The City of Whitewright is now accepting applicants for the position of Police Chief. Application packets must be received by 5:00 p.m. on October 14, 2022.

The police department provides 24-hour coverage for the city. Under nominal direction, the Chief of Police is responsible for the planning, direction, and control of all activities of the Police Department, Code Enforcement, and Animal Control.

The following items are required to apply:

Cover Letter

Resume

Personal History Statement

Release of Information Form

TCOLE Training Report, Length of Service and Licenses

Application packets may be picked up at City Hall, at 206 W. Grand, Whitewright, TX 75491, or by contacting:

City of Whitewright

Attn: Nancy Reynolds

City Secretary

secretary@whitewright.com

903-364-2219

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 printed legibly in BLACK INK by the applicant or typed. 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
- ☐ 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 or an honorable discharge from the armed forces of the United States after at least twenty four months of active service.
- ☐ 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 and all training certificates awarded to you. (Peace Officer Applicants Only)
- ☐ Copy of your DD-214 if applicable. Must possess an honorable discharge.
- ☐ 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 any 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 years 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 what 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

1. Last Name	First	M I	Suffix

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

3. Street Address, (Apt, Unit)	City	State	Zip

4. Address if different from above.

5. Phone #. Home	Cell	Work Ext.	Fax	Other

6. Email: Home	Business	Other

7. Birth Place (City / County / State / Country)	8. DOB	9. Social Security #

10. Driver License #		11. Physical description			
		HT.	WT.	Hair Color	Eye Color
State:	Exp:				

12. Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned: _____

A. Academy Name	From	To	Did you Graduate? ☐ Yes ☐ No

Location (City / State)	Name of Training Coordinator	Contact Number

B. Academy Name	From	To	Did you Graduate? ☐ Yes ☐ No

Location (City / State)	Name of Training Coordinator	Contact Number

13. 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 question number and page this refers to.

A. Name of Agency	Position Applied For	Date Applied

Address Street	City	State	Zip

Background Investigators Name (if know)	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 ☐ Chief's oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date:_____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B. Name of Agency	Position Applied For	Date Applied

Address Street	City	State	Zip

Background Investigators 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 ☐ Chief's oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date:_____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C. Name of Agency	Position Applied For	Date Applied

Address Street	City	State	Zip

Background Investigators 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 ☐ Chief's oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date:_____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

SECTION 2: RELATIVES AND REFERENCES

14. 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 question number and page this refers to.

☐ NA	A. Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ NA	B. Step-Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ NA	C. Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ NA	D. Step-Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ NA	E. Spouse / Registered Domestic Partner		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	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			

☐ NA	F. Father-in-Law Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ NA	G. Mother-in-Law Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

☐ NA	H. Former Spouse(s) Cohabitant	1. Name	DOB	☐ Male ☐ Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No			

☐ NA	I. Former Spouse(s) Cohabitant	2. Name	DOB	☐ Male ☐ Female

Home Address	City	State	Zip
Work Address	City	State	Zip

Home Phone	Cell	Work Phone	Email
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No		

☐ N A	J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.

1. Name	DOB	☐ Male ☐ Female

Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #

Cell	Email

2. Name	DOB	☐ Male ☐ Female

Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #

Cell	Email

3. Name	DOB	☐ Male ☐ Female

Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #

Cell	Email

4. Name			DOB	☐ Male ☐ Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

5. Name			DOB	☐ Male ☐ Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

6. Name			DOB	☐ Male ☐ Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

☐ N A	**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.			
1. Name	Custodial parent or guardian (If other than you.)			
☐ Male ☐ Female	Address	City	State	Zip
DOB	Contact Number	Email		

2. Name	Custodial parent or guardian (If other than you.)			
☐ Male ☐ Female	Address	City	State	Zip
DOB	Contact Number	Email		

3. Name		Custodial parent or guardian (If other than you.)		
☐ Male ☐ Female	Address	City	State	Zip
DOB	Contact Number	Email		

4. Name		Custodial parent or guardian (If other than you.)		
☐ Male ☐ Female	Address	City	State	Zip
DOB	Contact Number	Email		

5. Name		Custodial parent or guardian (If other than you.)		
☐ Male ☐ Female	Address	City	State	Zip
DOB	Contact Number	Email		

6. Name		Custodial parent or guardian (If other than you.)		
☐ Male ☐ Female	Address	City	State	Zip
DOB	Contact Number	Email		

15. 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.

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

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

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

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

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

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

G. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	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.			
16. Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed services with 2 years active duty			
17. List High Schools Attended or where you obtained your GED.			
A. Name		City	State
From	To	Did you graduate? ☐ Yes ☐ No	
B. Name		City	State
From	To	Did you graduate? ☐ Yes ☐ No	

18 List all colleges or universities attended:			
A. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

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

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

19. List any trade, vocational, or business schools / institutes attended.			
A. Name	From	To	Did you complete the course? ☐ Yes ☐ No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? ☐ Yes ☐ No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? ☐ Yes ☐ No
Type of school or training		City	State

SECTION 3: EDUCATION *continued.*

20. 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 and all 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: RESIDENCE

21. 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 name of base in 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 question number and page this refers to.

A. Current residence Street		City	State	Zip
From	To	If renting; property manager, rent collector or owner	Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip	Email	
☐ NA	Names of those with whom you live			

B. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner	Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip	Email	
☐ NA	Names of those with whom you lived.			
Reason for moving				

C. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner	Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip	Email	
☐ NA	Names of those with whom you lived.			
Reason for moving				

D. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
☐ NA	Names of those with whom you lived.				
Reason for moving					

E. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
☐ NA	Names of those with whom you lived.				
Reason for moving					

F. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
☐ NA	Names of those with whom you lived.				
Reason for moving					

G. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner		City / State / Zip		Email	
☐ NA	Names of those with whom you lived.				
Reason for moving					

22. Provide contact information for all housemates listed in Question 21 with whom you have resided 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 question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

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

24. Have you ever left a residence owing rent?	☐ Yes ☐ No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. 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 page 33.)
- 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.

A. Name of employer or military unit.			From	To
Address or Base	City		State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer		
Names of co-workers	Co-workers Phone Number			
Would there be a problem if we contact your current employer? ☐ Yes ☐ No	If yes, explain.			

B. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

C. Name of employer or military unit.			From	To
Address or Base	City		State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer		
Names of co-workers	Co-workers Phone Number			

D. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

E. Name of employer or military unit.			From	To
Address or Base	City		State	Zip
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer		
Names of co-workers	Co-workers Phone Number			

F. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

G. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
Names of co-workers	Co-workers Phone Number		

H. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

I. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
Names of co-workers	Co-workers Phone Number		

J. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

K. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
Names of co-workers	Co-workers Phone Number		

L. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

M. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
Names of co-workers	Co-workers Phone Number		

N. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

O. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
Names of co-workers	Co-workers Phone Number		

P. PERIOD OF UNEMPLOYMENT Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other	From	To

Q. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer	
Names of co-workers	Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?	☐ Yes ☐ No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	☐ Yes ☐ No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	☐ Yes ☐ No
29. Have you ever resigned without giving two weeks-notice?	☐ Yes ☐ No
30. Have you ever resigned in lieu of termination?	☐ Yes ☐ No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	☐ Yes ☐ No

32. Were you ever the subject of a written complaint at work?	☐ Yes ☐ No
33. Have you ever been counseled at work due to lateness or absences	☐ Yes ☐ No
34. Did you ever receive an unsatisfactory performance review?	☐ Yes ☐ No
35. Have you ever sold, released, or given away legally confidential information?	☐ Yes ☐ No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	☐ Yes ☐ No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

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

When?	Name of Employer

39. 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 military served. Add pages if necessary)

40. Are you required to register for the Selective Service ☐ Yes ☐ No

If yes, have you registered ☐ Yes ☐ No

If no explain: _____

41. Branch of Service	Date of Service From	To:

42. Type of Discharge ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable

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

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

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

45. 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 questions 44 and or 45, Explain (Include dates and circumstances)

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES For each of the following questions fill in the amounts to the nearest dollar
A. From your employer(s), what is your take home monthly income? $_____
B. Do you have income other than from your salary or wages? ☐ Yes ☐ No If yes, fill in amount: $_____per month Explain:_____
C. 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.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	☐ Yes ☐ No
48. Have any of your bills ever been turned over to a collection agency?	☐ Yes ☐ No
49. Have you ever had purchased goods repossessed?	☐ Yes ☐ No
50. Have your wages ever been garnished?	☐ Yes ☐ No
51. Have you ever been delinquent on income or other tax payments?	☐ Yes ☐ No
52. Have you ever failed to file income tax or cheated/lied on an income tax form	☐ Yes ☐ No
53. Have you ever had an employment bond refused?	☐ Yes ☐ No
54. Have you ever avoided paying any lawful debt by moving away?	☐ Yes ☐ No
55. Have you ever defaulted on a loan, including a student loan?	☐ Yes ☐ No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	☐ Yes ☐ No ☐ Yes ☐ No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	☐ Yes ☐ No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	☐ Yes ☐ No
59. Have you written three or more bad checks in a one-year period?	☐ Yes ☐ No
60. Are you in arrears on court ordered child support?	☐ Yes ☐ No

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

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 peace officer 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 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 question number and page this refers to.

61. 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.	
A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

62. Have you ever been placed on court probation as an adult?	☐ Yes ☐ No
63. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	☐ Yes ☐ No
64. 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
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	☐ Yes ☐ No
66. Have the police ever been called to your home for any reason?	☐ Yes ☐ No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	☐ Yes ☐ No
68. Have you ever been the subject of an emergency protective, restraining or stay-away order?	☐ Yes ☐ No
69. 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
70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	☐ Yes ☐ No
71. Have you ever filed a false insurance or workers' compensation claim?	☐ Yes ☐ No

If you answered yes to any of Questions 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. 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?

A. Annoying / obscene phone calls	☐ Yes ☐ No
B. Assault (use of force or violence upon another)	☐ Yes ☐ No

C. Assault (use of force or violence upon a family member)	☐ Yes ☐ No
D. Brandishing a weapon (any type of weapon)	☐ Yes ☐ No
E. Carrying a concealed weapon without a permit	☐ Yes ☐ No
F. Contributing to the delinquency of a minor	☐ Yes ☐ No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	☐ Yes ☐ No
H. Driving under the influence of alcohol and/or drugs	☐ Yes ☐ No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	☐ Yes ☐ No
J. Hit and run collision (no injuries)	☐ Yes ☐ No
K. Hunting or fishing without a license.	☐ Yes ☐ No
L. Illegal gambling	☐ Yes ☐ No
M. Impersonating a peace officer	☐ Yes ☐ No
N. Indecent exposure (including flashing or mooning)	☐ Yes ☐ No
O. Joyriding (using a car or other vehicle without owner's permission	☐ Yes ☐ No
73. UNDETECTED ACTS - PART 2 At any time in your life have you **ever** committed any of the following?	
A. Arson (intentionally destroying property by setting a fire)	☐ Yes ☐ No
B. Assault with a deadly weapon	☐ Yes ☐ No
C. Theft of a vehicle and / or vehicle parts	☐ Yes ☐ No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	☐ Yes ☐ No
E. Child molestation (performing unlawful acts with a child)	☐ Yes ☐ No
F. Accessing, producing, or possessing child pornography	☐ Yes ☐ No
G. Injury to a child/elderly/or disabled	☐ Yes ☐ No
H. Embezzlement (theft of money or other valuables entrusted to you)	☐ Yes ☐ No
I. Felony drunk driving (involving injuries)	☐ Yes ☐ No
J. Forcible rape or other act of unlawful intercourse / sexual activity	☐ Yes ☐ No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	☐ Yes ☐ No
L. Hit and run (with injuries)	☐ Yes ☐ No

M. Hate crime	☐ Yes ☐ No
N. Insurance fraud	☐ Yes ☐ No
O. Theft (value of over $500, or any firearm)	☐ Yes ☐ No
P. Murder, homicide, or attempted murder	☐ Yes ☐ No
Q. Perjury (lying under oath)	☐ Yes ☐ No
R. Possession of an explosive / destructive device	☐ Yes ☐ No
S. Robbery (theft from another person using a weapon, force, or fear)	☐ Yes ☐ No
T. Stalking	☐ Yes ☐ No
U. Blackmail or extortion	☐ Yes ☐ No
V. Any other act amounting to a felony	☐ Yes ☐ No

If you answered yes to **any** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) 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.
Barbiturates (Downers)
Cocaine / Crack Cocaine
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
GHB (Date Rape Drug)
Glue
Hallucinogens (Peyote, LSD, Mushrooms)
Hashish / Hashish Oil
Heroin / Opium
Marijuana
Mescaline
Morphine
PCP / Angel Dust
Quaaludes
Steroids
Tetrahydrocannabinol (THC)

74. 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:

75. 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 checked, give details including drug(s) used, most recent date used, and circumstances.

76. 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

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

77. Current Driver License #	State of Issue	Expiration date	Name under which license was granted

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

State of issue	Type of license	Name under which license was granted and license number

79. Have you ever been refused a driver's license by any state ☐ Yes ☐ No

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

80. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No
If yes, explain (include when, where and circumstances):

81. List your current liability insurance on your vehicle(s)				
A. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy number	Expires		
Address	City	State	Zip	Contact Number
B. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number	Expires		
Address	City	State	Zip	Contact Number
C. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number	Expires		
Address	City	State	Zip	Contact Number
D. Type of Coverage ☐ Insured ☐ Bonded ☐ Cash Deposit	Vehicle Make	Year	Vehicle License	
Insurance Company	Policy Number	Expires		
Address	City	State	Zip	Contact Number

82. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

B. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed
C. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
☐ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No
If yes, give details.

A. Date	Location (Street, City, State, Zip)	
Police Report ☐ Yes ☐ No	Law Enforcement Agency	☐ Injury ☐ Non Injury
A. Date	Location (Street, City, State, Zip)	
Police Report ☐ Yes ☐ No	Law Enforcement Agency	☐ Injury ☐ Non Injury
A. Date	Location (Street, City, State, Zip)	
Police Report ☐ Yes ☐ No	Law Enforcement Agency	☐ Injury ☐ Non Injury

84. 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

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

If yes, give reason:	Insurance Company
Date	Location Street, City, State, Zip

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

87. Are you now, 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
88. 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
89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	☐ Yes ☐ No
90. Have you ever hit or physically overpowered a spouse, romantic partner or family members?	☐ Yes ☐ No

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

91. Have you ever had a social media site (i.e. Facebook, My Space, etc.)?	☐ Yes ☐ No
92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)	

SECTION 12: CERTIFICATION

93. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

_____ _____/_____/_____

Signature of Applicant Date

Sworn to and subscribed before me, this the _____day of _____,_____

Notary public in and for, State of _____

My commission expires _____/_____/_____ _____

Printed Name of Notary

Notary Seal or Stamp

_____

Signature of Notary

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

THE STATE OF TEXAS

COUNTY OF GRAYSON

KNOW ALL MEN BY THESE PRESENT:

That I, the undersigned _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Whitewright Police Department, whether the said records are of 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; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel. Whether representing e or another person in any 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 by the Whitewright Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release sad person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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

_____ _____

Signature Date of Birth

_____ _____

Address Social Security Number

_____

Telephone Number

Subscribed and sworn to me before this _____day of_____, 20_____.

_____