enforcement professionals and accept the challenge of providing the finest law enforcement service to the citizens of Galveston County.

As an agency with a proud history, we are seeking new employees who are interested in serving our community with pride and dignity.

There are many opportunities awaiting qualified men and women for those who are willing to demonstrate their abilities and allegiance to the Galveston County Sheriff's Office and our citizens.

We look forward to working with you.

Sincerely,

Henry Trochesset
Sheriff

Maintaining a Higher Standard in Law Enforcement

Applicant Name:

Please let us know how you heard about employment with the Galveston County Sheriff's Office. Additionally, please list the name, location, event, site, etc. that referred you.

- Friend, relative, current employee.** Name:
- Social Media.** Site:
- School.** Location:
- Job Fair.** Event:
- Advertisement.** Publication:
- Career Website.** Site:
- Walk-In**
- Other:**



The Galveston County Sheriff's Office is an Equal Opportunity Employer. The County of Galveston is an E-Verify Employer.

EMPLOYMENT APPLICATION INSTRUCTIONS

THE GALVESTON COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION (THIS DOCUMENT) IS USED AS A TOOL FOR SCREENING APPLICANTS TO DETERMINE THEIR SUITABILITY FOR EMPLOYMENT WITH THE GALVESTON COUNTY SHERIFF'S OFFICE. NOT EVERYONE WHO APPLIES IS QUALIFIED. IT IS VERY IMPORTANT TO FOLLOW THE INSTRUCTIONS IN THIS APPLICATION PRECISELY.

This application you have received is one part of many documents that make up the complete application packet. This application alone is **NOT** sufficient enough for applying with the Galveston County Sheriff's Office. The applicant must build an application packet from this application, ensuring the completeness of the packet before submitting the application packet for employment. For most applicants, this step in the recruitment process is the longest. This is the first of many steps in the application process.

Please, take your time.

BEFORE YOU BEGIN - READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING. IT IS YOUR RESPONSIBILITY TO READ AND ANSWER EACH QUESTION FULLY. THE INFORMATION YOU PROVIDE MAY BE VERIFIED THROUGH BACKGROUND INVESTIGATION. ACCURACY IS ESSENTIAL. FAILING TO FOLLOW INSTRUCTIONS, OMITTING INFORMATION, OR MAKING FALSE STATEMENTS MAY BE GROUNDS FOR DENYING OR TERMINATING YOUR APPLICATION.

- The Application **must** be completed by you, the Applicant.
- The Application must be typed or legibly handwritten in **black ink**.
- If the question does not apply, to you, the Applicant, mark "N/A" for Not Applicable. Do not leave any blanks. Incomplete Applications will not be considered for processing.
- **You** are responsible for obtaining all of the required documents, dispositions, transcripts, diplomas, photocopies, correct addresses, zip codes, area codes and telephone numbers required to submit a completed Application Packet.
- If there is not enough space for you to complete an answer, **attach** an additional sheet to the Application page being used, noting the page number of the Application page, the question to which the additional sheet corresponds, your name and your Social Security Number in the upper right hand corner of the additional sheet.
- The **COMPLETED** Application Packet may be returned in person, by mail, or other delivery service to the address on the last page.
- Once the Application Packet and documents are submitted to the Galveston County Sheriff's Office, they are our property and part of our official records. No documents will be returned to the applicant.

MINIMUM STANDARDS FOR ACCEPTANCE TO THE GCSO

A PERSON WHO IS AN APPLICANT OF THE GALVESTON COUNTY SHERIFF'S OFFICE SHALL:

- Be a citizen of the United States of America.
- Be at least 18 years of age on the date the application is made.
- Not be awaiting trial for any criminal offense.
- Not be on probation for any criminal offense.
- Have a current, valid Texas driver license and an acceptable driving record as determined by the Galveston County Sheriff's Office policy in effect at the time of application.
- Have a stable credit record.
- Have received nothing less than an Honorable Discharge, without conditions if separated from military service. If conditions exist, these will be considered on a case by case basis.
- Meet all standards required and be eligible to be licensed as an Officer by the Texas Commission on Law Enforcement (TCOLE).
- Not have had any license revoked by the Texas Commission on Law Enforcement (includes voluntary surrender).
- Pass all pre-employment skills testing as required. (Applicants shall be required to pass a GED type of entrance exam of about 80 questions in 1 hour and 45 minutes. Study material is NOT available for the Galveston County Sheriff's Office Entrance Exam. A similar type of GED practice exam is available on the internet: (http://www.testprepreview.com/ged_practice.htm.) There is NOT a physical agility test at this time.
- Wait 30 days between failed test attempts.
- Wait 365 days from the date of the 3rd failed test attempt letter to re-apply, unless, the Applicant was permanently rejected by this office.
- Notify the recruiting team within 10 days, if the Applicant has a change in his/her: home or work address, a change in his/her employment, a change in his/her contact phone number, to include disconnection, or, if the applicant receives a ticket, citation or is arrested by any city, county, state or federal law enforcement agency.

DISQUALIFIERS FOR EMPLOYMENT

A PERSON WHO IS AN APPLICANT OF THE GALVESTON COUNTY SHERIFF'S OFFICE SHALL BE PERMANENTLY REJECTED AT THE DISCOVERY OF THE FOLLOWING:

- Knowingly omit or falsify any information on the application.
- Conviction of any felony grade offense.
- Admission or discovery of current substance abuse.
- Admission or discovery of the manufacture, delivery, sale or possession with the intent to sell or deliver any controlled substance.
- Termination from any law enforcement agency for cause. ("For Cause" means an affirmed termination due to an action, or failure to act by the applicant.)
- Asked to resign or resigned while under investigation from a law enforcement agency (does not include economic lay-off).
- Conviction in military court which resulted in discharge from military service under less than honorable conditions.
- Conviction of Class A Misdemeanor, Conviction of Class B Misdemeanor within the last ten (10) years, or Conviction of two (2) or more Class B Misdemeanors.
- Conviction of any offense involving moral turpitude.
- Discovery of domestic violence abuses by applicant.
- False statement to interview board (any applicant who knowingly gives false information during the oral interview will be disqualified from future selection processes.)

NOTE: RECEIPT OF YOUR APPLICATION IS NOT A GUARANTEE OR PROMISE OF EMPLOYMENT BY THIS AGENCY

EMPLOYMENT APPLICATION REQUIRED DOCUMENTS

AT THE TIME THE APPLICATION PACKET IS RETURNED, THE APPLICANT MUST BRING ALL DOCUMENTS REQUIRED. UPON EMPLOYMENT, OR THE OFFER THEREOF, ORIGINAL DOCUMENTS WILL NEED TO BE PROVIDED TO THIS AGENCY WHEN APPLICABLE.

- Birth Certificate - (Certified copy from County Clerk's Office ONLY) (NOT a Photo copy)
- GED - (Certified copy from - <https://bass.tea.state.tx.us/Tea.GEDi.Web/Forms/CertificateSearch.aspx>) (NOT a Photo copy)
- High School Transcripts (Mailed directly from the institution to the Applicant. Must be delivered in the original/sealed envelope)
- High School Diploma - (Photo copy only) (From an Accredited High School)
- College Transcripts from each college attended - (Must be delivered in the original/sealed envelope)
- College Degree(s) - (Photo copy only) (From an Accredited College/University)
- Social Security Card - (Photo copy only)
- Texas Driver License - (Photo copy only)
- Naturalization Documents - (Photo copy only)
- Copy of current proof of automobile liability insurance
- DD214 - (Photo copy of the "long version" Member 4 Copy) *Applicable to those with military service*
- Marriage Certificates - (Photo copy of County-issued marriage certificate for each marriage)
- Divorce Decree's/Dissolution's - (Photo copy of each court - ordered dissolution)
- Bankruptcy Records & Judgments - (Photo copy only)
- Certified Court Disposition & Sentencing of all Criminal Charges and Criminal Citations - Juvenile and Adult - (Sealed)
- Civil Suit(s) & Final Judgments - (Photo copy only)
- All arrest reports in which you were named as a suspect or were arrested - (Photo copy only)
- All traffic collision reports in which you were a named driver/involved party within the preceding 5 years - (Photo copy only)
- All TCOLE Certificates / Licenses / Last Weapons Qualification (Current in last 12 Months) - (Photo copy only)
- All Specialty / Training Certificates - (Photo copy only)
- All Internal Affairs Investigations - (Photo copy only)
- Last 5 performance evaluations - (Photo copy only)
- Copy of Selective Service Registration - *Males aged 18-25 only* (Free at: <https://www.sss.gov/RegVer/wfVerification.aspx>)
- Copy of Credit Report - (Free at: www.annualcreditreport.com)
- Notorized Application



TEXAS COMMISSION ON LAW ENFORCEMENT
TCOLE

Galveston County Sheriff's Office

Henry Trochesset, Sheriff

APPLICANT'S PERSONAL HISTORY STATEMENT



Appointment/Employment

Name:

Date:

Complete and Return By:

PID #:

I am applying for:

Peace Officer

County Jailer

Telecommunicator

Civilian Employment

This box for Agency Use Only

Badge # _____ Hair: _____

Edu: _____ Eye: _____

DL: _____ Ht: _____

SS: _____ Wt: _____

DOB: _____

Race/Sex: _____

PID: _____

Address: _____

Email: _____

GALVESTON COUNTY SHERIFF'S OFFICE

601 - 54th Street

Galveston, Texas 77551

(409) 766-2300

Personal History Statement Instructions

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

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

1. Your application must be typed or printed legibly in BLACK INK by the applicant. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*
 - Completed Personal History Statement (application)
 - Copy of your Social Security card
 - Original certified copy of your birth certificate (no photo copy)
 - Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)
 - Copy of your High School diploma or GED certificate. If no diploma or certificate is available, submit a sealed copy of your transcripts.
 - Sealed original certified copy of your college transcript (no photo copy)
 - Photocopy of your college diploma
 - Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)
 - Copy of your DD-214 and/or other military discharge documents (if applicable)
 - Original certified copy of your Naturalization papers, if applicable (no photo copy)
 - Copy of current proof of automobile liability insurance
 - Copy of a TCOLE approved Firearms Qualifications within the last 12 months
10. If you have questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

Instructions to the Applicant

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

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

DISQUALIFICATIONS

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

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

Once you begin:

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

Disclosure of Medically Related Information

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

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

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

Yes No

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

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

Date Applied: Address:

City: State: Zip:

Background Investigator's Name (if known):

Contact Number, (ext): Email:

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

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

Status: Hired On List Withdrawn Disqualified

B. Name of Agency: **Position Applied For:**

Date Applied: Address:

City: State: Zip:

Background Investigator's Name (if known):

Contact Number, (ext): Email:

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

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

Status: Hired On List Withdrawn Disqualified

C. Name of Agency: **Position Applied For:**

Date Applied: Address:

City: State: Zip:

Background Investigator's Name (if known):

Contact Number, (ext): Email:

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

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

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

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

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

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

Home Address:

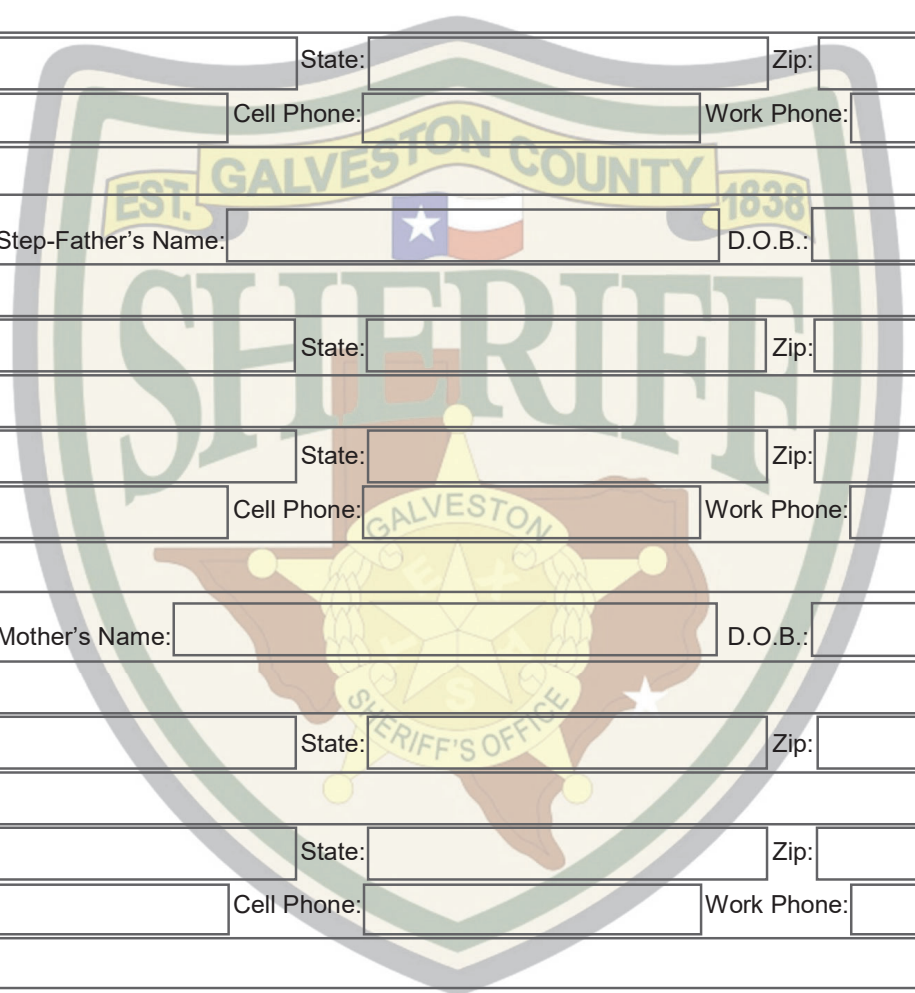
City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:



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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Years of Marriage: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A **H. Former Spouse/Cohabitant's Name(s):** _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

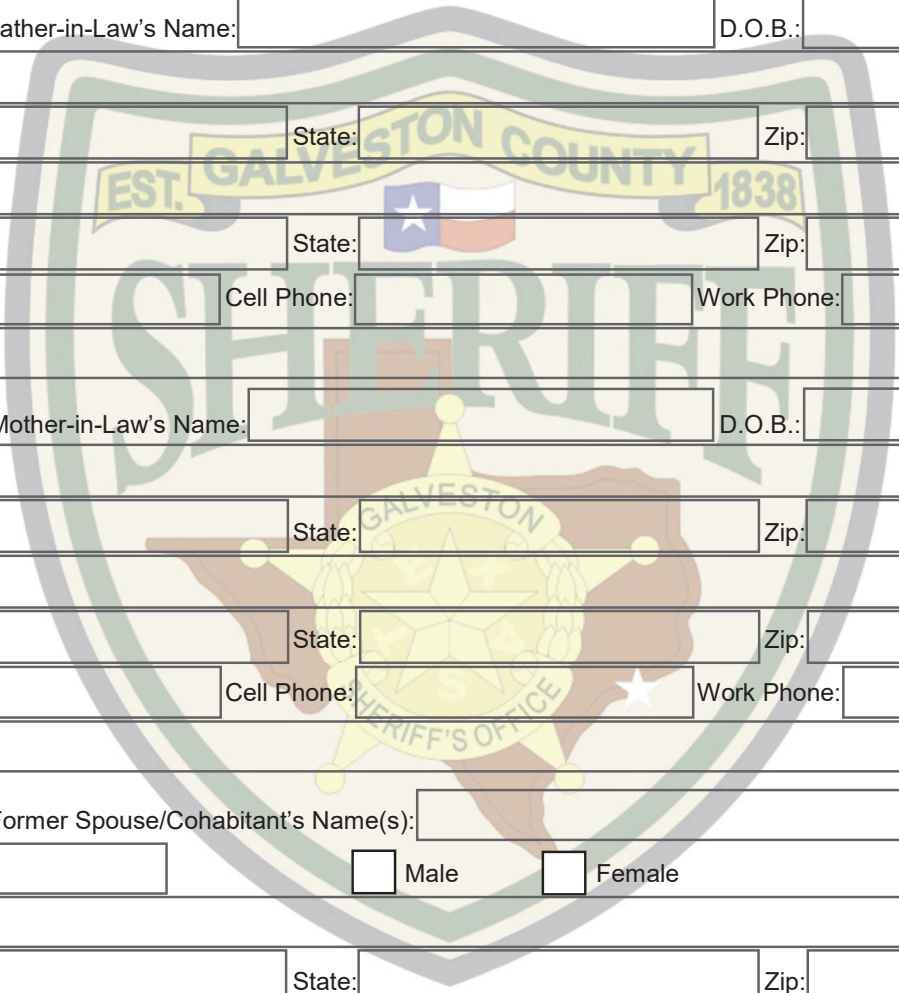
Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No



N/A I. Former Spouse/Cohabitant's Name(s): _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

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

N/A 1. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 2. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 3. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 4. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 5. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

N/A 6. Name: _____

D.O.B.: _____ Male Female

Home Address: _____

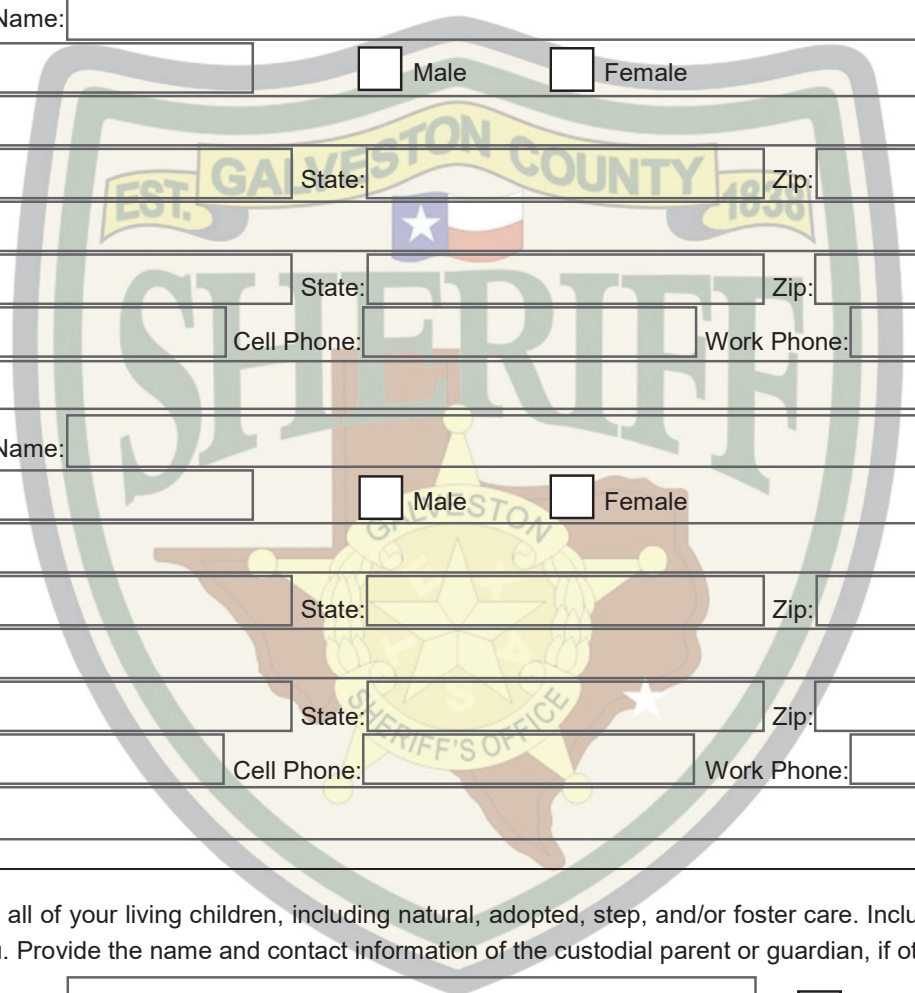
City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____



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

N/A 1. Name: _____ Male Female

D.O.B.: _____ Custodial parent or guardian (if other than you): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

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

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

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

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

N/A 6. Name: _____ Male Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Number: _____ Email: _____

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

1. Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

2. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

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

How long have you known this person?

3. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

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

How long have you known this person?

4. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

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

How long have you known this person?

5. Name: Address:

City: State: Zip:

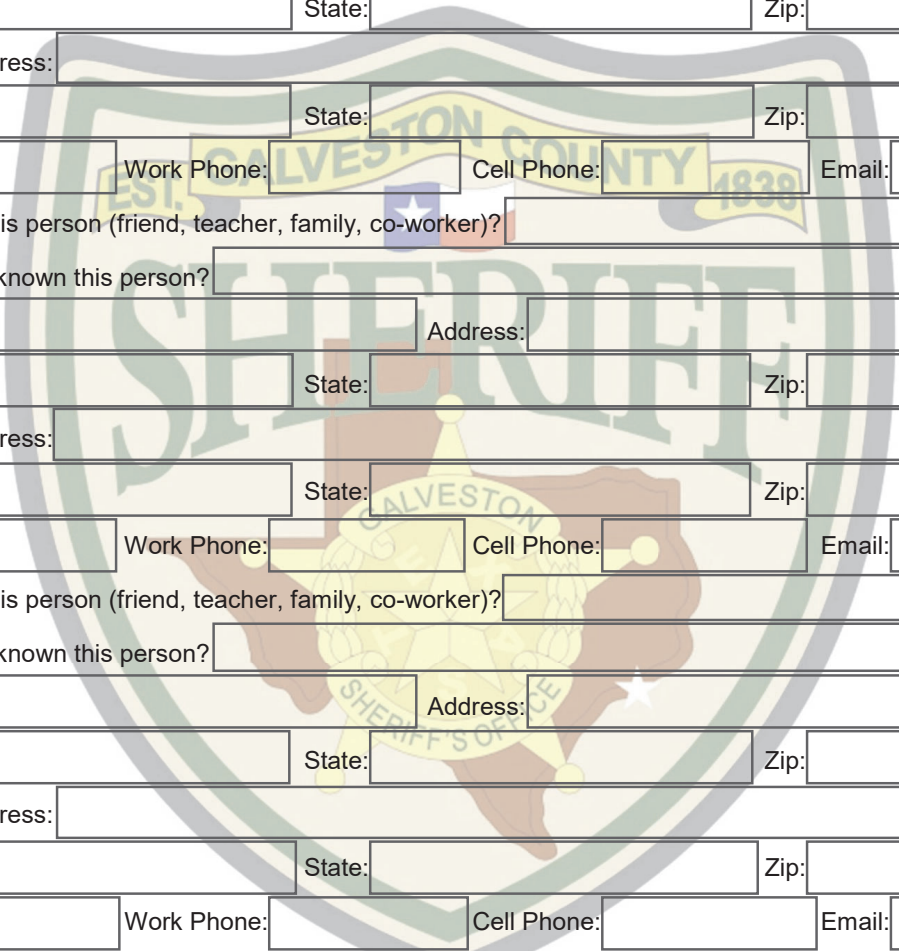
Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

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

How long have you known this person?



6. Name: Address:
 City: State: Zip:
 Company/Work Address:
 City: State: Zip:
 Home Phone: Work Phone: Cell Phone: Email:
 How do you know this person (friend, teacher, family, co-worker)?
 How long have you known this person?

7. Name: Address:
 City: State: Zip:
 Company/Work Address:
 City: State: Zip:
 Home Phone: Work Phone: Cell Phone: Email:
 How do you know this person (friend, teacher, family, co-worker)?
 How long have you known this person?

8. Name: Address:
 City: State: Zip:
 Company/Work Address:
 City: State: Zip:
 Home Phone: Work Phone: Cell Phone: Email:
 How do you know this person (friend, teacher, family, co-worker)?
 How long have you known this person?

SECTION 3: EDUCATION

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

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

List high schools attended or where you obtained your GED:

1. Name: City: State:
 From: To: Did you graduate? Yes No
 2. Name: City: State:
 From: To: Did you graduate? Yes No

List all colleges or universities attended:

1. Name: City: State:
 From: To: Type of Degree Earned: Total Units Earned:
 2. Name: City: State:
 From: To: Type of Degree Earned: Total Units Earned:

3. Name: City: State:
 From: To: Type of Degree Earned: Total Units Earned:

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

1. Name: From: To:
 Type of school or training: City: State:

Did you complete the course? Yes No

2. Name: From: To:
 Type of school or training: City: State:

Did you complete the course? Yes No

3. Name: From: To:
 Type of school or training: City: State:

Did you complete the course? Yes No

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

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

SECTION 4: RESIDENCES

LIST OF RESIDENCES

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

1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

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

2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

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

Reason for moving:

3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

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

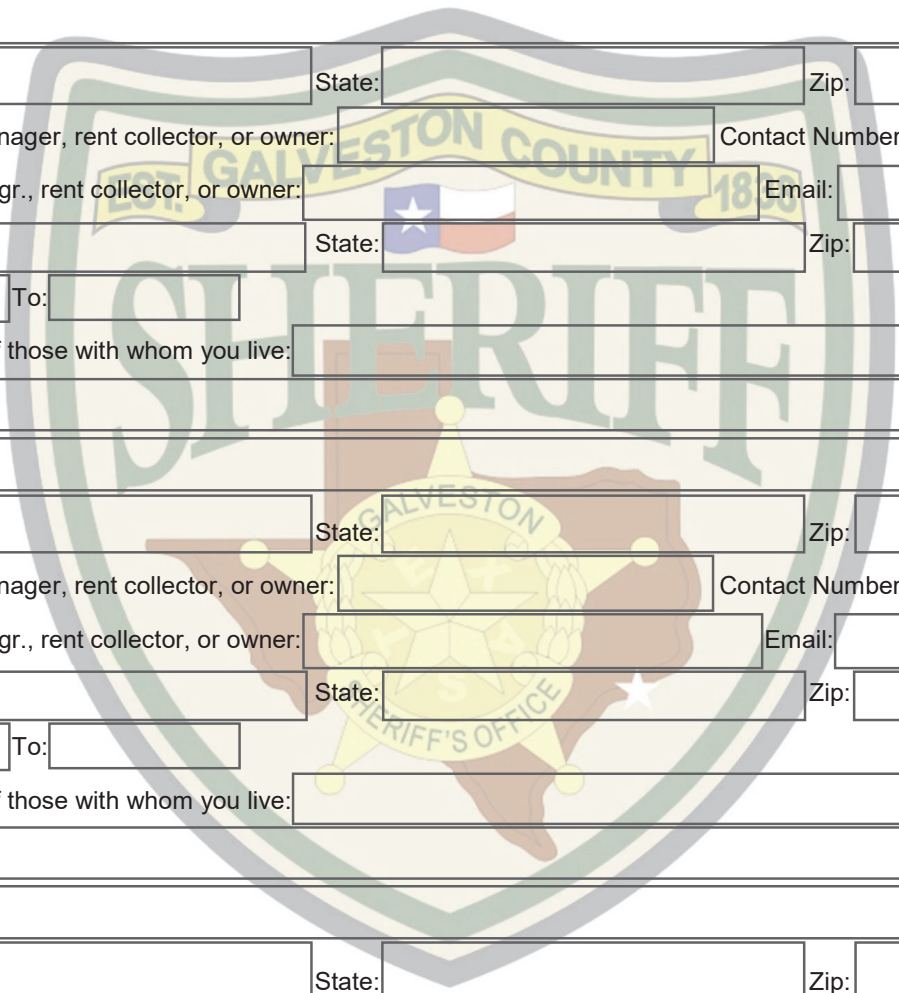
Reason for moving:

4. Former Address: _____
 City: _____ State: _____ Zip: _____
 If renting; property manager, rent collector, or owner: _____ Contact Number: _____
 Address of property mgr., rent collector, or owner: _____ Email: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

5. Former Address: _____
 City: _____ State: _____ Zip: _____
 If renting; property manager, rent collector, or owner: _____ Contact Number: _____
 Address of property mgr., rent collector, or owner: _____ Email: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

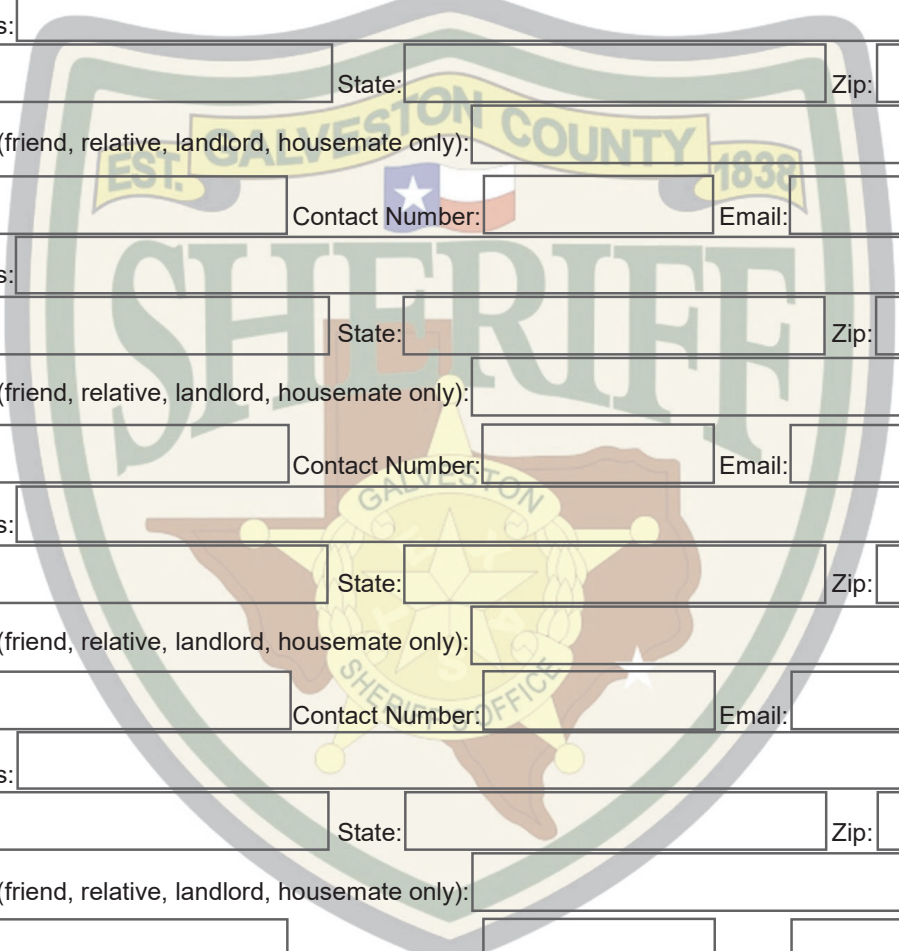
6. Former Address: _____
 City: _____ State: _____ Zip: _____
 If renting; property manager, rent collector, or owner: _____ Contact Number: _____
 Address of property mgr., rent collector, or owner: _____ Email: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____

7. Former Address: _____
 City: _____ State: _____ Zip: _____
 If renting; property manager, rent collector, or owner: _____ Contact Number: _____
 Address of property mgr., rent collector, or owner: _____ Email: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____
 N/A Name(s) of those with whom you live: _____
 Reason for moving: _____



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

1. Housemate Name:	<input type="text"/>	Contact Number:	<input type="text"/>	Email:	<input type="text"/>
Current Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Nature of relationship (friend, relative, landlord, housemate only):	<input type="text"/>				
2. Housemate Name:	<input type="text"/>	Contact Number:	<input type="text"/>	Email:	<input type="text"/>
Current Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Nature of relationship (friend, relative, landlord, housemate only):	<input type="text"/>				
3. Housemate Name:	<input type="text"/>	Contact Number:	<input type="text"/>	Email:	<input type="text"/>
Current Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Nature of relationship (friend, relative, landlord, housemate only):	<input type="text"/>				
4. Housemate Name:	<input type="text"/>	Contact Number:	<input type="text"/>	Email:	<input type="text"/>
Current Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Nature of relationship (friend, relative, landlord, housemate only):	<input type="text"/>				
5. Housemate Name:	<input type="text"/>	Contact Number:	<input type="text"/>	Email:	<input type="text"/>
Current Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Nature of relationship (friend, relative, landlord, housemate only):	<input type="text"/>				
6. Housemate Name:	<input type="text"/>	Contact Number:	<input type="text"/>	Email:	<input type="text"/>
Current Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Nature of relationship (friend, relative, landlord, housemate only):	<input type="text"/>				



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

Have you ever left a residence owing rent? Yes No

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

3. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

5. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

7. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment
From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

9. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment
From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

11. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

13. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

15. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

17. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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

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

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

21. Have you ever resigned without giving two weeks-notice? Yes No

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

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

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

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

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

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

When? Name of Employer:

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

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No
2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

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

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

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

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

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

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

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

7. Have your wages ever been garnished? Yes No

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

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

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

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

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

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

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

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

17. Are you in arrears on court-ordered child support? Yes No

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

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

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

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

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

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
 Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
 Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

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

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No

- 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- 24. Hit and run collision (no injuries) Yes No
- 25. Hunting or fishing without a license Yes No
- 26. Illegal gambling Yes No
- 27. Impersonating a peace officer Yes No
- 28. Indecent exposure (including flashing or mooning) Yes No
- 29. Joyriding (using a car or other vehicle without owner's permission) Yes No

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

- 30. Arson (intentionally destroying property by setting a fire) Yes No
- 31. Assault with a deadly weapon Yes No
- 32. Theft of a vehicle and/or vehicle parts Yes No
- 33. Burglary (entering a structure or vehicle to commit theft or other crime) Yes No
- 34. Child molestation (performing unlawful acts with a child) Yes No
- 35. Accessing, producing, or possessing child pornography Yes No
- 36. Injury to a child, elderly, and/or disabled Yes No
- 37. Embezzlement (theft of money or other valuables entrusted to you) Yes No
- 38. Felony drunk driving (involving injuries) Yes No
- 39. Forcible rape or other act of unlawful intercourse/sexual activity Yes No
- 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
- 41. Hit and run (with injuries) Yes No
- 42. Hate crime Yes No
- 43. Insurance fraud Yes No
- 44. Theft (value of over \$500 and/or any firearm) Yes No
- 45. Murder, homicide, or attempted murder Yes No
- 46. Perjury (lying under oath) Yes No
- 47. Possession of an explosive/destructive device Yes No
- 48. Robbery (theft from another person using a weapon, force, or fear) Yes No
- 49. Stalking Yes No
- 50. Blackmail or extortion Yes No
- 51. Any other act amounting to a felony Yes No

If you answered "YES" to any of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

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

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

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

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

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

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

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

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

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

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

1. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

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

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

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

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

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

4. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

5. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

6. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

7. Type of Coverage: Insured Bonded Cash Deposit
Vehicle Make/Model: _____ Year: _____ Vehicle License: _____
Insurance Company: _____ Policy Number: _____ Expires: _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Number: _____

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

8. Nature of Violation: _____
Location (Street, City, State, Zip): _____
Date Violation Occurred: _____ Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

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

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

If checked, explain circumstances:

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

If yes, give details:

11. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

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

If yes, give reason:

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

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

If yes, give reason:

Insurance Company: Date:

Location (Street, City, State, Zip):

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

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? Yes No

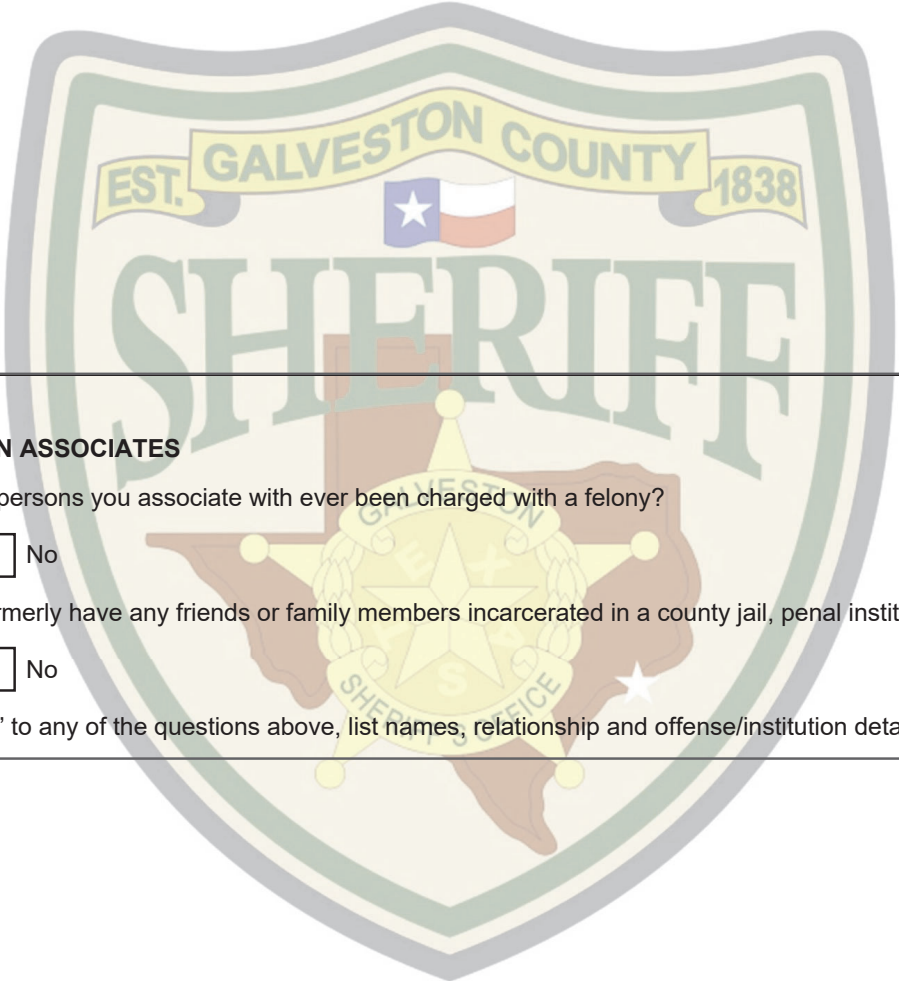
18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? Yes No

If you answered "YES" to **any** of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, Twitter, Instagram, Snapchat, TikTok etc.)? Yes No

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



SECTION 11: KNOWN ASSOCIATES

Have any relatives or persons you associate with ever been charged with a felony?

Yes No

Do you currently or formerly have any friends or family members incarcerated in a county jail, penal institution or on parole?

Yes No

If you answered "**YES**" to any of the questions above, list names, relationship and offense/institution details below.

Do you, and if you are married, your spouse, have a relative currently employed by the Galveston County Sheriff's Office?

Yes No

If you answered "**YES**", list name, relationship and position held:

SECTION 12: ADDITIONAL SPACE

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



APPLICANT STATEMENT

I, _____, certify that all information I have provided in order to apply for, and secure work with the employer is true, complete and correct.

I, _____, understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservations, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview.

I, _____, hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I, _____, understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable Local, State or Federal Law.

I, _____, understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I also understand I may not be told the reason I was denied employment.

I, _____, understand if I am hired, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as my be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I, _____, understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized authority.

I, _____, further understand that I must be willing to accept employment on a probationary status as set forth by county and agency policy. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the Federal Immigration laws require me to complete an I-9 for in this regard.

I, _____, certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Sign in the presence of a Notary only when you have read and understand the above Authorization for Release of Information. Signature (including maiden name)

Social Security Number

STATE OF TEXAS
COUNTY OF GALVESTON

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND KNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAID INSTRUMENT FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____

NOTARY SEAL

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and a full disclosure of all records concerning myself to any duly authorized agent of the Galveston County Sheriffs Office, whether all records concerning myself to any duly authorized agent of the Galveston County Sheriffs Office, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies; and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veterans Administration; employment and pre-employment records, including background reports, performance ratings/reviews, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel whether representing me or another person in any other case, either criminal or civil, in which I presently have or have had an interest.

I, _____, understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Galveston County Sheriffs Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be procured as a result of furnishing such information.

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

Sign in the presence of a Notary only when you have read and understand the above Authorization for Release of Information. Signature (including maiden name)

Social Security Number

STATE OF TEXAS
COUNTY OF GALVESTON

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND KNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAID INSTRUMENT FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,

NOTARY SEAL

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

WAIVER OF LIABILITY / EMPLOYMENT TERMINATION HISTORY RELEASE

Complete this form in the presence of a Notary if you have ever been licensed as a peace officer, reserve law enforcement officer, county jailer or a security officer, in the State of Texas

I, _____, understand that a report is submitted to the Texas Commission on Law Enforcement (TCOLE), each time I resign or am terminated from employment or appointment with a law enforcement agency.

I, _____, understand the report must include an explanation of the circumstances of my resignation or termination.

I, _____, understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violation of law other than traffic offenses.

I, _____, understand the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, when a written request, on agency letterhead, from chief administrator and this release is presented to the Commission; and

I, _____, understand a law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I, _____, expressly waive my right to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement agency, or other law enforcement official made the report in good faith; and

I, _____, expressly waive my right to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstance of my resignation or termination from prior employment or appoint with a law enforcement agency.

I, _____, have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, or county jailer which are on file with the Commission to the department named above. I also hereby authorize the Texas Department of Public Safety - Private Security Board to release all reports concerning my resignation or termination pertaining to circumstances cited above as a public security officer which are on file with the Texas Department of Public Safety - Private Security Board to the Galveston County Sheriff's Office.

Sign in the presence of a Notary only when you have read and understand the above Authorization for Release of Information. Signature (including maiden name)

Social Security Number

STATE OF TEXAS
COUNTY OF GALVESTON

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND KNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAID INSTRUMENT FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____

NOTARY SEAL

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS



FAIR CREDIT REPORTING ACT (FCRA)



Disclosure About Background Check

The Galveston County Sheriff's Office may obtain one or more "consumer reports" about you from a consumer reporting agency for employment purposes. A "consumer report" is a background screening report that may include information about your criminal history, sex offender registry status, credit history, driving history, education history, employment history, professional licenses, name, social security number and other information about you. The information in a "consumer report" may bear on your character, general reputation, personal characteristics, and/or mode of living. "Employment purposes" includes evaluating you for employment, promotion, reassignment, or retention. The Federal Trade Commission's staff has said that the term may apply to employees, independent contractors, independent agents, and volunteers.

Authorization For Background Check

By signing below, you acknowledge that: (a) you received the Disclosure About Background Check, (b) it is clear, conspicuous, and separate from any other documents, (c) you read and understood it, and (d) we may rely on them for one or more background investigations and resulting reports.

By signing below, you (a) authorize and permit the Galveston County Sheriff's Office to obtain "consumer reports" and "investigative consumer reports" about; (b) authorize any consumer reporting agency from whom we request those reports to obtain information about your from any public or private information source; (c) authorize anyone to provide information about you to that consumer reporting agency; (d) authorize and instruct that consumer reporting agency to provide those reports to us; (e) consent to those reports including results of fitness-for-duty assessments, drug tests, and alcohol tests; and (f) authorize us to share those reports with others for legitimate business purposes related to your application or relationship with us.

By signing below, you acknowledge that a fax, image, or copy of this authorization is as valid as the original.

By signing below, you make these acknowledgments and authorizations to be valid for the duration of your application or relationship with us.

Signature

Date

Printed Name

The Galveston County Sheriff's Office is an Equal Opportunity Employer. The County of Galveston is an E-Verify Employer.

APPLICATION RETURN CHECKLIST

The Jail Lobby is open 24 hours a day, 365 days a year.
Your Application Packet **MUST** be Notarized to be accepted. Most banks have Notary services.

APPLICANT: This page **MUST** be returned with the **COMPLETED** Application.

The below form **MUST** be completed by the a **DEPUTY** when the Application is received from the APPLICANT by GCSO personnel. If the Application Packet is returned by mail, this form will be completed by a Recruiter.

Return the completed Application Packet to the Galveston County Jail Lobby or by mail:

Galveston County Sheriff's Office - Recruiting
5700 Avenue H Galveston, TX 77551
Fax: (409) 765-3260 Office: (409) 763-7585
so.employment@co.galveston.tx.us

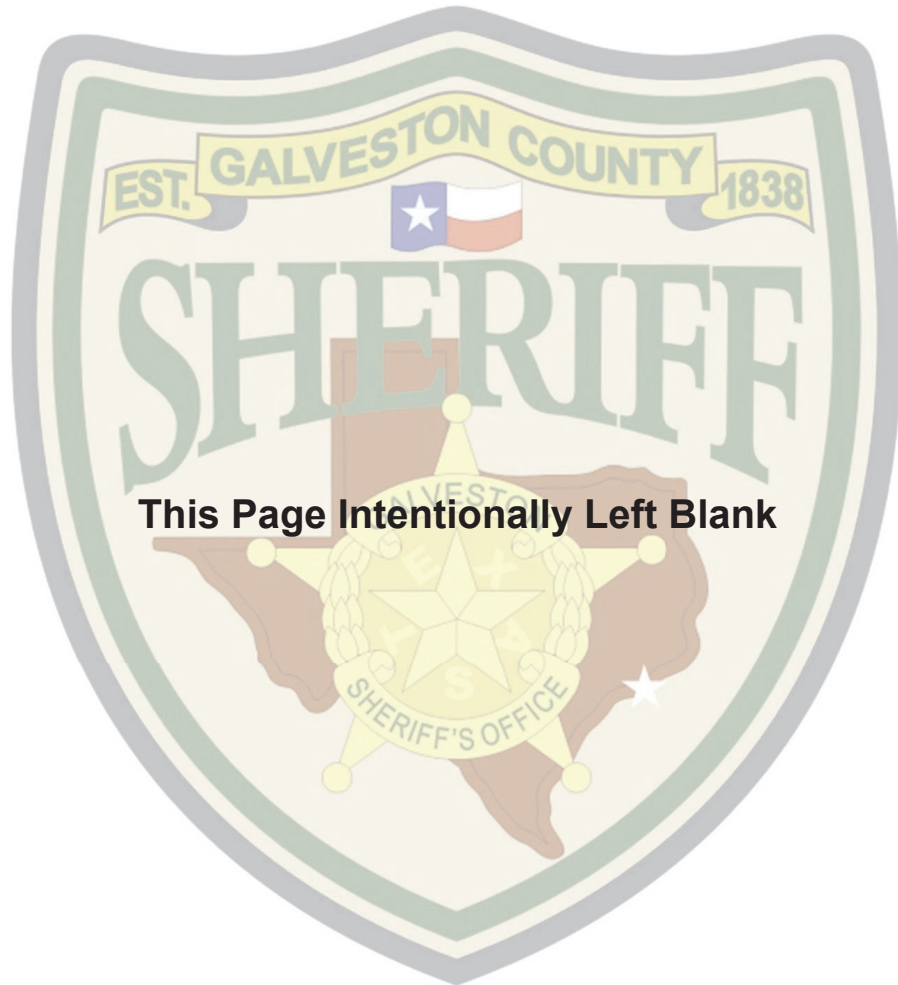
- Birth Certificate - (Certified copy from County Clerk's Office ONLY. NOT a Photo copy)
- GED - (Certified copy. NOT a Photo copy)
- High School Transcripts (In the original/sealed envelope)
- High School Diploma - (Photo copy only. From an Accredited High School)
- College Transcripts from each college attended - (In the original/sealed envelope)
- College Degree(s) - (Photo copy only. From an Accredited College/University)
- Social Security Card - (Photo copy only)
- Texas Driver License - (Photo copy only)
- Naturalization Documents - (Photo copy only)
- DD214 - (Photo copy of the "long version" Member 4 Copy) *Applicable to those with military service.*
- Marriage Certificates - (Photo copy of County-issued marriage certificate for each marriage)
- Divorce Decree's/Dissolution's - (Photo copy of each court - ordered dissolution)
- Bankruptcy Records & Judgments - (Photo copy only)
- Certified Court Disposition & Sentencing of all Criminal Charges and Criminal Citations (Juvenile and Adult - Sealed) Civil
- Suit(s) & Final Judgments - (Photo copy only)
- All arrest reports in which you were named as a suspect or were arrested - (Photo copy only)
- All traffic collision reports in which you were a named driver/involved party within the preceding 5 years - (Photo copy only)
- All TCOLE Certificates / Licenses / Last Weapons Qualification (Current in last 12 Months) - (Photo copy only)
- All Specialty / Training Certificates - (Photo copy only)
- All Internal Affairs Investigations - (Photo copy only)
- Last 5 performance evaluations - (Photo copy only)
- Copy of Selective Service Registration - *Males aged 18-25 only*
- Copy of Credit Report
- Copy of Current Proof of Automobile Liability Insurance
- Notorized Application

Other: _____

Date Returned: ____/____/____ **Time Returned:** ____:____ a/p

Deputy – Printed Name: _____ **Deputy – Signature:** _____

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