

# Galveston County Sheriff's Office



## Application For Employment

v001.13.141

Recruitment No.	2	0	1	3	-	R	G	-	0	2	C
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601 - 54th Street  
Galveston, Texas 77551

(409) 766-2300

[so.employment@co.galveston.tx.us](mailto:so.employment@co.galveston.tx.us)

[www.galvestonso.com](http://www.galvestonso.com)

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**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.**

**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.**

1. The Application **must** be completed by you, the Applicant.
2. The Application must be legibly handwritten in **black** ink. Do not type.
3. 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.
4. **You** are responsible for obtaining all of the required documents, dispositions, transcripts, diploma's, photocopies, correct addresses, zip codes, area codes and telephone numbers required to submit a completed Application Packet.
5. 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.
6. The COMPLETED Application Packet may be returned in person, by mail, or other delivery service to the address on the last page.

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

1. Be a citizen of the United States of America.
2. Be at least 18 years of age on the date the application is made.
3. Not be awaiting trial for any criminal offense.
4. Not be on probation for any criminal offense.
5. Have a current, valid Texas driver's license and an acceptable driving record as determined by the Galveston County Sheriff's Office policy in effect at the time of application.
6. Have a stable credit record.
7. 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.
8. Meet all standards required and be eligible to be licensed as an Officer by the Texas Commission on Law Enforcement Officer Standards and Education.
9. Not have had any license revoked by the Texas Commission on Law Enforcement Officer Standards and Education (includes voluntary surrender).
10. 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](http://www.testprepreview.com/ged_practice.htm).) There is NOT a physical agility test at this time.
11. Wait 30 days between Failed Test Attempts.
12. 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.
13. 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.

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

1. Knowingly omit or falsify any information on the application.
2. Conviction of any felony grade offense.
3. Admission or discovery of current substance abuse.
4. Admission or discovery of the manufacture, delivery, sale or possession with the intent to sell or deliver any controlled substance.
5. 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.)
6. Asked to resign or resigned while under investigation from a law enforcement agency (does not include economic lay-off).
7. Conviction in military court which resulted in discharge from military service under less than honorable conditions.
8. Conviction of Class A Misdemeanor or above, Conviction of Class B Misdemeanor within the last ten years, or Conviction of two or more Class B Misdemeanors.
9. Conviction of any offense involving moral turpitude.
10. Discovery of domestic violence abuses by applicant.
11. 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)

**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.**

1. Birth Certificate - (Certified copy from County Clerk's Office ONLY) (NOT a Photo copy)
2. GED - (Certified copy from - <https://bass.tea.state.tx.us/Tea.GEDi.Web/Forms/CertificateSearch.aspx>) (NOT a Photo copy)
3. High School Transcripts (Mailed directly from the institution to the Applicant and must be delivered in the original / sealed envelope)
4. High School Diploma - (Photo copy only) (From an Accredited High School)
5. College Transcripts from each college attended - (Mailed directly from the institution to the Applicant and must be delivered in the original / sealed envelope)
6. College Degree(s) - (Photo copy only) (From an Accredited College/University)
7. Social Security Card - (Photo copy only)
8. Texas Driver's License - (Photo copy only)
9. Naturalization Documents - (Photo copy only)
10. Military Certificates - (Photo copy only)
11. DD214 - (Photo copy of the "long version" Member 4 Copy) *Applicable to those with military service*
12. Marriage Certificates - (Photo copy of county-issued marriage certificate for each marriage)
13. Divorce Decree's/Dissolution's - (Photo copy of each court - ordered dissolution)
14. Bankruptcy Records & Judgments - (Photo copy only)
15. Certified Court Disposition & Sentencing of all Criminal Charges and Criminal Citations - Juvenile and Adult - (sealed envelope)
16. Civil Suit(s) & Final Judgments - (Photo copy only)
17. All arrest reports in which you were named as a suspect or were arrested - (Photo copy only)
18. All traffic collision reports in which you were a named driver or an involved party within the preceding 5 years - (Photo copy only)
19. All TCLEOSE Certificates / Licenses / Last Weapons Qualification (Current in last 12 Months) - (Photo copy only)
20. All Specialty / Training Certificates - (Photo copy only)
21. All Internal Affairs Investigations - (Photo copy only)
22. Last 5 performance evaluations - (Photo copy only)
23. Copy of Selective Service Registration - (Free at: <https://www.sss.gov/RegVer/wfVerification.aspx>)
24. Copy of Credit Report - (Free at: [www.annualcreditreport.com](http://www.annualcreditreport.com))
25. Color photograph of the Applicant; 4"x6" minimum, uncropped and non-edited.
26. Notarized Application



GALVESTON COUNTY SHERIFF'S OFFICE

601 - 54th Street
Galveston, Texas 77551
(409) 766-2300

Henry Trochesset, Sheriff

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status Requested: [ ] Full-Time - or - [ ] Reserve/Part-Time Former Employee of GCSO? [ ] YES [ ] NO

Table with 7 columns: First 3 letters of last name at birth, -, Last 4 digits of Social Security Number, -, Month of Birth, -, Day of Birth. Includes a row with dashes in the separator columns.

Applicant: \_\_\_\_\_
Last First Middle Suffix

Current Residence: \_\_\_\_\_
Number Street Apt.

City County State Zip Code

( ) Home Phone ( ) Work Phone ( ) Cell/Pager/Other Phone

E-Mail: \_\_\_\_\_ Social Security # \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
City State

List all other names by which you have been known, including nicknames:

Last First Middle

Last First Middle

Last First Middle

Do you have a High School Diploma?  YES  NO      G.E.D. Certificate?  YES  NO  
 Date High School Diploma Received: \_\_\_\_\_ Date G.E.D. Received: \_\_\_\_\_

Name of Accredited High School: \_\_\_\_\_ Is it a Public School?  YES  NO

High School Address: \_\_\_\_\_  
   Number    Street

\_\_\_\_\_  
   City    County    State    Zip Code

Did you attend College?  YES  NO      Are you currently attending?  YES  NO

Name of College Attended: \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

College Address: \_\_\_\_\_  
   Number    Street

\_\_\_\_\_  
   City    State    Zip Code

Have you received a degree?  YES  NO      Type of degree: \_\_\_\_\_

Date of degree: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

Did you receive any disciplinary action while in college?  YES  NO

If yes, describe any and all incidents: \_\_\_\_\_

Basic Peace Officer Academy Attended: \_\_\_\_\_

Academy Address: \_\_\_\_\_  
   Number    Street

\_\_\_\_\_  
   City    County    State    Zip Code

Academy Phone #: (    ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_      PID No: \_\_\_\_\_

Passed TCLEOSE Licensing Exam?  YES  NO      Is your license current and active?  YES  NO

If you are a licensed Peace Officer, check the most current certification you hold:

Basic     Intermediate     Advanced     Master      When?: \_\_\_\_\_

Basic Jailer Academy Attended: \_\_\_\_\_

Academy Address: \_\_\_\_\_  
   Number    Street

\_\_\_\_\_  
   City    County    State    Zip Code

Academy Phone #: (    ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_      PID No: \_\_\_\_\_

Passed TCLEOSE Licensing Exam?  YES  NO      Is your license current and active?  YES  NO

If you are a licensed Jailer, check the most current certification you hold:

Basic     Intermediate     Advanced     Master      When?: \_\_\_\_\_



Have you registered with the Selective Service?  YES  NO

Have you ever been rejected for service by any branch of the U.S. Armed Forces?  YES  NO

If Yes, what branch? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been a member of any branch of the U.S. Armed Forces?  YES  NO

Branch? \_\_\_\_\_ Service # \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Last Unit Assigned: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

While in the Military, were you ever subject to any disciplinary action or charged with any offense that resulted in Article 15, Trial by Deck Court, Summary, Special, or General Court Martial? If YES, give date, Law Enforcement Authority, Type of Court, Charge and action taken for each incident:

YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of a U.S. Reserve, National or State Guard Organization?

YES  NO

What Organization? \_\_\_\_\_ Rank? \_\_\_\_\_

**This section is the MOST important in the Application Packet and requires the MOST attention to detail.**

Fill in this section starting with your current employer and list your periods of employment, unemployment and schooling in descending order to the date that you graduated from high school or your seventeenth birthday, whichever came first. **A complete and uninterrupted time line is required.** If you are currently, or were, unemployed during a specific period, write unemployed in the corresponding box with your dates of unemployment. If you are or were a college student, which is treated the same as employment, write the name of the college and your dates of enrollment. Complete the address, telephone number and e-mail sections, and be sure to indicate your position or title, and a brief explanation of your duties and responsibilities. Check off your reason for leaving that job, if applicable, and be sure to indicate if this was a full-time or part-time position. If you have information that you believe would help your Background Investigator, please feel free to note it.

If you are unable to accurately recall your periods of employment, an Employer and Earnings Statement may be obtained from your local Social Security Office for a fee. This statement is not required, but may assist you in accurately recalling and listing your employers and dates of employment.

- YES**    **NO**   1. Have you ever worked for a City Government? Where? \_\_\_\_\_
- YES**    **NO**   2. Have you ever worked for a County Government? Where? \_\_\_\_\_
- YES**    **NO**   3. Have you ever worked for a State Government? Where? \_\_\_\_\_
- YES**    **NO**   4. Have you ever worked for a Federal Government? Where? \_\_\_\_\_
- YES**    **NO**   5. Have you ever worked as TCLEOSE CERTIFIED Corrections Officer? Where? \_\_\_\_\_
- YES**    **NO**   6. Have you ever worked as TCLEOSE CERTIFIED Police Officer? Where? \_\_\_\_\_
- YES**    **NO**   7. Have you ever worked as TCLEOSE CERTIFIED Communications Officer? Where? \_\_\_\_\_
- YES**    **NO**   8. Have you ever worked as a Private Security Officer or Private Investigator? Where? \_\_\_\_\_
- YES**    **NO**   9. Have you ever worked as Police Officer in another state? Which State? \_\_\_\_\_
- YES**    **NO**   10. Have you ever worked for Texas Department of Corrections? Where? \_\_\_\_\_
- YES**    **NO**   11. Have you ever worked as a Corrections Officer for another State? State? \_\_\_\_\_
- YES**    **NO**   12. Have you ever applied with any other Law Enforcement Agencies? Agency? \_\_\_\_\_
- YES**    **NO**   13. Do you currently have applications open with other Law Enforcement Agencies? Who? \_\_\_\_\_
- YES**    **NO**   14. Are you currently seeking other jobs/positions outside of Law Enforcement? Where? \_\_\_\_\_
- YES**    **NO**   15. Have you applied with the Galveston County Sheriff's Office before this attempt? When? \_\_\_\_\_
- 16. Check the boxes below for the days of the week you currently work:  
 **Sun**    **Mon**    **Tue**    **Wed**    **Thu**    **Fri**    **Sat**
- 17. What time is your shift / schedule when you are at work? \_\_\_\_\_

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS YOU HAVE HAD SINCE AGE 17. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER, LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

USUAL DAYS WORKED:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_  
\_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_  
\_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_  
\_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_  
\_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_  
\_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_  
\_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Address City State Zip

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

CO-WORKER: \_\_\_\_\_  
Last Name First Name Work Phone

\_\_\_\_\_  
Home Address Home Phone

SALARY HISTORY: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

REASON FOR LEAVING (EXPLAIN FULLY): \_\_\_\_\_

USUAL WORK HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF JOB: FULL-TIME PART-TIME UNPAID OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN?  YES  NO
- B. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION?  YES  NO
- C. WERE YOU EVER LATE?  YES  NO
- D. ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

IF YES ON QUESTIONS A, B, OR C, EXPLAIN: \_\_\_\_\_

**APPLICANT: YOU MUST LIST AT LEAST FOUR (4) REFERENCES, NOT INCLUDING SUPERVISORS, CO-WORKERS, EMPLOYERS OR RELATIVES. YOU SHOULD USE CARE IN SELECTING YOUR REFERENCES AND THEY SHOULD BE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO ANSWER PERSONAL QUESTIONS ABOUT YOUR LIFE.**

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City State Zip

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City State Zip

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City State Zip

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City State Zip

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**APPLICANT: YOU MUST LIST THE FOLLOWING FAMILY MEMBERS AND UTILIZE A SECOND PAGE IF YOU NEED MORE SPACE. LIST YOUR MOTHER, FATHER, STEPMOTHER, STEPFATHER, GUARDIAN, SIBLINGS (HALF AND STEP).**

**MOTHERS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**FATHERS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**STEP PARENTS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**SIBLINGS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**SIBLINGS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**SIBLINGS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**APPLICANT: LIST ALL FORMER AND CURRENT SPOUSE(S); COMMON LAW AND DOMESTIC PARTNERS; ALL THE CUSTODIAL OR NON-CUSTODIAL PARENT(S) OF EACH OF YOUR CHILDREN DATING BACK TO YOUR 18TH BIRTHDAY. USE MULTIPLE PAGES IF NECESSARY.**

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

Date of Divorce / Separation \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

Date of Divorce / Separation \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

Date of Divorce / Separation \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

Date of Divorce / Separation \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_ City State Zip

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

Date of Divorce / Separation \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_

**APPLICANT: LIST ALL OF THE OCCUPANTS OF THE CURRENT HOUSEHOLD WHO ARE 18 YEARS OF AGE OR OLDER BELOW. USE MULTIPLE PAGES IF NECESSARY.**

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name Middle Name

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

How long has this occupant lived in the same residence as you? \_\_\_\_\_

- Husband     Wife     Adult Son     Adult Daughter     Mother     Father
- Other (List type of Relationship) \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name Middle Name

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

How long has this occupant lived in the same residence as you? \_\_\_\_\_

- Husband     Wife     Adult Son     Adult Daughter     Mother     Father
- Other (List type of Relationship) \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name Middle Name

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

How long has this occupant lived in the same residence as you? \_\_\_\_\_

- Husband     Wife     Adult Son     Adult Daughter     Mother     Father
- Other (List type of Relationship) \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name Middle Name

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

How long has this occupant lived in the same residence as you? \_\_\_\_\_

- Husband     Wife     Adult Son     Adult Daughter     Mother     Father
- Other (List type of Relationship) \_\_\_\_\_

**CURRENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
Last Name First Name Middle Name

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

How long has this occupant lived in the same residence as you? \_\_\_\_\_

- Husband     Wife     Adult Son     Adult Daughter     Mother     Father
- Other (List type of Relationship) \_\_\_\_\_

**APPLICANT: LIST ALL OF YOUR CURRENT AND FORMER ADDRESSES DATING BACK 15 YEARS OR AT LEAST UNTIL YOUR 18TH BIRTHDAY. MILITARY PERSONNEL LIST ALL OF YOUR MILITARY AND PRIVATIZED HOUSING ADDRESSES. STUDENTS LIST ALL OF YOUR ON CAMPUS AND PRIVATIZED ADDRESSES. USE MULTIPLE PAGES IF NEEDED.**

\_\_\_\_\_ **From:** \_\_\_\_\_ | **To:** \_\_\_\_\_  
 Address Apartment # Month / Year | Month / Year

---

City County State Zip  
 Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

\_\_\_\_\_ **From:** \_\_\_\_\_ | **To:** \_\_\_\_\_  
 Address Apartment # Month / Year | Month / Year

---

City County State Zip  
 Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

\_\_\_\_\_ **From:** \_\_\_\_\_ | **To:** \_\_\_\_\_  
 Address Apartment # Month / Year | Month / Year

---

City County State Zip  
 Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

\_\_\_\_\_ **From:** \_\_\_\_\_ | **To:** \_\_\_\_\_  
 Address Apartment # Month / Year | Month / Year

---

City County State Zip  
 Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

\_\_\_\_\_ **From:** \_\_\_\_\_ | **To:** \_\_\_\_\_  
 Address Apartment # Month / Year | Month / Year

---

City County State Zip  
 Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

\_\_\_\_\_ **From:** \_\_\_\_\_ | **To:** \_\_\_\_\_  
 Address Apartment # Month / Year | Month / Year

---

City County State Zip  
 Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

**APPLICANT: LIST ALL OF YOUR CURRENT AND FORMER ADDRESSES DATING BACK 15 YEARS OR AT LEAST UNTIL YOUR 18TH BIRTHDAY. MILITARY PERSONNEL LIST ALL OF YOUR MILITARY AND PRIVATIZED HOUSING ADDRESSES. STUDENTS LIST ALL OF YOUR ON CAMPUS AND PRIVATIZED ADDRESSES. USE MULTIPLE PAGES IF NEEDED.**

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Address \_\_\_\_\_ Apartment # \_\_\_\_\_ From: \_\_\_\_\_ | To: \_\_\_\_\_  
Month / Year | Month / Year

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City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

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Address \_\_\_\_\_ Apartment # \_\_\_\_\_ From: \_\_\_\_\_ | To: \_\_\_\_\_  
Month / Year | Month / Year

---

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

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Address \_\_\_\_\_ Apartment # \_\_\_\_\_ From: \_\_\_\_\_ | To: \_\_\_\_\_  
Month / Year | Month / Year

---

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

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---

Address \_\_\_\_\_ Apartment # \_\_\_\_\_ From: \_\_\_\_\_ | To: \_\_\_\_\_  
Month / Year | Month / Year

---

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

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Address \_\_\_\_\_ Apartment # \_\_\_\_\_ From: \_\_\_\_\_ | To: \_\_\_\_\_  
Month / Year | Month / Year

---

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

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Address \_\_\_\_\_ Apartment # \_\_\_\_\_ From: \_\_\_\_\_ | To: \_\_\_\_\_  
Month / Year | Month / Year

---

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Law Enforcement Calls for Service at this address?  YES  NO Evicted?  YES  NO

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**LIST INCOME FROM ALL SOURCE OTHER THAN YOUR PRINCIPLE OCCUPATION, EXCLUDING YOUR SPOUSE.**

SOURCE	AMOUNT	FREQUENCY

**HAVE YOU EVER HAD ANY DEBTS PLACED INTO COLLECTION?**     YES     NO

ACCOUNT	MOS. BEHIND	EXPLANATION

**HAVE YOU EVER HAD ANY CHECKS RETURNED DUE TO INSUFFICIENT FUNDS?**     YES     NO

DATE	AMT. CHECK	EXPLANATION

**HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?**     YES     NO

DATE	DESCRIPTION/EXPLANATION OF REPOSSESSION

**HAVE YOU EVER BEEN INVOLVED IN ANY KIND OF LAWSUIT (EVEN AS A WITNESS)?**

YES  NO

**IF YES, EXPLAIN EACH INCIDENT. USE ADDITIONAL SHEETS IF NECESSARY. ATTACH COPIES OF ALL DOCUMENTS.**

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you **EVER** been Arrested?  YES  NO

Have you **EVER** been Detained? (other than a traffic offense) by the police?  YES  NO

Have you **EVER** been a Suspect in a Criminal Offense?  YES  NO

Have you **EVER** been Charged with a Criminal Offense? (Including Criminal Citations)?  YES  NO

IF **YES** to any of the above, **EXPLAIN EACH** incident (List **EACH** Juvenile as well as Adult occurrences) **AND** attach a **CERTIFIED COURT DISPOSITION FOR EACH** Criminal Charge or Criminal Citation.

INCIDENT	DATE	DISPOSITION

**NAME OF LAW ENFORCEMENT AGENCY AND CASE#** \_\_\_\_\_

**EXPLANATION:** \_\_\_\_\_

INCIDENT	DATE	DISPOSITION

**NAME OF LAW ENFORCEMENT AGENCY AND CASE#** \_\_\_\_\_

**EXPLANATION:** \_\_\_\_\_

INCIDENT	DATE	DISPOSITION

**NAME OF LAW ENFORCEMENT AGENCY AND CASE#** \_\_\_\_\_

**EXPLANATION:** \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**HAVE ANY RELATIVES OR PERSONS YOU ASSOCIATE WITH EVER BEEN CHARGED WITH A FELONY?**

YES  NO IF YES LIST BELOW.

**DO YOU CURRENTLY OR FORMERLY HAVE ANY FRIENDS OR FAMILY MEMBERS INCARCERATED IN A COUNTY JAIL, PENAL INSTITUTION OR ON PAROLE?**  YES  NO IF YES, LIST BELOW.

NAME	RELATIONSHIP	OFFENSE / INSTITUTION

**DO YOU PRESENTLY, OR HAVE YOU EVER HAD A DRIVER'S LICENSE ISSUED FROM ANOTHER STATE?**

**IF YES:**  YES  NO

**STATE:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**HOW MANY CITATIONS HAVE YOU RECEIVED FOR MOVING VIOLATIONS IN THE PAST FIVE YEARS?** \_\_\_\_\_

**HAVE YOU DRIVEN A MOTOR VEHICLE WITHIN THE PAST FIVE YEARS WITHOUT PROPER INSURANCE?**

YES  NO

**HAVE YOU EVER HAD A DRIVER'S LICENSE SUSPENDED?**

YES  NO

**IF YES, EXPLAIN. SHOW DATE, TYPE OF SUSPENSION, AND DATE SUSPENSION LIFTED.**

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**HAVE YOU EVER HAD YOUR DRIVER'S LICENSE PLACED ON PROBATION FOR EXCESSIVE TRAFFIC VIOLATIONS?**

**IF YES, EXPLAIN:**  YES  NO

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**HAVE YOU EVER HAD AN ADMINISTRATIVE HEARING REGARDING SUSPENSION OR PROBATION OF YOUR DRIVER'S LICENSE?**

YES  NO

**HAVE YOU EVER HAD YOUR INSURANCE CANCELLED?**

**IF YES, EXPLAIN:**  YES  NO

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**HAVE YOU EVER KNOWINGLY DRIVEN A MOTOR VEHICLE AFTER YOUR LICENSE WAS SUSPENDED?**

YES  NO

**HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE FOR ANY REASON?**

**IF YES, EXPLAIN:**

YES  NO

**HAVE YOU EVER BEEN CHARGED WITH DWI, DUI, OR DWLI ?**

**IF YES, EXPLAIN (GIVE DATE AND ARRESTING AGENCY):**

YES  NO

**HOW MANY MOTOR VEHICLE ACCIDENTS HAVE YOU BEEN INVOLVED IN AS A DRIVER IN THE PAST FIVE YEARS? \_\_\_\_\_**

**HAVE YOU EVER LEFT THE SCENE OF AN ACCIDENT WITHOUT IDENTIFYING YOURSELF?**

YES  NO

**HAVE YOU EVER STRUCK AN UNATTENDED VEHICLE AND LEFT WITHOUT LEAVING IDENTIFICATION?**

YES  NO

**DO YOU HAVE ANY UNPAID MOVING OR PARKING VIOLATIONS?**

YES  NO

**LIST, TO THE BEST OF YOUR MEMORY, ALL MOVING CITATIONS YOU HAVE RECEIVED IN THE PAST FIVE YEARS.**

DATE	VIOLATION	AGENCY	DISPOSITION

**LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED AS A DRIVER IN THE PAST FIVE YEARS.**

DATE	LOCATION	BRIEF DESCRIPTION

**HAVE YOU EVER CONSUMED ALCOHOL ON THE JOB?**

**IF YES, EXPLAIN:**

YES  NO

**HAS THE CONSUMPTION OF ALCOHOL EVER ADVERSELY AFFECTED YOUR PERFORMANCE ON THE JOB?**

**IF YES, EXPLAIN:**

YES  NO

**DO YOU FREQUENT ANY PARTICULAR CLUBS, LOUNGES OR OTHER LOCATIONS WHERE THE PRIMARY BUSINESS IS THE SALE OF ALCOHOLIC BEVERAGES?**

**IF YES, EXPLAIN:**

YES  NO

**HOW MANY TIMES HAVE YOU DRIVEN AFTER CONSUMING ALCOHOL IN THE PAST TWELVE MONTHS? \_\_\_\_\_**

**HAVE YOU EVER SOLD OR FURNISHED ILLEGAL DRUGS OR NARCOTICS TO ANYONE? \_\_\_\_\_**

**HAVE YOU EVER TAKEN ANY DRUGS NOT PRESCRIBED BY YOUR PHYSICIAN? \_\_\_\_\_**

**HAS ANOTHER INDIVIDUAL EVER USED ILLEGAL DRUGS IN YOUR PRESENCE? \_\_\_\_\_**

**MISCELLANEOUS INFORMATION**

**DO YOU, AND IF YOU ARE MARRIED, YOUR SPOUSE, HAVE A RELATIVE CURRENTLY EMPLOYED BY THE GALVESTON COUNTY SHERIFF'S OFFICE?**

**IF YES, GIVE NAME, RELATIONSHIP AND POSITION HELD:**

**IF YOU HAVE PREVIOUSLY WORKED FOR ANY EMERGENCY PROVIDER (MILITARY, SECURITY, FIRE, POLICE, OR EMS), LIST ANY AND ALL INTERNAL INVESTIGATIONS IN WHICH YOU WERE LISTED AS A PARTY OR WERE THE FOCUS OF THE INVESTIGATIONS. USE ADDITIONAL SHEETS IF NECESSARY.**

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



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

Have you **EVER** been licensed as a peace officer, reserve law enforcement officer, county jailer or a security officer, in the State of Texas?  
 **YES**  **NO** If YES, complete this form in the presence of a Notary.

I, \_\_\_\_\_, understand that a report is submitted to the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE), 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

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** Galveston County Sheriff's Office Application.

The below form **MUST** be completed by the **VISITATION DEPUTY** when the Application is received from the APPLICANT in the Visitation Lobby. 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, Room 311  
Galveston, TX 77551**

**Fax: (409) 621-7979 Office: (409) 763-7585  
so.employment@co.galveston.tx.us**

**Visitation Deputy-**

*Confirm that the following required documents are included in the applicants packet by placing a check mark in the boxes below. Not all applicants will be required to produce all the below documents. Timestamp this receipt, print and sign your name, and drop in the APPLICATION Drawer **behind** you.*

- 1. Birth Certificate - (Certified copy from County Clerk's Office ONLY) (NOT a Photo copy)
- 2. GED - (Certified copy from - <https://bass.tea.state.tx.us/Tea.GEDi.Web/Forms/CertificateSearch.aspx>) (NOT a Photo copy)
- 3. High School Transcripts (Mailed directly from institution to the Applicant and must be delivered in the original / sealed envelope)
- 4. High School Diploma - (Photo copy only) (From an Accredited High School)
- 5. College Transcripts from each college attended - (Mailed directly from institution to the Applicant and must be delivered in the original / sealed envelope)
- 6. College Degree(s) - (Photo copy only) (From an Accredited College/ University)
- 7. Social Security Card - (Photo copy only)
- 8. Texas Driver's License - (Photo copy only)
- 9. Naturalization Documents - (Photo copy only)
- 10. Military Certificates - (Photo copy only)
- 11. DD214 - (Photo copy of "long version") *Applicable to those with military service*
- 12. Marriage Certificates - (Photo copy of county-issued marriage certificate for each marriage)
- 13. Divorce Decree's/Dissolution's - (Photo copy of each court - ordered dissolution)
- 14. Bankruptcy Records & Judgments - (Photo copy only)
- 15. Certified Court Disposition & Sentencing of all Criminal Charges and Criminal Citations - Juvenile and Adult - (sealed envelope)
- 16. Civil Suit(s) & Final Judgments - (Photo copy only)
- 17. All arrest reports in which you were named as a suspect or were arrested - (Photo copy only)
- 18. All traffic collision reports in which you were a named driver or an involved party within the preceding 5 years - (Photo copy only)
- 19. All TCLEOSE Certificates / Licenses / Last Weapons Qualification (Current in last 12 Months) - (Photo copy only)
- 20. All Specialty / Training Certificates - (Photo copy only)
- 21. All Internal Affairs Investigations - (Photo copy only)
- 22. Last 5 performance evaluations - (Photo copy only)
- 23. Copy of Selective Service Registration - (Free at: <https://www.sss.gov/RegVer/wfVerification.aspx>)
- 24. Copy of Credit Report (Free at [www.annualcreditreport.com](http://www.annualcreditreport.com))
- 25. Color photograph of the Applicant; 4"x6" minimum, uncropped and non-edited.
- 26. Is the document Notarized on the required pages?

**Date Returned:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time Returned:** \_\_\_\_:\_\_\_\_ a/p

**Visitation Deputy – Printed Name:** \_\_\_\_\_

**Visitation Deputy – Signature:** \_\_\_\_\_

**STOP!** Retain this DOCUMENT COVER SHEET for your future use. Make copy's if necessary **STOP!**

**APPLICANT, REMOVE** this page from the rest of the Application and retain for **future** use. You may have to use this page more than once. Make copy's if necessary. This page is to be kept safe for your use **after** submitting your Application Packet. This form, or a copy thereof, **MUST** be returned with **any** document(s) you are asked to return by your Background Investigator. You may be contacted by your Background Investigator **AFTER** you submit your Application Packet. Complete the form by filling in the blanks below. Ensure, in LEGIBLE PRINT, your name and your Application Information Number (AIN) is included on this Document Cover Sheet, each time you are asked to submit additional documents. **Place this Document Cover Sheet, along with the additionally requested documents in an 8.5" x 11" Manila envelope, label and return to the GCSO Recruiter at the address below.**

<b>Last Name</b>																				
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<b>First Name</b>																		<b>MI</b>		
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First 3 letters of last name at birth-	-	Last 4 digits of Social Security Number	-	Month of Birth	-	Day of Birth

**Place this Application Document Cover Sheet on top of materials and deliver to:**

**Galveston County Sheriffs Office – Recruiting  
5700 Avenue H, Room 311  
Galveston, TX 77551  
Fax: (409) 621-7979 Office: (409) 763-7585**

- 1. Birth Certificate - (Certified copy from County Clerk's Office ONLY) (NOT a Photo copy)
- 2. GED - (Certified copy from - <https://bass.tea.state.tx.us/Tea.GEDi.Web/Forms/CertificateSearch.aspx>) (NOT a Photo copy)
- 3. High School Transcripts (Mailed directly from institution to the Applicant and must be delivered in the original / sealed envelope)
- 4. High School Diploma - (Photo copy only) (From an Accredited High School)
- 5. College Transcripts from each college attended - (Mailed directly from institution to the Applicant and must be delivered in the original / sealed envelope)
- 6. College Degree(s) - (Photo copy only) (From an Accredited College/ University)
- 7. Social Security Card - (Photo copy only)
- 8. Texas Driver's License - (Photo copy only)
- 9. Naturalization Documents - (Photo copy only)
- 10. Military Certificates - (Photo copy only)
- 11. DD214 - (Photo copy of "long version") *Applicable to those with military service*
- 12. Marriage Certificates - (Photo copy of county-issued marriage certificate for each marriage)
- 13. Divorce Decree's/Dissolution's - (Photo copy of each court - ordered dissolution)
- 14. Bankruptcy Records & Judgments - (Photo copy only)
- 15. Certified Court Disposition & Sentencing of all Criminal Charges and Criminal Citations - Juvenile and Adult - (sealed envelope)
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- 24. Copy of Credit Report - (Free at: [www.annualcreditreport.com](http://www.annualcreditreport.com))
- 25. Color photograph of the Applicant; 4"x6" minimum, uncropped and non-edited.
- 26. Notarized Documents.

FOR GCSO RECRUITER PERSONNEL USE ONLY																	
<b>Date Received:</b>			/				/			1	<b>Received by:</b>				<b>No. of Pages Received:</b>		

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