

Police Officer Employment Application Personal History Statement



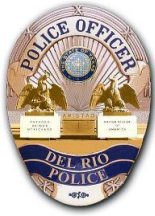
City of Del Rio
109 West Broadway • Del Rio, Texas 78840
Phone (830) 774-8552 • Fax (830) 774-8789
www.cityofdelrio.com

Instructions

Please read instructions carefully before proceeding.

These instructions are provided as a guide to assist you in properly completing your Application and Personal History Statement. It is essential that the information be accurate in all respects. It will be used as a basis for a background investigation that will determine your eligibility for employment.

1. Your Application and Personal History Statement should be printed legibly in ink.
2. Answer all questions completely and fully and to the best of your ability. If a question is not applicable to you, enter "N/A" in the space provided.
3. Avoid errors by reading the questions and 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 addresses and telephone numbers. If you are not sure of an address, check it by personal verification. Your local library may have a directory service.
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 before continuing your answer.
6. An accurate and complete form will help expedite your application and subsequent investigation. On the other hand, deliberate omissions, falsifications or errors may result in disqualification.
7. In order to take written examination, applications must be returned with the following requested documentation or the application will be considered incomplete and the application will not be accepted.
 - a. Birth Certificate
 - b. Texas Drivers' License
 - c. High School Diploma (or GED Certificate)
 - d. Military Form DD214
 - e. College Diploma(s)
 - f. Certificates of training or education he/she may possess
 - g. Marriage License/Certificate
 - h. Divorce Decree
 - i. Credit Report from Credit Bureau
 - j. Social Security Card
 - j. Completed Fingerprint Cards and Prints (obtained at the Del Rio Police Department)



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Applicant Identification

Information provided in this section is used for identification purposes only

Full Name:

_____ Social Security Number: _____
Last First Middle

Present Address:

Telephone Number:

_____ Home: (____) _____
Number & Street

_____ Alternate: (____) _____
City State Zip

Date of Birth:

____/____/____
Month Day Year

Place of Birth:

____/____/____/____
City County State Country

Are you a citizen of the United States? Yes No

Nickname(s), Maiden Name, or other names by which you may have been known: _____

Driver's License:

Issuing State: _____ Lic Number: _____ Exp Date: _____ Class: _____

Commercial Driver's License? Yes No If yes, indicate type: Class A Class B

Restrictions: _____

Endorsements: _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

Distinguishing Marks (Scars, Tattoos, Birth Marks): _____

Residences

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year.

FROM	TO	ADDRESS

Work History

Beginning with your present or most recent job, list all employment since the age of 16; including all part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Work History (continued)

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Explanation of any period of unemployment between jobs:

Have you ever been fired or asked to resign from any position? If yes, please provide explanation and indicate employer:

Military Record

Have you ever served in the United States Armed Forces? Yes No

Branch	Date of Service From / To	Military Service No.	Highest Rank Held	Type of Discharge

If you received a discharge other than Honorable, give type and complete details: _____

Have you ever been disciplined while serving in the U.S. Armed Forces (include court martial, captain's masts, company punishment, etc.)? Yes No If Yes, please specify:

CHARGE	AGENCY	DATE	AGE	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Educational History

Check the appropriate box if you possess one of the following:

Not High School Graduate (circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11)

High School Graduate School: _____

Other High School Attended: _____

Other High School Attended: _____

G.E.D. Certificate Agency/School: _____ Year: _____

Colleges, Universities, Vocational or Technical Schools Attended Address/City/State	Major or Course of Study	Graduated	Degree or Certificate	Dates Attended	
				From	To
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special Qualifications and Skills

List any special licenses you hold (i.e.Pilot, Radio Operator, Scuba, EMT, etc):

Title	License/Certification Number	Issued By (State or Authority)	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any specialized machinery or equipment which you can operate:

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair):

LANGUAGE	READ	SPEAK	WRITE	UNDERSTAND
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any other special skills or qualifications you may possess:

Arrests, Detentions and Litigations:

Have you ever been arrested, detained by Police or summoned into court? Yes No If yes, please provide the following:

Offense Charged	Police Agency, City and State	Date	Disposition of Case

Have you ever been involved as a party in a Civil Litigation? Yes No If yes, please provide details:

Traffic Record

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

If yes, give details (date, location, reason): _____

With what company do you carry auto insurance? _____

List, to the best of your ability, all traffic citations you have received, excluding parking tickets:

Month/Year	City and State	Charge	Disposition of Case

Describe, in brief narratives, any traffic accidents in which you have been involved, giving approximate dates and locations:

Marital and Family History

Are you: Single Married Engaged to be Married Separated Divorced Widowed

If Engaged to be Married: Name of Fiance: _____
 Address: _____
 Telephone No: _____

If Married: Name of Spouse (include Maiden Name): _____
 Address: _____
 Telephone Number: _____
 Date of Marriage: _____ City/State of Marriage: _____

If Separated, Divorced or Annulled: City & State: _____
 Date of Order/Decree: _____
 Court & State of Issuance: _____

List all children related to you or your spouse (natural, step children, adopted and foster children):

Name	Relation	Date of Birth	Address	Supported by: Whom?

List all other dependents:

Name	Address	Relation

List relatives in the following order: father, mother (include maiden name), brothers and sisters. If deceased, please indicate.

Name	Address	Telephone No	Relation	Age

Financial History

What is your present annual salary or wage? \$ _____

Do you have income from any source other than from your principal occupation? Yes No

If yes, what amount? \$ _____ How often? _____ Employer: _____
 \$ _____ How often? _____ Employer: _____

Do you own any real estate? Yes No

If yes, Value \$ _____ Location: _____
 Value \$ _____ Location: _____
 Value \$ _____ Location: _____
 Value \$ _____ Location: _____

Do you own any bonds, government or other? Yes No Value \$ _____

Do you own any corporate stock? Yes No Value \$ _____

Do you have a bank account? Yes No If yes, :

Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	

Financial Obligations

Give names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debt and payment. Include account numbers where applicable.

Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$
Creditor:	Account Number	
Address:		
City/State/Zip: Phone:	Monthly Payment	Total Balance
Reason for Debt/Item Purchased:	\$	\$

Medical History

List the following information concerning all doctors consulted for the last five (5) years and all periods of hospitalization within the last eight (8) years.

Reason for Consultation (Illness or Operation)	Month/ Year	Number of Days	Name of Physician Address, City, State Zip

Do you have any physical handicaps, chronic diseases or disabilities? Yes No

If yes, explain: _____

Have you ever received Worker's Compensation or any other disability insurance payments? Yes No

If yes, explain: _____

Are you currently taking any medication or undergoing therapy prescribed by your physician? Yes No

If yes, explain: _____

References:

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____

Address: _____

Employer: _____

Employer's Address: _____

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

Years Known: _____

Name: _____

Address: _____

Employer: _____

Employer's Address: _____

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

Years Known: _____

Name: _____

Address: _____

Employer: _____

Employer's Address: _____

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

Years Known: _____

Name: _____

Address: _____

Employer: _____

Employer's Address: _____

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

Years Known: _____

Name: _____

Address: _____

Employer: _____

Employer's Address: _____

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

Years Known: _____

Membership in Organizations (Past and Present)

Name of Organization	Type (Professional or Social)	Date	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Declarations

Describe in your own words the frequency and extent of your use of intoxicating liquors.

Have you ever used marijuana or any other drug not prescribed by your physician? Yes No

If yes, explain the circumstances: _____

Have you ever sold or furnished drugs or narcotics to anyone? Yes No

If yes, explain in detail: _____

If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so? Yes No

If yes, explain: _____

Do you have any religious or other beliefs which would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, or night shifts? Yes No

If yes, explain: _____

Have you ever applied for employment with this or any other law enforcement or related agency? Yes No

If yes, explain in detail: _____

Are there any incidents in your life or details not mentioned in your personal statement which may influence the City of Del Rio's or the Police Department's evaluation of your suitability for employment as a Police Officer? Yes No

If yes, explain: _____

Authorization to Release Information

The City of Del Rio conducts a thorough investigation to determine an applicant's eligibility and qualification for employment as a Police Officer. To a great extent, acceptance for employment will depend greatly on information obtained in confidential interviews with personal associates and affiliates. Therefore, it is necessary to authorize the City of Del Rio and its agents to be furnished with any and all information concerning employment, educational, military, financial, criminal, prior worker's compensation claims, medical and any records containing such information. It should be understood that this information would be used solely for the purpose of determining eligibility for employment as a Police Officer.

I hereby authorize the release of any and all information required or requested by an agent of the City of Del Rio acting to obtain information regarding my eligibility or qualification for employment as a Police Officer with the City of Del Rio's Police Department.

Furthermore, I release any organization, firm, or their agents or any person from liability which may or could result from furnishing the information requested above or from any subsequent use of the information requested or required.

Applicant's Printed Name

Signature of Applicant

Date

Subscribed and Sworn to before me, the undersigned authority, on this the _____ day of _____, 20____.

**NOTARY PUBLIC IN AND FOR VAL VERDE
COUNTY, TEXAS**

Certification

I hereby certify that there are no willful misrepresentation, omission, or falsification in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentation, omission, or falsification may be grounds for immediate rejection or termination of employment.

Applicant's Printed Name

Signature of Applicant

Date

Subscribed and Sworn to before me, the undersigned authority, on this the _____ day of _____, 20____.

**NOTARY PUBLIC IN AND FOR VAL VERDE
COUNTY, TEXAS**