

APPLICANTS – DO NOT WRITE ON THIS PAGE
This page for the Irving Police Department
Personnel Development Officers

Processing Information

Passed Physical Fitness Test? Y N
Application turned in on time? Y N

Detention test score _____ Clerical Test Score _____
Typing Test Score _____

Interview date _____/_____/_____
Polygraph date _____/_____/_____
Oral board date _____/_____/_____

Board Members:

Conditional signed _____/_____/_____
Drug/Medical _____/_____/_____
Psychological _____/_____/_____
Start Date _____/_____/_____



**IRVING POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PLEASE PRINT AND USE BLACK INK

APPLYING FOR THE POSITION OF: _____

NAME _____
Last First Middle

DATE OF BIRTH ___/___/___ **AGE** _____ **PLACE OF BIRTH** _____

SOCIAL SECURITY # _____/_____/_____

DRIVERS LICENCE # _____ **STATE** _____

ADDRESS _____

City State Zip

TELEPHONE _____

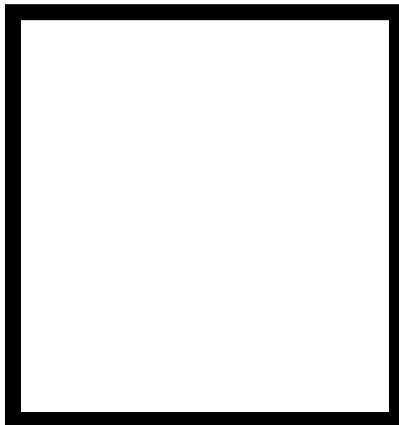
CELL PHONE _____

WORK PHONE _____

E-MAIL ADDRESS _____

YES NO ARE YOU T.C.L.E.O.S.E. CERTIFIED AS A POLICE OFFICER?

YES NO ARE YOU CERTIFIED AS AN OFFICER IN ANOTHER STATE?



Attach a photograph of yourself taken during the past 90 days. Attach the photo above securely with paste, tape, or staples.

NAME _____
LAST **FIRST** **MIDDLE**

**INCOMPLETE OR LATE APPLICATIONS WILL BE DISQUALIFIED
WITHOUT FURTHER NOTICE**

IF YOU MAIL THIS APPLICATION, PLEASE ADDRESS IT TO:

**IRVING POLICE DEPARTMENT
305 N. O'CONNOR RD
IRVING, TX 75061
ATTN: POLICE PERSONNEL DIVISION**

APPLICANT IDENTIFICATION

Name _____
Last First Middle

Maiden Name _____ Nicknames or others used _____

Name on Social Security Card _____

Present Address _____

_____ **City State Zip**

Home Phone _____ Work Phone _____

Cell Number _____ E-mail _____

Best time for contact _____ Best number to contact _____

Date of Birth ____/____/____ Place of Birth _____
City, State, Country

Age ____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Single ____ Engaged ____ Married ____ Separated ____ Divorced ____ Widowed ____

1. YES NO Are you a U.S. Citizen?

2. YES NO Are you a Native Citizen?

3. YES NO Are you a Naturalized Citizen?

Naturalized Certificate Number _____

Date, Place and Court _____

4. YES NO Do you have any tattoos or distinguishing scars or marks?

	Description	Location	Age received
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

***Please use additional pages if necessary

NAME OF FIANCÉE OR GIRLFRIEND/BOYFRIEND

Last	First	Middle
-------------	--------------	---------------

Date of Birth ___/___/___ Age _____ Place of Birth _____
State / Country

Residence _____

City	State	Zip
-------------	--------------	------------

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Place of employment _____

Address of employment _____

City, State, Zip

IF CURRENTLY MARRIED -SPOUSES FULL MAIDEN NAME:

Last	First	Middle
-------------	--------------	---------------

Date of Birth ___/___/___ Age _____ Place of Birth _____
State / Country

Date of Marriage ___/___/___

Marriage Location _____

City	State	Country
-------------	--------------	----------------

Current Residence _____

City	State	Zip
-------------	--------------	------------

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Full time _____ Part Time _____ Annual Salary _____

Place of employment _____

Address of employment _____

City, State, Zip

IF DIVORCED

Date of Marriage ____/____/____

Marriage Location _____
City State Country

Date of Divorce ____/____/____

Divorce Location _____
City State Country

By Whom _____

Reason _____

Ex Spouse Full (Maiden) Name

Last First Middle

Date of Birth ____/____/____ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City State Zip

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City, State, Zip

IF DIVORCED

Date of Marriage ____/____/____

Marriage Location _____
City State Country

Date of Divorce ____/____/____

Divorce Location _____
City State Country

By Whom _____

Reason _____

Ex Spouse Full (Maiden) Name

Last First Middle

Date of Birth ____/____/____ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City State Zip

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City, State, Zip

CHILDREN AND DEPENDANTS

5. YES NO Do you have any children?

6. YES NO Do you have other dependants that you claim for tax purposes?

Please list children and dependants below:

First / Last Name	Date of Birth	Residence	Supported By Whom
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

NAME & ADDRESS OF PARENTS OF ANY CHILDREN IN YOUR CARE, OTHER THAN ADOPTIVE CHILDREN IF BOTH PARENTS ARE NOT PRESENT IN THE HOME.

First / Last	Address	City, State	Phone	Childs Name
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

7. YES NO Do you pay child support or alimony?

8. YES NO Are you delinquent in these payments?

9. YES NO Have you ever been delinquent on any child support payments?

10. YES NO Are you current in filing your income tax for this year and years past?

11. YES NO Do you currently owe income tax from past years and how much? If yes, please explain and give monthly amount paid.

12. YES NO Are your payments current?

Use space below for any explanations:

MARITAL INFORMATION

- 13. YES NO Have you ever been married? How many times: _____
- 14. YES NO Are you married now?
- 15. YES NO Are you divorced or separated now?
- 16. YES NO Are you paying alimony?
- 17. YES NO Are you paying any child support?
- 18. YES NO Are you current in your child support payments?
- 19. YES NO Do you or have you ever had a common-law marriage?
- 20. YES NO Are you avoiding payments to your former spouse?
- 21. YES NO Have you ever been ordered into court for non payment of alimony or child support?
- 22. YES NO Do your family and friends want you to get into this type of work ?
- 23. YES NO Could you arrest a close friend or a family member for a violation of the law?
- 24. YES NO Have you ever been fingerprinted for any reason? IF YES

DATE	AGENCY	REASON (job, arrest, etc.)

- 25. YES NO Have you or your spouse/boyfriend/girlfriend ever been involved in any civil or criminal court action?
- 26. YES NO Has any member of your family or spouses/boyfriend/girlfriend's family ever been arrested?

NAME/RELATION	DATE	AGENCY	CHARGE

Use space below for any explanations:

BROTHER:

Last _____ **First** _____ **Middle** _____

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City _____ **State** _____ **Zip** _____

BROTHER:

Last _____ **First** _____ **Middle** _____

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City _____ **State** _____ **Zip** _____

BROTHER IN LAW:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City **State** **Zip**

BROTHER IN LAW:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City **State** **Zip**

BROTHER IN LAW:

Last _____ **First** _____ **Middle** _____

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City _____ **State** _____ **Zip** _____

BROTHER IN LAW:

Last _____ **First** _____ **Middle** _____

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City _____ **State** _____ **Zip** _____

SISTER IN LAW:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City **State** **Zip**

SISTER IN LAW:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City **State** **Zip**

SISTER IN LAW:

Last _____ **First** _____ **Middle** _____

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City _____ **State** _____ **Zip** _____

SISTER IN LAW:

Last _____ **First** _____ **Middle** _____

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City _____ **State** _____ **Zip** _____

EX – FATHER IN LAW:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City **State** **Zip**

EX – MOTHER IN LAW:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **Place of Birth** _____
State / Country

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____

Address of employment _____

City **State** **Zip**

LIST ALL RESIDENCES OR PLACES THAT YOU HAVE LIVED FOR THE PAST 10 YEARS. (BEGIN WITH YOUR CURRENT ADDRESS) Include all duty stations and places of temporary residence.

	From month/year	To month/year	Address	City	State	Country
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____
g.	_____	_____	_____	_____	_____	_____
h.	_____	_____	_____	_____	_____	_____
i.	_____	_____	_____	_____	_____	_____
j.	_____	_____	_____	_____	_____	_____
k.	_____	_____	_____	_____	_____	_____

27. YES NO Have you ever been evicted or asked to move from any place where you have lived?

28. YES NO Have you ever caused any problems for any apartment management or landlord?

29. YES NO Have you ever been late in payment of rent?

30. YES NO Have you ever broken a lease agreement?

Use space below for any explanations:

EDUCATION

Elementary School

Name	City	State	Grades	Dates/Years Attended
a.	_____			
b.	_____			
c.	_____			

Middle School

Name	City	State	Grades	Dates/Years Attended
a.	_____			
b.	_____			
c.	_____			

High School

Name	City	State	Grades	Dates/Years Attended
a.	_____			
b.	_____			
c.	_____			

31. YES NO Did you graduate from high school with a diploma?

If you did not graduate, please explain

32. YES NO Did you receive a GED?

Date of GED ___/___/___ **Place GED Obtained** _____

COLLEGE OR UNIVERSITIES

33. YES NO Are you presently attending college?

What is your current major? _____

Colleges attended	City/State	Hrs. earned	Dates/Years Attended	GPA
a.	_____			
b.	_____			
c.	_____			

Degree & Major	College	Dates/Years Attended	GPA
a.	_____		
b.	_____		
c.	_____		

34. YES NO Do you plan on completing your degree?
If yes, please give estimated date of completion _____

List other schools and training (ie. Business schools, Military, Vocational etc.) with dates attended, location of schools and subjects studied.

Name	City	State	Dates/Years Attended
a.	_____		
b.	_____		
c.	_____		

**35. YES NO Have you ever been suspended from school?
If yes, please give dates, schools and reason for suspension:**

**36. YES NO Have you ever been expelled from school?
If yes, please give dates, schools and reason for expulsion:**

**37. YES NO Have you ever been placed on academic probation?
If yes, please give dates, schools, and reason for probation:**

Please list any awards, honors or scholarships related to your education, work or dedication to public service.

List any special licenses you hold: (Ie: Pilot, Radio Operator, Scuba, Concealed Handgun Permit)

	Type	Licensing Authority	Issue Date	Expiration Date
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

PRIOR MILITARY

38. YES NO Did you register for the draft at age 18?

39. YES NO Have you ever been in the military?

IF YOU CIRCLED YES TO THE ABOVE QUESTION COMPLETE BELOW

ACTIVE DUTY SERVICE

Branch _____ Rank _____ Grade _____ Dates _____

FOR RESERVES

Branch _____ Rank _____ Grade _____ Dates _____

Are you presently serving Active Duty, Reserves or National Guard? _____

INFORMATION FOR LAST DUTY ASSIGNMENT

Base Name _____

Base Address _____

City	State	Zip	Country
------	-------	-----	---------

Supervisor's Name _____

Contact number _____ E-mail _____

Please describe your reserve obligation and tenure if any

What has been your primary assignments and / or duties in the Military?

What type of discharge did you receive? _____

Date of Separation ____/____/____

- 40. YES NO Have you ever been rejected for any branch of the military?
- 41. YES NO Have you ever been the subject of any military investigation?
- 42. YES NO Were you ever given company punishment or disciplined while in the military?(Article 15 or Captain's Mast)

If yes, please provide the following:

<u>CHARGE</u>	<u>DATE</u>	<u>AGE</u>	<u>DISPOSTION</u>
---------------	-------------	------------	-------------------

- a. _____
- b. _____
- c. _____

- 43. YES NO While in the service, were you ever AWOL or on unauthorized absence?
- 44. YES NO Were you ever confined to the brig or guardhouse?
- 45. YES NO Have you ever had an accident while in the military whether reported or not?
- 46. YES NO Were you ever reduced in rank?
- 47. YES NO Were you ever given a court martial?
- 48. YES NO Did you ever sell anything on the black market?
- 49. YES NO Were you discharged prior to the end of your tour of duty?
- 50. YES NO Could you have re-enlisted if you wanted to?

Use space below for any explanations:

FOREIGN LANGUAGE

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
(exc/good/fair)	(exc/good/fair)	(exc/good/fair)	(exc/good/fair)	(exc/good/fair)

- a. _____ / _____ / _____ / _____ / _____
- b. _____ / _____ / _____ / _____ / _____
- c. _____ / _____ / _____ / _____ / _____

Please list any special skills, talents, or qualifications that you possess as well as any machines or equipment that you are able to operate. (Ex: short wave radio, key punch, computer, transcribing machine, scientific devices or professional devices.)

51. YES NO Do you type?
Approximately how many words per minute? _____

52. YES NO Do you take shorthand?
Approximately how many words per minute? _____

DRIVING

Please list any and all operator's licenses that you may have had since the age of 15, either in the US or any foreign country.

	STATE	LICENSE #	CLASS	DATE EXP.	RESTRICTIONS
a.	_____	/ _____	/ _____	/ _____	/ _____
b.	_____	/ _____	/ _____	/ _____	/ _____
c.	_____	/ _____	/ _____	/ _____	/ _____

What is the address on your current drivers' license?

53. YES NO Is this address current? If no, please explain

54. YES NO Have you ever been denied a license?

Use space below for any explanations:

**55. YES NO Has your drivers license ever been suspended or revoked?
If yes, please give dates along with a brief explanation**

**56. YES NO Have you ever driven a vehicle when you knew that your license was suspended?
Please give approximate dates and reason.**

57. YES NO Do you own or lease an automobile, truck, motorcycle, or boat?

Please list the following on your vehicles:

Year	Make	Model	LP #	LP State
-------------	-------------	--------------	-------------	-----------------

a. _____

b. _____

c. _____

58. YES NO Have you ever been a participant in a “drag race”?

59. YES NO Have you ever been an observer at a “drag race”?

INSURANCE INFORMATION

Company Name	Vehicle Insured	Type Of Coverage
---------------------	------------------------	-------------------------

a. _____

b. _____

c. _____

60. YES NO Have you ever been refused automobile insurance?

If yes, please give details.

Use space below for any explanations:

**61. YES NO Have you ever had your insurance cancelled or revoked?
If yes, please explain giving details, dates and names of insurance
companies.**

**How many citations (PARKING, WARNING, MOVING OR NON MOVING) have
you received in the last:**

Eighteen (18) months_____Thirty six (36) months_____Lifetime_____

PLEASE LIST ALL CITATIONS: (include deferred, dismissed & defensive driving)

	DATE	AGENCY	CHARGE	DISPOSITION
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____

*****Please attach a page if you need additional space**

**How may accidents (INVESTIGATED OR NOT INVESTIGATED BY POLICE
REGARDLESS OF FAULT) that you have had as a DRIVER in the last:**

Eighteen (18) months_____Thirty six (36) months_____Lifetime_____

PLEASE LIST ALL ACCIDENTS

DATE	AGENCY	AT FAULT	CITATION ISSUED
a. _____		Y / N _____	_____
b. _____		Y / N _____	_____
c. _____		Y / N _____	_____
d. _____		Y / N _____	_____
e. _____		Y / N _____	_____

- 62. YES NO Have you ever committed a hit an run accident, regardless of the severity of damage?
- 63. YES NO Do you have any unpaid parking or traffic citations at this time?
- 64. YES NO Have you ever driven a vehicle/boat after you had been drinking an alcoholic beverage?
If yes, please give details (how much, how many times, last time/date)
- 65. YES NO Have you ever driven a vehicle/boat in your opinion when you should not have, or when you felt you were intoxicated, due to the introduction of alcohol into your system?
If yes, please give details (how much, how many times, last time/date)
- 66. YES NO Have you ever driven a vehicle/boat while you were under the influence of an illegal drug, narcotic, or controlled substance (legal or not)? If yes, please give details (what narcotic, how many times, last time/date)
- 67. YES NO Have you ever been involved in an accident after you had been drinking an alcoholic beverage?
- 68. YES NO Have you ever been involved in an accident while you were under the influence of a narcotic (legal or not)?

Use space below for any explanations:

EMPLOYMENT

Begin with you current job, list all jobs that you have ever had including military, part-time, temporary, seasonal, and periods of unemployment. If you were a student between periods of unemployment list this information as well. Attach a separate page if you need additional space.

CURRENT JOB

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK ? _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK ? _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK ? _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK ? _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___
BUSINESS NAME _____
BUSINESS ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE NUMBER _____ **FAX NUMBER** _____
JOB TITLE _____ **SALARY/HOURLY** _____
HOW MANY HRS. PER WEEK ? _____ **WHAT SHIFT/HOURS** _____
SUPERVISOR'S NAME _____ **PHONE** _____
CO-WORKER'S NAME _____ **PHONE** _____
DESCRIPTION OF DUTIES _____
WHY DID/WOULD YOU LEAVE? _____
HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___
BUSINESS NAME _____
BUSINESS ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
TELEPHONE NUMBER _____ **FAX NUMBER** _____
JOB TITLE _____ **SALARY/HOURLY** _____
HOW MANY HRS. PER WEEK _____ **WHAT SHIFT/HOURS** _____
SUPERVISOR'S NAME _____ **PHONE** _____
CO-WORKER'S NAME _____ **PHONE** _____
DESCRIPTION OF DUTIES _____
WHY DID/WOULD YOU LEAVE? _____
HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK ? _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

DATES EMPLOYED FROM ___/___/___ **TO** ___/___/___

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

JOB TITLE _____ **SALARY/HOURLY** _____

HOW MANY HRS. PER WEEK _____ **WHAT SHIFT/HOURS** _____

SUPERVISOR'S NAME _____ **PHONE** _____

CO-WORKER'S NAME _____ **PHONE** _____

DESCRIPTION OF DUTIES _____

WHY DID/WOULD YOU LEAVE? _____

HOW MUCH NOTICE GIVEN UPON LEAVING _____

PLEASE CIRCLE YES OR NO

69. YES NO Have you ever resigned from a job to keep from being fired?
70. YES NO Have you ever been asked to resign from a job?
71. YES NO Have you ever been fired from a job?
72. YES NO Have you ever been told that your job assignment was being changed due to problems you were having in completing your duties?
73. YES NO Have you ever claimed to be injured or disabled when you were not?
74. YES NO Have you ever filed a complaint against an employer?
75. YES NO Have you ever borrowed any money from any business owner and failed to pay it back?
76. YES NO Have you ever called in sick when you were not ill?
What is the # of times that you have used sick leave when you were not actually sick? _____
What did you do on those days? _____
77. YES NO Have you ever filed a lawsuit against an employer either past or present?
78. YES NO Have you ever damaged an employer's property for revenge?
79. YES NO Have you ever attempted in any way to get revenge against a past or present employer?
80. YES NO Have you ever failed to report to work without contacting your employer? How many times? _____ Please explain: _____
81. YES NO Have you ever caused problems, or asked someone to cause problems, as a customer of any business?
82. YES NO Have you ever walked off a job because you were angry?
83. YES NO Have you ever walked off a job because of pressure?
84. YES NO Have you ever quit a job without 2 weeks notice? Please explain: _____
85. YES NO Have you ever been reprimanded for reporting late to work?
How many times _____
If you are late, on an average how many minutes? _____
Please explain: _____
86. YES NO Have you ever taken any money, merchandise, materials, uniforms or tools from where you work or have worked without direct permission?
PLACE(S) _____
DATES(S) _____
ITEM(S) _____
VALUE OF EACH _____
87. YES NO Do you still have the items listed above?
88. YES NO Have you ever taken part in a theft with another employee?
89. YES NO Have you ever had knowledge that another employee was stealing or being dishonest and not acted upon it?
90. YES NO Have you ever witnessed an employee steal, take or destroy anything from work?

- 91. YES NO Have you ever submitted a falsified expense report?
- 92. YES NO Have you ever charged any item or material to a business charge account that was not business related?
- 93. YES NO Have you ever submitted an untruthful statement in order to obtain unemployment benefits?
Number of times _____
- 94. YES NO Have you ever been denied unemployment benefits?
- 95. YES NO Have you ever claimed that you worked more hours than you actually worked?
- 96. YES NO Have you ever violated a company policy knowing that you were doing so?
- 97. YES NO Do you get along with co-workers?
- 98. YES NO Do you usually get along with employers?
- 99. YES NO Have you ever claimed to be working, and getting paid, when you were not doing actually doing the job you were paid to do?
- 100. YES NO Have you ever consumed alcoholic beverages at work?
- 101. YES NO Have you ever consumed any form of an illegal substance at work?
- 102. YES NO Have you ever committed an undetected act while working, which if detected would result in disciplinary action?

Use space below for any explanations:

PRIOR POLICE

List all Law Enforcement agencies you have applied with including City, County, State, and Federal.

	AGENCY	POSITION	DATE APPLIED	DISPOSITION
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

***Please attach a page if you need additional space

- 103. YES NO Have you ever attempted by word or action to cause someone to believe that you were a police officer other than when employed as a certified officer?
- 104. YES NO Have you ever been employed in the law enforcement field?
In what capacity? _____
- 105. YES NO While on duty in your official capacity as a security guard, jailer, prison guard, police officer, or military police officer, have you made any derogatory, slanderous or libelous statements toward an individual or group of individuals based on their race, color, religious belief or sexual preference?
- 106. YES NO As a security guard, jailer, prison guard, police officer, or military police officer have you ever violated the civil rights of any person?
- 107. YES NO Have you used deadly force against anyone?
- 108. YES NO While on duty, have you ever discharged your duty firearm other than as a part of a training exercise?
- 109. YES NO While off duty, have you ever discharged your firearm other than during a practice session or hunting?
- 110. YES NO Have you ever had your peace officer, jailer, or security license revoked or denied by final order?
- 111. YES NO As a peace officer, jailer or security guard, have you ever had a voluntary surrender of license or suspension in effect?
- 112. YES NO Are you currently under investigation for excessive use of force issues or Civil rights violations or similar investigation at this time?
- 113. YES NO Are you currently or have you ever been a party to a law suit involving allegations of excessive force, wrongful death or civil rights violations?
- 114. YES NO Have you ever watched another security guard, jailer, prison guard, police officer or military police officer commit any type of criminal offense and not reported that officer to the proper authorities or supervisors?
- 115. YES NO Have you ever watched another security guard, jailer, prison guard, police officer or military police officer violate the civil rights of another person and not report it to the proper authorities?
- 116. YES NO Have you ever committed an undetected act, which if discovered, may have resulted in disciplinary or criminal action taken against you?
- 117. YES NO Have you ever solicited or attempted to solicit money or material objects in return for not enforcing the law?

Use space below for any explanations:

118. YES NO Have you ever accepted money or material objects in return for not enforcing the law?

119. YES NO Have you ever made a false statement in any type of report?

120. YES NO Have you ever committed any type of crime while an officer?

121. YES NO Have you ever been accused of hurting a person?

122. YES NO Have you ever been disciplined while an officer?

If yes, how many times _____ what type _____

123. YES NO Have you ever made a false statement under oath?

124. YES NO Have you ever slept on duty?

Number of times _____ for what reason _____

125. YES NO Have you ever filed a resisting arrest charge? How many _____

126. YES NO Have you ever been classified as ineligible for re-hire by a former police department?

127. YES NO Have you ever had any type of unauthorized physical or sexual contact while on duty?

128. YES NO Have you ever used marijuana, illegal drugs, or narcotics while you were on duty or employed as an officer?

129. YES NO Have you ever committed any undetected act, if it were to be discovered would result in disciplinary action?

Use space below for any explanations:

FINANCIAL STATUS

130. YES NO Do you have any income from a source other than your present principal occupation? If yes, please list below:

SOURCE _____

AMOUNT _____

FREQUENCY _____

**131. YES NO Do you own any real property other than your primary residence?
If yes, please list:**

Type of property	Location of property	Value / Payment
------------------	----------------------	-----------------

1. _____

2. _____

132. YES NO Do you own a home? If yes, please list:

MORTGAGE AMOUNT _____ **PAYMENT AMOUNT** _____

NAME OF MORTGAGE COMPANY _____

ACCOUNT NUMBER _____

NAME ON MORTGAGE _____

PROPERTY INSURANCE CO. NAME _____

AMOUNT OF ANNUAL PREMIUM _____

133. YES NO Do you rent? If yes, what is your monthly rent? _____

134. YES NO Is the apartment/house you are renting furnished?

135. YES NO Do you pay utilities?

136. YES NO Are your utilities in your name?

137. YES NO Do you own any bonds?

If yes, please state the value _____

138. YES NO Do you own any stock?

If yes, please state the value _____

Use space below for any explanations:

Financial Accounts:

Name of your bank _____

Address of bank _____

	City	State	Zip	Country
Checking Account #	_____	_____	_____	_____
Savings Account #	_____	_____	_____	_____

Name of your bank _____

Address of bank _____

	City	State	Zip	Country
Checking Account #	_____		current balance	_____
Savings Account #	_____		current balance	_____

Name of your bank _____

Address of bank _____

	City	State	Zip	Country
Checking Account #	_____		current balance	_____
Savings Account #	_____		current balance	_____

139. YES NO Have you ever had any delinquent credit?

If so with whom _____

Amount _____

When _____

140. YES NO In your opinion do you have good credit at this time?

141. YES NO Have you ever considered filing for bankruptcy?

142. YES NO Have you ever filed for bankruptcy? If yes, please explain:

Date filed _____ Type filed _____

Date of disposition _____

Use space below for any explanations:

List the following information for companies, individuals or others to whom you are indebted and the extent of your debt to each. Also list loans that you are a co-signer on.

	Name Of Creditor	Type of Of Account	Amount Owed	Monthly Payment
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____
j.	_____	_____	_____	_____

Please use an additional sheet if more entries are needed

143. YES NO Have you ever been refused credit from a bank?

If yes, when _____

Which bank _____

What reason _____

144. YES NO Have you ever been refused credit from a store?

If yes, when _____

What store _____

What reason _____

145. YES NO Have you ever had any repossessions?

If yes, please explain _____

Use space below for any explanations:

REFERENCES:

Please list 5 persons who you know well enough to provide current information. Also provide the information for a person that you consider to be your best friend. **DO NOT** list relatives or former employers. Your best friend can not be listed as one of the 5 references.

BEST FRIEND REFERENCE

Last	First	Middle
------	-------	--------

Date of Birth ___/___/___ Age _____ How long have you known: _____

Residence _____

City	State	Zip
------	-------	-----

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Place of employment _____ Occupation _____

Address of employment _____

City	State	Zip
------	-------	-----

REFERENCE #1

Last	First	Middle
-------------	--------------	---------------

Date of Birth ___/___/___ Age _____ How long have you known: _____

Residence _____

City	State	Zip
-------------	--------------	------------

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Place of employment _____ Occupation _____

Address of employment _____

City	State	Zip
-------------	--------------	------------

REFERENCE #2

Last	First	Middle
-------------	--------------	---------------

Date of Birth ___/___/___ Age _____ How long have you known: _____

Residence _____

City	State	Zip
-------------	--------------	------------

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Place of employment _____ Occupation _____

Address of employment _____

City	State	Zip
-------------	--------------	------------

REFERENCE #5:

Last **First** **Middle**

Date of Birth ___/___/___ **Age** _____ **How long have you known:** _____

Residence _____

City **State** **Zip**

Home Phone _____ **Cell Phone** _____

Work Phone _____ **E-mail** _____

Place of employment _____ **Occupation** _____

Address of employment _____

City **State** **Zip**

FOREIGN TRAVEL:

DATE FROM	DATE TO	COUNTRY VISITED	PURPOSE
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

ORGANIZATION	SOCIAL/FRATERNAL	OFFICE HELD	DATES
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

HOBBIES AND SPORTS:

TYPE	HOW LONG	PROFICIENCY LEVEL
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

CRIMINAL ACTIVITIES

146. YES NO Have you ever been detained by the police for anything other than as a witness or on a traffic stop?

147. YES NO Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency?

	AGENCY	CHARGE	DATE	DISPOSITION
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

148. YES NO Have you ever been convicted, placed on probation or given deferred adjudication for any Arrest(s)?

	AGENCY	CHARGE	DATE	DISPOSITION
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

Use space below for any explanations:

Have you ever been involved in any way in any of the following WHETHER ARRESTED OR NOT? (Circle the appropriate response)

- | | | | | | |
|-----|----|---|-----|----|---------------------------------|
| YES | NO | Murder | YES | NO | Kidnapping |
| YES | NO | False Imprisonment | YES | NO | Fighting in public |
| YES | NO | Injury to a child | YES | NO | Injury to the elderly |
| YES | NO | Terroristic Threat | YES | NO | Violate protective order |
| YES | NO | Criminal Non-support | YES | NO | Criminal Mischief |
| YES | NO | Robbery | YES | NO | Burglary |
| YES | NO | Unauthorized use of vehicle | YES | NO | Theft |
| YES | NO | Forgery | YES | NO | Theft of a motor vehicle |
| YES | NO | Disorderly conduct | YES | NO | Perjury |
| YES | NO | Riot | YES | NO | Harassment |
| YES | NO | Public Intoxication | YES | NO | Violated a persons civil rights |
| YES | NO | Abuse of a Corpse | YES | NO | Cruelty to Animals |
| YES | NO | Theft of Utilities | YES | NO | Organized criminal activity |
| YES | NO | Intoxicated Assault | YES | NO | Keeping a gambling place |
| YES | NO | Credit Card Abuse | YES | NO | Unlawful Carry Weapon |
| YES | NO | Use of glue or aerosol as an intoxicant | | | |

Have you ever committed any of the following acts?

- | | | |
|-----|----|---|
| YES | NO | Indecent Exposure |
| YES | NO | Public lewdness (sexual act in a public place) |
| YES | NO | Urinating in Public |
| YES | NO | Any sexual act on the job |
| YES | NO | Masturbation on the job |
| YES | NO | Any sexual act with a human corpse |
| YES | NO | Sexual Assault |
| YES | NO | Sexually explicit “prank” phone calls |
| YES | NO | Sexual contact with a sleeping, drugged or unconscious person |
| YES | NO | Sexual act with a child (person under the age of 17) |
| YES | NO | Sexual act with a person that had a mental or physical handicap |
| YES | NO | Solicitation of prostitution (sex for money or item of value) |
| YES | NO | Prostitution |
| YES | NO | Window peeping (voyeurism) |

Please give details on any items that are circled “YES”, dates, times locations and circumstances. If referring to theft, be specific with items of value taken itemized with dates and values.

Have you ever possessed, used, transported, manufactured or sold any item below?

- YES NO Illegal firearm, knife or weapon**
- YES NO automatic weapon**
- YES NO Explosive Weapon**
- YES NO Illegal club**
- YES NO Armor piercing ammunition**
- YES NO Chemical weapons**
- YES NO hoax bomb/components of explosive device**
- YES NO firearm silencer**
- YES NO Illegal ammunition**

- 149. YES NO Have you ever run from or attempted to elude a police officer either on foot or in a vehicle?**
- 150. YES NO Have you ever illegally entered onto or into the property, house, building or a vehicle of another when you did not have permission to do so?**
- 151. YES NO Have you ever assaulted (struck, pushed, or hit) anyone, including a family member, roommate or partner?**
- 152. YES NO Have you ever requested, suggested or received money or anything of value from a person as a gift to thank you for your protection or for not harassing or hurting them?**
- 153. YES NO Have you ever viewed, purchased, possessed, manufactured or distributed child pornography?**
- 154. YES NO Have you ever owned, operated or participated in the operation of a “Web Site” that depicted child pornography, nudity and/or sexual acts?**
- 155. YES NO Do you have a “My Space” page? If yes what is the name you have it under and when did you establish it? _____**
- 156. YES NO Have you ever purchased, sold or furnished any alcoholic beverage to a person that you knew to be under 21 years of age?**
- 157. YES NO Have you ever testified before a grand jury?**
- 158. YES NO Have you ever illegally sold or attempted to sell government information or secrets?**

If you circled yes to any of the above, please explain:

159. YES NO Have you ever taken anything from a store without paying? (No matter what your age) If yes, please list items and value.
160. YES NO Have you ever changed or altered the price tags on any merchandise?
161. YES NO Have you ever used a credit card without the owner's permission?
162. YES NO Have you ever converted government property to your own use or sold it? If yes, please list items and value.
163. YES NO Have you ever taken a "joy ride" in a stolen vehicle?
164. YES NO Have you ever entered a vehicle (not your own) and taken anything out of it?
165. YES NO Have you ever used a vehicle without the permission of the owner?
166. YES NO Have you ever been present when someone committed a crime?
167. YES NO Have you ever committed any Criminal Mischief offenses?
168. YES NO Have you ever entered a house or a building with the intent of hurting someone or stealing any property?
169. YES NO Have you ever suggested to anyone that you might be able to protect them from harm if they paid you?
170. YES NO Have you ever received any money or item of value from a person as a gift to thank you for your protection?
171. YES NO Have you ever worked as a body guard?
172. YES NO Have you ever forged any checks or prescriptions?
173. YES NO Have you ever been married to more than one person at the same time? This would include common-law marriages.
174. YES NO Have you ever taken part in an act of civil disobedience?
175. YES NO Have you ever committed any criminal act that went undetected by any law enforcement entity?

Use space below for any explanations for "YES" answers:

DRUG USAGE:

Under the laws in the State of Texas it is a criminal offense to possess, use, buy, sell or trade a dangerous drug and controlled substance. Usage refers to any form of introducing the substance into your body's system. This includes terms like "experimentation", "trying", or "taking a hit".

			Times used	Last date used
YES	NO	Marijuana	_____	_____
YES	NO	Hashish	_____	_____
YES	NO	Amphetamines	_____	_____
YES	NO	Methamphetamines	_____	_____
YES	NO	"speed"	_____	_____
YES	NO	Cocaine	_____	_____
YES	NO	Crack-cocaine	_____	_____
YES	NO	LSD-"Acid"	_____	_____
YES	NO	Ecstasy "X"	_____	_____
YES	NO	PCP "Angel Dust"	_____	_____
YES	NO	Mescaline "Peyote"	_____	_____
YES	NO	"4 Bars"	_____	_____
YES	NO	"Cheese"	_____	_____
YES	NO	Tranquilizers (non prescribed)	_____	_____
YES	NO	Methadone	_____	_____
YES	NO	Steroids	_____	_____
YES	NO	Heroin	_____	_____
YES	NO	Psilocybin	_____	_____
YES	NO	Mushrooms	_____	_____
YES	NO	Morphine	_____	_____
YES	NO	Codeine	_____	_____
YES	NO	Opiates	_____	_____
YES	NO	Barbiturates	_____	_____
YES	NO	Methadone	_____	_____
YES	NO	GHB	_____	_____

176. YES NO Have you ever used any other illicit drug, controlled substance or dangerous drug not listed above. If yes, list the drug, the number or times used and when last used:

Type of Drug	Times used	Last Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

177. YES NO Have you ever sold or provided any illicit drugs, controlled substance, dangerous drugs, or marihuana whether listed above or not to anyone? If yes, please explain:

Type of Drug	Sold or Provided	Number of times

178. YES NO Have you ever used glue, paints, Freon, or petroleum products to get high? If yes, please explain:

Type of Drug	Number of times	Last time used

179. YES NO Have you ever bought an illicit drug, controlled substance, dangerous drugs or marijuana? If yes, please explain:

Type of Drug	Number of times	Last time bought

180. YES NO Have you ever been present when someone else was buying, selling or using drugs? If yes, please explain:

Type of Drug	Number of times	Last time

181. YES NO Have you ever possessed, transported, or purchased any precursor chemicals or any chemical laboratory glassware or apparatus used in the manufacturing of any controlled substance or dangerous drugs? If yes, please explain:

Item	Number of times	Last time

182. YES NO Have you ever used a prescription that was prescribed for another person? If yes, please explain:

Prescription	Number of times	Last time

Use space below for any explanations for “YES” answers:

183. YES NO Have you ever lied to a doctor in order to obtain prescriptions such as valium or pain killers? What drug _____ When: _____
184. YES NO Have you ever taken a prescription more than the prescribed amounts? What drug _____ When: _____
185. YES NO Have you ever grown marijuana?
186. YES NO Have you ever grown mushrooms?
187. YES NO Have you ever had an illegal injection?
188. YES NO Have you ever operated a vehicle after using any of the above illicit drugs, controlled substances, dangerous drugs, or marijuana?

If yes, please explain:

Type of Drug	Number of times	Last time
_____	_____	_____
_____	_____	_____

189. YES NO Have you ever been involved, or assisted anyone, in the smuggling or transportation of any illegal contraband (drugs, chemicals for drug manufacturing, money, weapons etc...), persons or property for any illegal purpose? If yes, please explain:

Use space below for any explanations for “YES” answers:

SUBVERSIVE ORGANIZATIONS AND ACTIVITIES

190. YES NO Are you now or have you ever been a member of a Fascist organization?
191. YES NO Are you now or have you ever been a member of a terrorist cell or organization?
192. YES NO Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted that policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?

193. YES NO Are you now associating with, or have you associated with any individuals, including relatives who you know or have reason to believe are or have been members of any of the organizations described above?

194. YES NO Have you ever engaged in any activities for an organization of the type described above, made contribution(s) to, attended or participated in any social, or other activities of said organizations, or of any projects sponsored by them, including the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced or published, by them or any of their agents?

If you answered yes to any of the above 5 questions, please attach an additional page with a full detailed statement. If associated with any of these organizations, please specify nature and extent of association with each, including office or position held. Also, include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

195. YES NO Have you ever made money from placing a bet with a bookmaker?

196. YES NO To your knowledge, has any member of your family (or your spouse's family) been a member of, or associated with any subversive or militant organization or group?

197. YES NO Have you ever associated with a person who advocated the overthrow of the government?

198. YES NO Have you ever wanted to overthrow this form of government by force or violence?

199. YES NO Have you ever knowingly attended such group's meetings?

200. YES NO Have you ever been refused a security clearance by the government?

201. YES NO Have you ever violated a government security clearance?

202. YES NO Have you ever sold or attempted to sell government information?

203. YES NO Have you ever been a member of any campus militant organization?

204. YES NO Have you ever been a member of any street gang?

205. YES NO Have you ever attended a street gang activity or street gang gathering?

206. YES NO Have you ever been a member of any other criminal organization?

207. YES NO Have you ever carried a weapon without the proper permit?

208. YES NO Have you ever bought, sold, traded or possessed erotic images of children?

209. YES NO Have you ever taken erotic pictures of children?

210. YES NO Have you ever viewed images of child pornography on the internet?

Use space below for any explanations for "YES" answers:

- 211. YES NO Have you ever illegally gained access to a computer that you were not authorized to enter?
- 212. YES NO Without the permission of the owner, have you ever used the password of another person to gain access to a secure computer, web site or other electronic device?
- 213. YES NO Have you ever set any item, regardless of value or ownership, on fire; for personal reasons, profit, revenge, self-gratification, pleasure or fun?
- 214. YES NO Do you have any personal contacts, family or friends that are involved in any criminal activities now?
- 215. YES NO Have you ever or are you currently friends with anyone that is a felon?
- 216. YES NO Have you ever lived with a felon?
- 217. YES NO Have you ever bought anything that you suspected was stolen?
- 218. YES NO Do you currently possess any property that you believe may have been stolen?
- 219. YES NO Have you ever participated in any money laundering operations?
- 220. YES NO Have you ever worked for any illegal book making organization?
- 221. YES NO Have you ever been a paid or unpaid police informant?
- 222. YES NO Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?
If yes, please explain:

- 223. YES NO Do you have a relative or spouse currently employed with the city of Irving? If so, please give the following:
 Name _____
 Relationship _____
 Department _____
 Contact number _____
 e-mail _____

Please list any comments that you would care to make concerning your background or qualifications in relation to the law enforcement profession.

CERTIFICATE

I represent and warrant the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief. In order that the officials of the City of Irving Police Department may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage which occurs as a result of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from eligible register or discharge during or after probation. I further acknowledge that I am aware that once submitted, this application and any other records submitted become the property of the City of Irving.

Signature of Applicant _____

Date Submitted _____

The following documents must be included if you are applying for Police Officer:

1. Military Form DD214
2. Certified High School Transcript or copy of your GED ***
3. Certified college and university transcripts ***
4. Certified Copy of Birth Certificate ***
5. Final Disposition on Arrests ***
6. Final Disposition of Citations ***
7. Copy of Marriage License (s)
8. Copy of Divorce Decree
9. Copy of Naturalization Papers
10. Copy of Drivers License, Insurance, & Social Security

**** These documents may be mailed directly to the Irving Police Department address listed on page (1) of this personal history statement.*

The following documents must be included if you are applying for a civilian position:
(NOT POLICE OFFICER)

1. High School Transcript or a copy of your GED ***
2. Certified Copy of Birth Certificate
3. Copy of Drivers License, Insurance, & Social Security Card
4. Military Form DD214

**** These documents may be mailed directly to the Irving Police Department address listed on page (1) of this personal history statement.*

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

