

**CITY OF BENBROOK
POLICE DEPARTMENT**

POLICE OFFICER

PERSONAL HISTORY STATEMENT

APPLICANT _____

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

WORK HOURS _____

MAY WE CALL YOU AT WORK DURING BUSINESS HOURS _____

E-MAIL ADDRESS: _____

INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

THESE INSTRUCTIONS ARE PROVIDED AS A GUIDE TO ASSIST YOU IN PROPERLY COMPLETING YOUR PERSONAL HISTORY STATEMENT. IT IS ESSENTIAL THAT THE INFORMATION BE ACCURATE IN ALL ASPECTS. IT WILL BE USED AS THE BASIS FOR A BACKGROUND INVESTIGATION THAT WILL DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.

1. Your Personal History Statement must be hand printed and filled out by you personally and by no other person. DO NOT type or have anyone else fill out this form for you. The original hand printed version of the Personal History Statement must be submitted. Copies of the completed Personal History Statement will not be accepted. Answer all questions to the best of your ability.
2. If a question is not applicable to you enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct information and addresses. If you are not sure of an address, check it by personal verification. Internet services, phone directories and the local library may be helpful for verifications. Zip Codes and area codes must be included for addresses and telephone numbers.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the extra sheets before you continue with your response.
6. Attach copies of all diplomas, transcripts, certificates, training, and DD-214.
7. A complete Personal History Statement will help expedite your background investigation. Any omissions, falsifications, inaccuracies, or incompleteness may result in disqualification from the process.
8. Failure to complete all blanks on the Personal History Statement may result in disqualification from the process.
9. Your Personal History Statement is part of the assessment process. The ability to follow instructions and to prepare neat, accurate, thorough, and legible documents is an integral part of police work, and will be evaluated accordingly.

If you fail to return the Personal History Statement you WILL be removed from the selection process.

The Personal Inquiry Waivers at the back of the application must be signed and notarized prior to returning the application. DO NOT use raised notary seals, use ONLY inked notary seals.

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these documents, indicate the reason in the space at the bottom of this page along with the anticipated date of receipt. Your background investigation may be delayed or your application may be rejected if these documents are not submitted promptly.

- _____ 1. Copy of birth certificate;
- _____ 2. Naturalization papers (if applicable);
- _____ 3. Photocopy of driver's license;
- _____ 4. Copy of high school transcript;
- _____ 5. Photocopy of high school diploma or G.E.D.;
- _____ 6. Copy of college or university transcript (from each school attended);
- _____ 7. Copy of college diploma (if applicable);
- _____ 8. Copy of marriage certificate;
- _____ 9. Copy of divorce decree(s);
- _____ 10. Copy of military discharge papers (DD-214) showing the type of discharge;
- _____ 11. Copy of proof of liability insurance;
- _____ 12. Copy of Social Security card;
- _____ 13. Copies of any training that relates to the position for which you are applying;
- _____ 14. Copies of any TCLEOSE or POST certificates (if applicable); and
- _____ 15. A recent color photograph;
- _____ 16. Letters of reference, certificates of special qualifications, or special licenses.

Personal History Statements will be kept on file for one year. If you move or change telephone numbers, submit the updated information as soon as possible to

**Benbrook Police Department
1080 Mercedes Street
Benbrook, TX 76126**

If for any reason you are unable to submit the required documents, you must contact the Background Investigator. Otherwise, you may be removed from consideration for employment.

Comments:

—

—

—

—

-

-

PERSONAL INFORMATION

FULL NAME		NAME BY WHICH YOU PREFER TO BE ADDRESSED			
ADDRESS					
HOME PHONE	WORK PHONE	CELL PHONE	OTHER PHONE(S)		
PERSONAL EMAIL	WORK EMAIL	OTHER EMAILS USED			
WERE YOU BORN INSIDE THE U.S? Y N	IF NOT, ARE YOU A RESIDENT ALIEN WHO IS ELIGIBLE AND HAS APPLIED FOR CITIZENSHIP? Y N				
PLACE OF BIRTH (city, county, state)		SOCIAL SECURITY NUMBER	DATE OF BIRTH		
DRIVERS LICENSE (number, state)	HEIGHT	WEIGHT	HAIR	EYES	
INDICATE ALL OTHER NAMES YOU HAVE EVER USED (maiden, adoptive, nicknames)					
INDICATE ALL TATTOOS, SCARS, AND OTHER DISTINGUISHING MARKS ALONG WITH RESPECTIVE LOCATIONS					
NAME, ADDRESS, AND CONTACT INFORMATION OF A PERSON WHO CAN ALWAYS REACH YOU					
CIRCLE CURRENT STATUS: SINGLE ENGAGED MARRIED DIVORCED SEPARATED WIDOWED DOMESTIC PARTNER					

COMPLETE THIS SECTION IF YOU ARE MARRIED OR ENGAGED TO BE MARRIED					
OTHER PERSON'S FULL NAME			DATE OF BIRTH	WEDDING DATE	
COMPLETE ADDRESS					
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	OCCUPATION	
OCCUPATION AND EMPLOYER			IF MARRIED, LOCATION OF CEREMONY (city, county, state)		

RELATIVES AND FAMILY HISTORY

<u>COMPLETE THIS SECTION IF YOU ARE WIDOWED</u>		
SPOUSE'S FULL NAME	DATE OF BIRTH	DATE OF DEATH
CAUSE OF DEATH	LOCATION (city, county, state)	

<u>COMPLETE THIS SECTION IF YOU ARE DIVORCED</u>			
FORMER SPOUSE'S FULL NAME		DATE OF BIRTH	WEDDING DATE
COMPLETE ADDRESS			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
OCCUPATION AND EMPLOYER		DATE AND LOCATION OF DIVORCE (city, county, state)	

<u>COMPLETE THIS SECTION IF YOU ARE DIVORCED</u>			
FORMER SPOUSE'S FULL NAME		DATE OF BIRTH	WEDDING DATE
COMPLETE ADDRESS			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
OCCUPATION AND EMPLOYER		DATE AND LOCATION OF DIVORCE (city, county, state)	

List your immediate relatives, starting with children, and stepchildren, then father, mother, stepparents, siblings, including step brothers & sisters and in-laws. If deceased, write DECEASED in the address blank.

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

--	--	--	--

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

FULL NAME / RELATIONSHIP			DATE OF BIRTH
COMPLETE ADDRESS			EMAIL
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION AND EMPLOYER

RESIDENCE

List all residences during the last 15 years. Use complete addresses, including city, state, and Zip Code. Do not use PO Boxes. Begin with your present address and work back. List date by month and year.

PRESENT ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVE	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX AND/OR OWNER'S NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

Have you ever been evicted or asked to leave a residence? Y N

Have you ever left a residence owing rent or payment? Y N

If yes to either, explain.

HIGH SCHOOL

List schools, beginning with any in which you are currently enrolled. List the most recent/last attended first. List all high schools, colleges, universities, technical or trade schools you have attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

NAME OF HIGH SCHOOL AND LOCATION	DATES ATTENDED
NAME OF HIGH SCHOOL AND LOCATION	DATES ATTENDED
NAME OF HIGH SCHOOL AND LOCATION	DATES ATTENDED

COLLEGES, TECHNICAL, AND TRADE SCHOOLS

NAME AND LOCATION OF INSTITUTION			
DATES ATTENDED	MAJOR FIELD OF STUDY	GRADUATED?	TYPE OF DEGREE

NAME AND LOCATION OF INSTITUTION			
DATES ATTENDED	MAJOR FIELD OF STUDY	GRADUATED?	TYPE OF DEGREE

NAME AND LOCATION OF INSTITUTION			
DATES ATTENDED	MAJOR FIELD OF STUDY	GRADUATED?	TYPE OF DEGREE

NAME AND LOCATION OF INSTITUTION			
DATES ATTENDED	MAJOR FIELD OF STUDY	GRADUATED?	TYPE OF DEGREE

NAME AND LOCATION OF INSTITUTION			
DATES ATTENDED	MAJOR FIELD OF STUDY	GRADUATED?	TYPE OF DEGREE

NAME AND LOCATION OF INSTITUTION			
DATES ATTENDED	MAJOR FIELD OF STUDY	GRADUATED?	TYPE OF DEGREE

Describe any special of training or abilities that would be of value to the Benbrook Police Department.

List activities in which you participated in during high school and college (sports, clubs, etc.)

List and describe positions of leadership that you have held.

Awards, commendations, or special recognitions:

WORK HISTORY

Begin with your current or most recent job. List all employment since age 16), including part-time, temporary, or seasonal employment. List dates by month and year. Failure to list any job may terminate your application. Attach extra copies of these sheets if needed.

May we contact your present employer? Y N	Does your present employer know that you are applying for this job? Y N
---	---

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp
COMPLETE ADDRESS (street, city, state, ZIP)			
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)
POSITION / JOB TITLE		DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS? Y N	
DUTIES			
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL			
NAMES AND CONTACT OF TWO CO-WORKERS			
REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp
COMPLETE ADDRESS (street, city, state, ZIP)			
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)
POSITION / JOB TITLE		DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS? Y N	
DUTIES			
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL			
NAMES AND CONTACT OF TWO CO-WORKERS			
REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

EMPLOYER / TYPE OF BUSINESS			Part-time Full-time Temp	
COMPLETE ADDRESS (street, city, state, ZIP)				
PHONE	START DATE	END DATE	SALARY (STARTING – ENDING)	
POSITION / JOB TITLE			DID YOU RECEIVE EMPLOYEE REVIEWS/EVALUATIONS?	
			Y N	
DUTIES				
NAME OF SUPERVISOR, CONTACT INFORMATION, INCLUDE EMAIL				
NAMES AND CONTACT OF TWO CO-WORKERS				
REASON FOR SEPARATION				

Many people have taken things from a place of employment without permission. The items taken may have been cash, merchandise, or property. You may have simply borrowed one of these items and forgotten to return it, given merchandise to another person, or padded your expense account; however, this agency is interested in any incidents of theft or misappropriation from an employer that you may have committed or been involved in.

In the space provided below, list everything you have ever taken which you did not have permission to take. Do not leave anything out, no matter how insignificant you believe it is. Also include the value, the date (as close as possible) the item was taken, and the location where the property was taken from.

ITEM TAKEN	VALUE	DATE	EMPLOYER

Record any period of unemployment since the age of 17. A period of unemployment is any 30-day period in which you were not employed. List dates and reasons for unemployment.

Have you ever been fired, asked to leave, resigned in lieu of termination from a job? If yes, explain. Identify the employer, provide dates, and provide specific details.

Have you ever walked off of a job because you were angry? If yes, explain.

Have you ever quit a job without giving notice? If yes, explain.

Have you ever had any disciplinary action taken against you by any employer? If yes, indicate the employer, the reason, and the action taken.

--

ARE YOU REGISTERED WITH SELECTIVE SERVICE? Y N	REGISTRATION NUMBER
HAVE YOU EVER SERVED IN THE US ARMED FORCES? Y N	HAVE YOU EVER BEEN TURNED DOWN FOR MILITARY SERVICE? Y N

If you have not served, skip this section.

BRANCH	DATES	RANK AT DISCHARGE	TYPE OF DISCHARGE
BRANCH	DATES	RANK AT DISCHARGE	TYPE OF DISCHARGE
BRANCH	DATES	RANK AT DISCHARGE	TYPE OF DISCHARGE
BRANCH	DATES	RANK AT DISCHARGE	TYPE OF DISCHARGE

- | | |
|---|--|
| Y N Did you complete your service time/obligation? | Y N Were you ever given a court martial? |
| Y N Did you ever go AWOL? | Y N Were you discharged prior to the end of your tour of duty? |
| Y N Were you ever given company punishment? | Y N Were you ever awarded a security clearance? |
| Y N Were you ever confined to the brig or guardhouse? | Y N Were you ever disciplined while in the Military? |
| Y N Were you ever reduced in rank? | Y N Were you ever given a Captain's Mast? |
| Y N Were you ever given an Article 15? | Y N Were you ever withheld in rank? |

Are you currently on (circle all that apply) Active Reserve In-Active Reserve National Guard

If you received a discharge under other than honorable conditions, give complete details.

List ALL military discipline

DATE	CHARGES AND DISPOSITION
DATE	CHARGES AND DISPOSITION
DATE	CHARGES AND DISPOSITION
DATE	CHARGES AND DISPOSITION
DATE	CHARGES AND DISPOSITION

SPECIAL QUALIFICATIONS AND SKILLS AND SOCIAL ACTIVITIES

Indicate any relevant or special licenses, training, or qualifications held. Attach copies of certificates.

Indicate past employment, which you think will specifically qualify you for the position for which you have made this application. Describe positions you have held that required supervisory ability, the exercise of authority and leadership.

Indicate any foreign language in which you are proficient and level of proficiency.

Hobbies and sports in which you participate, including level of proficiency

List past and current memberships in groups, associations, or clubs. Include dates and offices held.

If it became necessary to take a human life in the course of your duties as a police officer, could you? Y N
If no, explain.

Do you have a lifestyle that would prevent you from fully performing the duties of a police officer, including working weekends, holidays or evening and night shifts? Y N
If yes, explain.

LEGAL AND DRIVING HISTORY

NOTE: This section pertains not only to your “official” driving record or what you believe will be discovered.

DRIVERS LICENSE NUMBER, STATE, TYPE/CLASS, RESTRICTIONS	OTHER STATES IN WHICH YOU HELD A LICENSE
HOW LONG HAVE YOU BEEN A LICENSED DRIVER?	CITATIONS RECEIVED IN LAST THREE YEARS? _____ LIFETIME? _____

List each and every citation you have received (excluding parking citations) within the past ten years.
List all juvenile and adult incidents:

Offense	City and state (agency)	Date	Disposition

- Y N Have you ever driven a motor vehicle without a valid driver’s license or proper insurance?
- Y N Have you ever had your driver’s license put on probabtion, suspended, or revoked?
- Y N Have you ever been placed as an assigned risk for vehicle insurance?
- Y N Has your insurance ever been revoked due to the number of citations you have received?
- Y N Have you ever knowingly driven while your license was suspended or after it had been revoked?
- Y N Have you ever been denied a driver’s license for any reason?

If yes to any of the above, explain. Include dates and complete details.

Have you ever struck an unattended vehicle and then left without leaving identification? Y N

Have you <u>ever</u> been involved in an accident when you were driving after you had been drinking any type and <u>any amount</u> of alcoholic beverage? If yes, provide details. Y N
--

List all motor vehicle-related accidents and collisions you have been involved in as a driver, regardless of whether they were investigated by a police agency or a report was taken.

Date	Location (city, state)	If investigated, by which agency	Who was at fault?	Injuries

Have you ever committed, been charged with, or convicted of driving while impaired, intoxicated, or under the influence of alcohol or any drug? Y N

Have you ever committed, been charged with, or convicted of hit and run or failure to stop and render aid? Y N

If yes to either of the above, provide details.

Have you ever been involved in any type of lawsuit? Y N

Do you currently have any pending lawsuits? Y N

Have you ever been sued? Y N

Have you ever sued anyone? Y N

If the answer to any of the above questions is yes explain each incident.

Have you or a relative ever had a police response to your residence or another location where you were involved in any type of police related matter? (Exclude incidents related to your actions in the performance of your duties as a police officer.)

Y N

If "yes," give date(s), location(s), reason(s) for police response and explanation to circumstances:

CRIMINAL ACTIVITY/HISTORY

Have you ever been arrested by any law enforcement agency (including traffic offenses)?	Y	N
Have you ever been detained (other than a traffic ticket) by any law enforcement agency?	Y	N
Have you ever been summoned into court for a criminal offense? (other than related to police duties)	Y	N
Have you ever committed any act of assault on any person, (stranger, family member or others)?	Y	N
Have you ever intentionally damaged or destroyed any property belonging to another person?	Y	N
Have you ever entered another's vehicle with intent to commit theft?	Y	N
Have you ever entered another's property, building, home, etc. with the intent to commit theft?	Y	N
Have you been involved in breaking into a coin-operated machine?	Y	N
Have you ever entered onto or stayed on another's property knowing you did not have permission?	Y	N
Have you or your spouse/partner ever been referred to Child Protective Services?	Y	N
Have you ever impersonated a police officer?	Y	N
Have you ever shoplifted?	Y	N
Have you ever changed or altered the price on merchandize?	Y	N
Have you ever falsified or altered identification for any reason?	Y	N
Have you ever engaged in prostitution or solicited a prostitute?	Y	N
Have you ever vandalized property, including "tagging?"	Y	N
Have you ever intentionally filed a false police report?	Y	N
Have you ever solicited a minor, on-line or otherwise?	Y	N
Have you ever forced a sexual act upon anyone?	Y	N
Have you ever committed any sexual act with a minor?	Y	N
Have you ever accessed or possessed child pornography?	Y	N
Have you ever participated in a hate crime?	Y	N
Have you ever committed insurance fraud?	Y	N
Have you ever committed perjury or lied under oath?	Y	N
Have you ever unlawfully possessed an explosive or destructive device?	Y	N
Have you ever engaged in stalking, harassment, blackmail, or extortion?	Y	N
Have you ever possessed a firearm unlawfully?	Y	N
Have you <u>ever</u> been involved in any other misdemeanor not listed above?	Y	N
Have you <u>ever</u> been involved in any other felony not listed above?	Y	N

If the answer to any of the above questions in the preceding page is "YES", explain each and every incident (list juvenile and adult incidents). Note beside each answer the question with which it is associated. Attach additional sheets if necessary.

Held for another Y N Details:

It is important that the department be aware of your past and current ILLEGAL drug usage because as a peace officer you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug use, and you could be asked about your own drug use.

Complete the following chart, indicating the month and year, the maximum number of times, and how you used the drug. If you have never used the particular drug, then check the appropriate NEVER area. List only drugs not prescribed to you that you have used. Use of a prescription drug prescribed to another person's, even though legally prescribed, must be listed.

Substance	First time used month / year	Last time used month / year	Maximum times used	How used	Never used
Marijuana					
Hashish					
PCP					
Angel dst					
THC					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamine					
Biphtamine					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin/PBZ					
Speed					
Inhalants					
Methamphetamine					
Psilocybin (mushrooms)					
Steroids					
Others					

Illegal sexual conduct consists of any form of the following: Engaging in sexual contact in public, where the act could be seen; exposing your anus or any part of your genitals in a public place, where the exposure could be viewed; engaging in sexual contact with a minor; sexual contact with an animal, sexual contact with a member of your family (including step-children) other than your spouse, rape, or sexual assault by force or threat of injury.

Have you ever participated in any form of illegal sexual conduct? If yes, explain.

Y N

FINANCIAL HISTORY

YOUR PRESENT GROSS SALARY OR WAGE		YOUR SPOUSE'S PRESENT GROSS SALARY	
OTHER INCOME: SOURCE	AMOUNT	FREQUENCY	
OTHER INCOME: SOURCE	AMOUNT	FREQUENCY	
OTHER INCOME: SOURCE	AMOUNT	FREQUENCY	

List all vehicles owned, leased, financed, and / or contain your name in the registration.

Make	Model	Year	License plate/state	Owned or leased

_ Insurance carrier (name, complete address, phone

_ Insurance carrier (name, complete address, phone

List all financial obligations you and/or your spouse have, to include, but not limited to monies owed to individuals, companies or others for items such as student loans (including those that are deferred), car loans, rent/mortgage, credit cards, child support payments, charge accounts, personal loans and any other debt or payment, (exclude routine monthly household utility payments, such as phone, gas, electric – unless these payments are in arrears). List all outstanding debts that have not been paid.

Name and address of creditor	Reason for Debt	Account Number	Balance	Monthly Payment	Past Due Y/N
TOTALS					

- Y N Have you ever been delinquent on payments of any loans or charge accounts?
- Y N Have you ever filed bankruptcy?
- Y N Have any of your bills ever been turned over to a collection agency?
- Y N Have you ever had purchased goods repossessed?
- Y N Have your wages ever been garnished?
- Y N Have you ever been delinquent on income or other taxes?
- Y N Have you ever failed to file income tax?
- Y N Have you ever had an employment bond refused?
- Y N Have you ever avoided paying any lawful debt by moving away?
- Y N Have you ever defaulted (failed to pay) a loan?
- Y N Have you ever borrowed money to pay for a gambling debt?
- Y N Have you ever spent money for illegal purposes? (drugs, prostitution, fraudulent documents, etc.)
- Y N Have you ever failed or been late on a court-ordered payment? (child support, alimony, etc)
- Y N Have you written three or more bad checks in a one-year period?

If you answered yes to any of the above, give complete details, including dates.

PERSONAL REFERERENCES AND NEIGHBORS

List at least 5 people who know you well, such as social and family friends, co-workers, and military acquaintances. Do not include relatives, employers, housemates, or other individuals listed elsewhere in this document. Names, addresses, and contact information must be complete, accurate, and current. This includes area and Zip Codes.

FULL NAME / RELATIONSHIP		RELATIONSHIP	YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME / RELATIONSHIP		RELATIONSHIP	YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME / RELATIONSHIP		RELATIONSHIP	YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME / RELATIONSHIP		RELATIONSHIP	YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME / RELATIONSHIP		RELATIONSHIP	YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME / RELATIONSHIP		RELATIONSHIP	YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

List neighbors that live on both sides of your current residence and any others you'd like. If you do not know your neighbors, meet them. This section must be completed.

FULL NAME			YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME			YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME			YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

FULL NAME			YEARS KNOWN
COMPLETE HOME ADDRESS			
OCCUPATION AND EMPLOYER			
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL

<p>If you are unable to provide the names of your next-door neighbors, explain the reason.</p>
--

ALCOHOL CONSUMPTION

- Do you drink alcoholic beverages? If not, skip this section.** **Y N**
- Have you ever had a fight while you were intoxicated?** **Y N**
- Have you been intoxicated in a public place during the last 12 months?** **Y N**
- Have you operated a motor vehicle while consuming alcohol in the last 12 months?** **Y N**
- Have you operated a motor vehicle while intoxicated in the last 12 months?** **Y N**

If you answered yes to any of the above questions, explain, provide dates, locations, and details.

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer? If yes, explain. **Y N**

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, explain . **Y N**

Have you ever been refused a permit or license to carry a firearm? Y N

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, sexual preference, or disability? Y N

Have you, or have you ever had, a tattoo or other marking 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, sexual preference, or disability? Y N

Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? Y N

Have you ever hit or physically overpowered a spouse or romantic partner? Y N

If the answer to any of the above questions is "YES", explain each and every incident (list juvenile and adult incidents). Note beside each answer the question with which it is associated. Attach additional sheets if necessary.

Signature of applicant

Date

BENBROOK POLICE DEPARTMENT

PERSONNEL SECTION CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Benbrook Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential and the department cannot reveal the reason of rejection for those applicants who are not accepted. If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date.

I have read and fully understand the above statement.

Signature of applicant

Date

THE STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE _____ DAY OF _____ 20 ____ .

Notary Public In and For _____ County, Texas.

BENBROOK POLICE DEPARTMENT
1080 Mercedes Street, Benbrook, Texas 76126
Phone (817) 249-1610 Fax (817) 249-4803

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Benbrook Police Department, regardless whether said records and documentation are of a public, private, or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, previous polygraph and psychological records, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the Benbrook Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Benbrook Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

COMPLETE STREET ADDRESS

DRIVER'S LICENSE # AND STATE OF ISSUE

SOCIAL SECURITY #

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____
20____,

NOTARY PUBLIC, _____ COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE

BENBROOK POLICE DEPARTMENT
1080 Mercedes Street, Benbrook, Texas 76126
Phone (817) 249-1610 Fax (817) 249-4803

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Benbrook Police Department, regardless whether said records and documentation are of a public, private, or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, previous polygraph and psychological records, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the Benbrook Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Benbrook Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

COMPLETE STREET ADDRESS

DRIVER'S LICENSE # AND STATE OF ISSUE

SOCIAL SECURITY #

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____
20____,

NOTARY PUBLIC, _____ COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE

BENBROOK POLICE DEPARTMENT
1080 Mercedes Street, Benbrook, Texas 76126
Phone (817) 249-1610 Fax (817) 249-4803

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Benbrook Police Department, regardless whether said records and documentation are of a public, private, or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, previous polygraph and psychological records, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the Benbrook Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Benbrook Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

COMPLETE STREET ADDRESS

DRIVER'S LICENSE # AND STATE OF ISSUE

SOCIAL SECURITY #

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____
20____,

NOTARY PUBLIC, _____ COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE

BENBROOK POLICE DEPARTMENT
1080 Mercedes Street, Benbrook, Texas 76126
Phone (817) 249-1610 Fax (817) 249-4803

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Benbrook Police Department, regardless whether said records and documentation are of a public, private, or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, previous polygraph and psychological records, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the Benbrook Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Benbrook Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

COMPLETE STREET ADDRESS

DRIVER'S LICENSE # AND STATE OF ISSUE

SOCIAL SECURITY #

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____
20____,

NOTARY PUBLIC, _____ COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE