

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



APPLICANT NAME

APPLICATION NUMBER

DATE ISSUED

DATE RETURNED

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the **PERSONAL HISTORY STATEMENT**. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement **SHOULD BE PRINTED LEGIBLY IN BLACK INK BY YOU** and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. **YOU ARE RESPONSIBLE FOR OBTAINING CORRECT NAMES, ADDRESSES AND TELEPHONE NUMBERS**. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories. **IF YOU DO NOT PROVIDE THE NECESSARY PHONE NUMBERS YOUR APPLICATION MAY BE DISQUALIFIED.**
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the **PERSONAL HISTORY STATEMENT**. Be sure to reference the relevant section and question number in the attached sheets.
6. **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.**
7. Attach a copy of you High School Diploma or GED
8. Attach a copy of all Military Discharge papers – DD 214, All College Transcripts, Photocopy of Birth Certificate, Photocopies of all Certificate of Training, and a Photocopy of any F-5 from previous Law Enforcement employment.
9. **UPON COMPLETING THE FORM, RE-CHECK EACH SECTION TO ENSURE THAT ALL INFORMATION REQUESTED HAS BEEN PROVIDED, N/A ENTERED IF APPROPRIATE, AND INITIAL EACH PAGE SIGNIFIING PAGE COMPLETION.**
10. Insure Authorization of Release is signed along with your Personal History Statement

Initials _____

DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT

COPIES OF THE APPLICABLE DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN. INITIAL EACH ENTRY TO ENSURE THAT DOCUMENT IS ATTACHED.

- _____ Texas Driver's License and Social Security Card
- _____ Birth Certificate
- _____ Naturalization Papers
- _____ High School Diploma or G.E.D. Certificate
- _____ College Diploma (if applicable)
- _____ College Transcripts
- _____ Military Discharge Papers, DD214 (if applicable)
- _____ Divorce Decree (if applicable)
- _____ F-5 Documentation (if applicable)
- _____ TCOLE Certificates
- _____ Certificates of Police Schools, Training (if applicable)
- _____ Credit Report

PERSONAL HISTORY STATEMENT

Initials _____

A. APPLICANT IDENTIFICATION - Information in this section is used for identification purposes only.

1. NAME: _____
Last First Middle

2. ADDRESS: _____
Number Street Apt#

City State Zip Code

E-mail Address if applicable

3. TELEPHONE NUMBER(S): _____
Home Pager

Cell Phone Other

4. DATE OF BIRTH: _____

5. MAIDEN NAME, NICKNAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

6. SOCIAL SECURITY NUMBER: _____

7. PLACE OF BIRTH: _____
City County State

8. DRIVER'S LICENSE NUMBER: _____
Type / Class / State / Number

9. HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

10. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: _____

10. CONCEALED HANDGUN LICENSE NUMBER: _____

11. HAVE YOU EVER HELD A DRIVERS LICENSE IN ANOTHER STATE OTHER THAN TEXAS? YES / NO
IF YES, WHAT STATE: _____ WHAT IS THE NUMBER: _____

B. RESIDENCES - List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

FROM TO ADDRESS

Initials _____

C. WORK HISTORY - Beginning with your present or most recent job, list all employment for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheets if needed. DO NOT USE "PERSONAL REASONS" for reasons or explanation of leaving employment, describe in detail. (ALL PHONE NUMBERS AND FAX NUMBERS MUST BE COMPLETE AND CORRECT)

1. EMPLOYER: _____

ADDRESS: _____

FROM: _____ TO: _____

PHONE NUMBER: _____ FAX: _____

NAME OF SUPERVISOR: _____

EMAIL ADDRESS: _____

SUPERVISORS PHONE NUMBER: _____ FAX: _____

NAME OF CO-WORKER: _____

DETAILED REASON FOR LEAVING: _____

JOB DESCRIPTION: _____

Are you eligible for re-hire at this job: _____

Monthly Income: _____

2. EMPLOYER: _____

ADDRESS: _____

FROM: _____ TO: _____

Initials _____

PHONE NUMBER: _____ FAX: _____

NAME OF SUPERVISOR: _____

EMAIL ADDRESS: _____

SUPERVISORS PHONE NUMBER: _____ FAX: _____

NAME OF CO-WORKER: _____

DETAILED REASON FOR LEAVING: _____

JOB DESCRIPTION: _____

Are you eligible for re-hire at this job: _____

Monthly Income: _____

3. EMPLOYER: _____

ADDRESS: _____

FROM: _____ TO: _____

PHONE NUMBER: _____ FAX: _____

NAME OF SUPERVISOR: _____

EMAIL ADDRESS: _____

SUPERVISORS PHONE NUMBER: _____ FAX: _____

NAME OF CO-WORKER: _____

DETAILED REASON FOR LEAVING: _____

JOB DESCRIPTION: _____

Are you eligible for re-hire at this job: _____

Monthly Income: _____

4. EMPLOYER: _____

ADDRESS: _____

FROM: _____ TO: _____

Initials _____

PHONE NUMBER: _____ FAX: _____

NAME OF SUPERVISOR: _____

EMAIL ADDRESS: _____

SUPERVISORS PHONE NUMBER: _____ FAX: _____

NAME OF CO-WORKER: _____

DETAILED REASON FOR LEAVING: _____

JOB DESCRIPTION: _____

Are you eligible for re-hire at this job: _____

Monthly Income: _____

5. EMPLOYER: _____

ADDRESS: _____

FROM: _____ TO: _____

PHONE NUMBER: _____ FAX: _____

NAME OF SUPERVISOR: _____

EMAIL ADDRESS: _____

SUPERVISORS PHONE NUMBER: _____ FAX: _____

NAME OF CO-WORKER: _____

DETAILED REASON FOR LEAVING: _____

JOB DESCRIPTION: _____

Are you eligible for re-hire at this job: _____

Monthly Income: _____

D. MILITARY RECORD

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES { } NO { }

BRANCH: _____

FROM: _____ TO: _____ RANK: _____

Initials _____

SERVICE NUMBER: _____

YOUR MAIN DUTY: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PHONE NUMBER: _____

DETAILED EXPLANATION OF DUTY: _____

TYPE OF DISCHARGE (If other than **honorable**, explain in detail): _____

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE? _____

BRANCH: _____ RANK: _____

UNIT DESIGNATION: _____

MAIN DUTY: _____

LOCATION: _____ PHONE NUMBER: _____

SUPERVISORS NAME: _____ PHONE NUMBER: _____

CO-WORKER: _____ PHONE NUMBER: _____

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDING COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.) ____ YES ____ NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. EDUCATIONAL HISTORY

HIGH SCHOOL ATTENDED	CITY / STATE	FROM / TO	GRADUATED
_____	_____	_____	_____
_____	_____	_____	_____

Initials _____

1. COLLEGE/UNIVERSITY: _____ Date: _____
CITY/STATE: _____
UNITS/SEMESTER HOURS COMPLETED: _____
MAJOR/MINOR: _____
DEGREE(S) RECEIVED: _____

2. COLLEGE/UNIVERSITY: _____ Date: _____
CITY/STATE: _____
UNITS/SEMESTER HOURS COMPLETED: _____
MAJOR/MINOR: _____
DEGREE(S) RECEIVED: _____

3. COLLEGE/UNIVERSITY: _____ Date: _____
CITY/STATE: _____
UNITS/SEMESTER HOURS COMPLETED: _____
MAJOR/MINOR: _____
DEGREE(S) RECEIVED: _____

LIST ANY OTHER SCHOOLS ATTENDED (Trade, Vocational, Business, Police Academy, etc.)

SCHOOL: _____ Date: _____
CITY / STATE: _____
FROM: _____ TO: _____

Initials _____

DIPLOMAS / CERTIFICATES RECEIVED: _____

SCHOOL: _____ Date: _____

CITY / STATE: _____

FROM: _____ TO: _____

DIPLOMAS / CERTIFICATES RECEIVED: _____

(This is for applicants who are currently in the Academy or who have graduated and are seeking their first Law Enforcement Position)

POLICE ACADEMY: _____

FROM: _____ TO: _____

LOCATION: _____

DIRECTORS NAME: _____

DIRECTORS PHONE NUMBER: _____

LEAD INSTRUCTOR: _____

LEAD INSTRUCTORS PHONE NUMBER: _____

POLICE ACADEMY FAX NUMBER: _____

F. SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.

Initials _____

LIST ANY SPECIALIZED EQUIPMENT YOU CAN OPERATE:

LIST ANY GUNS OR WEAPONS THAT YOU OWN OR HAVE QUALIFIED WITH:

IN YOUR OPINION, WHAT IS YOUR LEVEL OF PROFICIENCY WITH FIREARMS:

What is your degree of computer literacy? Excellent (___) Good (___) Poor (___)

What programs can you operate? _____

INDICATE YOUR DEGREE OR FLUENCY IN ANY FOREIGN LANGUAGE
(EXCELLENT, GOOD, POOR)

LANGUAGE	READING	WRITING	SPEAKING	UNDERSTANDING
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G. MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS - List name, address, type of organization (Professional, Fraternal, Social, etc.) and dates of participation.

NAME / ADDRESS	TYPE	FROM / TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. PERSONAL DECLARATIONS

Initials _____

DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

DESCRIBE THE LEVEL, FREQUENCY AND CIRCUMSTANCES SURROUNDING ANY USE OF MARIJUANA OR ILLEGAL USE OF DRUGS NOT PRESCRIBED BY A PHYSICIAN.

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS OR AT NIGHT.

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM TAKING A HUMAN LIFE IN THE COURSE OF YOUR LAW ENFORCEMENT DUTIES IF REQUIRED TO DO SO.

LIST ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE EVER APPLIED - List your current disposition in the hiring process or selection process with the Agency.

In reference to **ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE APPLIED**, below, not only list the current disposition of you application, but make sure you list the **BACKGROUND INVESTIGATOR'S NAME** who you are in contact with at the appropriate agency:

AGENCY	DATE APPLIED	POSITION SOUGHT	DISPOSITION	INVESTIGATOR'S NAME
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Initials _____

I. CRIMINAL ACTIVITY

1. Have you **EVER** been **CONVICTED**, **ARRESTED** or **DETAINED** by **ANY** police agency, or summonsed to court for **ANY** reason (including juvenile offenses)?

YES { } NO { }

If you answered "YES", complete the following:

<u>CRIME CHARGED</u>	<u>POLICE AGENCY</u> <u>CITY & STATE</u>	<u>DATE</u>	<u>DISPOSITION OF CASE</u>
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2. Has any member of your immediate family **EVER** been arrested? YES { } NO { }
3. Have you **EVER** been questioned by **ANY** police as a suspect? YES { } NO { }
4. Were you **EVER** accused of dishonesty by **ANY** of your Employers? YES { } NO { }
5. Did you **EVER** witness **ANY** other employees stealing? YES { } NO { }
6. Have you **EVER** sold or bought **ANY** stolen property? YES { } NO { }
7. Have you **EVER** been involved as a party in **CIVIL LITIGATION**? YES { } NO { }

ENCOUNTERS OR OTHER DEALINGS WITH ANY POLICE OR OTHER LAW ENFORCEMENT RELATED AGENCY

1. Have you **EVER** had **ANY** dealings with **ANY** Police or other Law Enforcement Agency? Such as a **WITNESS** or **COMPLAINANT**, **VICTIM**, **REPORTEE** or **SUSPICIOUS PERSON**?

YES { } NO { }

If you answered **YES**, name the organization and please explain in detail your encounter or other dealing with the Law Enforcement Agency:

Initials _____

J. MOTOR VEHICLE OPERATION

HAS YOUR DRIVERS'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES { } NO { }

IF YES, PLEASE EXPLAIN: _____

LIST **ANY AND ALL** DRIVING CITATIONS THAT YOU HAVE RECEIVED EITHER AS AN ADULT OR A JUVENILE, EXCLUDING PARKING TICKETS.

<u>DATE</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

K. REFERENCES OR ACQUAINTANCES LIST FIVE PEOPLE WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR FORMER SUPERVISORS. YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES AND TELEPHONE NUMBERS.

1. Name: _____ Years Known _____

Address: _____

Home Phone #: _____ Alt Phone #: _____

Initials _____

Business Name & Address: _____

2. Name: _____ Years Known _____

Address: _____

Home Phone #: _____ Alt Phone #: _____

Business Name & Address: _____

3. Name: _____ Years Known _____

Address: _____

Home Phone #: _____ Alt Phone #: _____

Business Name & Address: _____

4. Name: _____ Years Known _____

Address: _____

Home Phone #: _____ Alt Phone #: _____

Business Name & Address: _____

5. Name: _____ Years Known _____

Address: _____

Home Phone #: _____ Alt Phone #: _____

Business Name & Address: _____

NOTICE TO APPLICANT:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Have you read over the job description, and are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

Initials _____

YES { } NO { }

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Converse.

Signature of Applicant

Date

Printed Name

Initials _____

AUTHORIZATION TO RELEASE INFORMATION and WAIVER
("Authorization and Waiver")

- I. By signing below, I hereby authorize my prior employers to release any and all information relating to my employment and/or association with them to the City of Converse and its representatives and/or agents. A facsimile or copy of this Authorization has the same force and effect as an original document.
- II. I further release and hold harmless my previous employers, the City of Converse and its employees, officials, representatives and/or agents from any and all liability that may result from the release and/or use of such information.
- III. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.
- IV. The information referred to in paragraph I above concerning me, includes but is not limited to information relating to my reputation, education, previous or current employment, financial condition, criminal history, driving record, and credit history/status. This information will be used to assist the City of Converse in determining my qualifications and fitness for a job with the City of Converse.
- V. This Authorization and Waiver is continuing and the City of Converse, its representatives and/or agents, may obtain such information and reports at any time throughout my employment for the purposes set forth above, including the evaluation of my eligibility for employment or continued employment.

Acknowledgement and Agreement

By signing below, I acknowledge that I have read this *Authorization and Waiver* and agree to its terms.

Applicant's Signature _____

Printed Name: _____ Date Signed: _____

Address: _____

Drivers License: State Issued _____ Number _____ Class _____

Social Security Number _____ Date of Birth _____

Personal email address: _____

Primary phone: _____

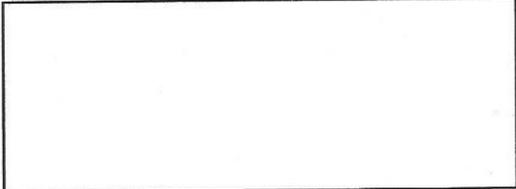
NOTARY PUBLIC

STATE OF: _____

COUNTY OF: _____

Sworn and Subscribed before me this ____ day of _____, _____

Commission Expires: _____



Job Analysis Form - Physical Demand

BRIEF DESCRIPTION OF JOB:

Patrol the City to enforce law and maintain order; respond to dispatch calls; and perform special assignments to protect life and property.

OVERALL STRENGTH DEMANDS:

(This is a description of the way this job is currently performed; it doesn't address the potential for accommodation)

PHYSICAL DEMAND:

- SETTING - To drive the patrol car, work at desk, attend meetings, perform other miscellaneous office task, appear in court.
- WALKING/ - Frequently on concrete or in tall grass, mud, and RUNNING water, occasionally on all types of surfaces and terrain.
- LIFTING/ - Frequently light. Occasionally 50-200 lbs. to move victims at CARRYING the scene of an accident or assist elderly or the disabled, also recovered property.
- HANDLING - To restrain suspects, use firearms, file, radios or equipment, change tires, objects including firearms and recovered property etc.
- FINE/ - Write reports, handle firearms, use radar equipment, spotlights, DEXTERITY fingerprinting.
- VISION - To observe suspects, drive patrol car. Visually discriminate to distinguish and identify suspect's clothing, features, license plates, etc.
- HEARING/ - To communicate with other Officers, victims, witnesses, District Attorney, Court Officers, and the General Public.
- TALKING
- FOOT - To drive patrol car.
- CONTROLS

Other demands include, but are not limited to, standing, pushing/pulling, reaching, kneeling, crouching, crawling, twisting, bending, climbing, and balancing.

Initials _____

This position has a physical demand code rated at VERY HEAVY and most demands are performed on an occasional or frequent basis.

ENVIRONMENTAL FACTORS:

Exposure to extreme temperatures and smoke in fires, heat and humidity working outside for long periods of time in the summer, freezing conditions in the winter, while wearing body armor, occasional to frequent risk of physical abuse or wounds, noise exposure during firearms practice or training, rare exposure to caustic substances.

Initials _____