

# Instructions

## **Read these instructions carefully before proceeding**

These instructions are provided as a guide to assist you in properly completing your *Personal History Statement (PHS)*. It is essential that all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility for employment.

1. Your PHS, and any additional explanation pages, should be typed or printed legibly in ink. **Do NOT** print double-sided. Documents submitted in pencil will be returned as unacceptable.
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.
4. **You** are responsible for obtaining correct information (addresses, email accounts, and telephone numbers, etc.) You must supply all requested information to complete your PHS. If you are not sure of an address, check it by personal verification. All requested information must be supplied by you; the Taylor County Sheriff's Office will not be responsible for acquiring information. However, do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.
5. As you complete your PHS, carefully consider each question. It is imperative that you answer each question accurately and thoroughly. Certain responses will prompt you for additional information and you will be required to "explain." When an explanation is requested, a detailed explanation is required for each instance, no matter how insignificant the event was or how long ago it may have occurred. All responses should be attached in one separate document with the explanations in the same order as addressed in the PHS. You must print your name at the top of each page and you must sign at the bottom of each page. Each response must reference the appropriate section of the Personal History Statement and question number before continuing your answer.
6. An accurate and complete Personal History Statement will expedite your background investigation. You will have ample opportunity to explain any issues that are addressed. Intent to deceive, falsify, mislead, or withhold information will result in disqualification.
7. It is your responsibility to have the Personal Inquiry Waiver Form , Confidential Information Agreement Form, and the Certification Page notarized.
8. Please bring your **completed** Personal History Statement booklet to the Taylor County Human Resources Office at the Taylor County Plaza, 400 Oak, Suite 120, Abilene, Texas.
9. Do not submit this document electronically. It is provided in written format for your convenience.
10. If you make it to the interview portion of the hiring process, this booklet will be used for the interviewers to develop questions that will be used to determine if you have been completely and totally truthful in this booklet. Do not falsify, lie, misrepresent, leave out or neglect to mention any information about your background no matter how insignificant you believe it is. You are not expected to be perfect, but you are expected to be honest. **Be completely open and truthful with all your responses.**

# Personal Inquiry Waiver Form Authority to Release Information

I, \_\_\_\_\_, request and authorize you to furnish the **Taylor County Sheriff's Office**, any and all information that you may possess concerning me, including any and all medical, physical, and psychological records or reports. This waiver expressly includes any and all records or reports of a confidential or privileged nature, and photocopies of same, if requested. I authorize full disclosure of all records concerning myself regardless of any agreement I may have made with you previously to the contrary, or any statute or policy that may make these records confidential.

I hereby release you, your organization or others from liability or damage that may result from furnishing the requested information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_, this  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Notary Name

\_\_\_\_\_  
Notary Signature

My Commission expires: \_\_\_\_\_

# Confidential Information Agreement Form

In order to determine your qualifications for this Law Enforcement position, it will be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, psychological evaluation, driving history, credit report, and other confidential documents. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

**I have read the above statement and fully understand its meaning and agree with its provisions.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public for the State of \_\_\_\_\_ this the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My Commission expires: \_\_\_\_\_

# Personal History Statement

*The information provided in this section is used for identification purposes.*

State your true and legal name: \_\_\_\_\_  
First, Middle, Last

Other Names Used: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Any Additional Emails (include active and inactive accounts): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen: YES NO

Place of Birth (include city, county and state): \_\_\_\_\_

Driver's License (include number, state of issuance and expiration): \_\_\_\_\_

Concealed Handgun License (include number, state of issue and expiration): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Scars (describe): \_\_\_\_\_

Tattoos (describe): \_\_\_\_\_

Name by which you prefer to go by: \_\_\_\_\_

Do you have a Social Networking Site: YES NO

List all Social Networking sites that you are a member of (include user names): \_\_\_\_\_

\_\_\_\_\_

# Employment History

Beginning with your present or most recent job, list all jobs you have had, including all part time, temporary, seasonal or volunteer/intern positions. Attach additional pages if necessary. **If you have been terminated or asked to resign, are not eligible for re-hire, or received any type of disciplinary action, explain in detail these circumstances.**

If you need additional pages than those provided in the PHS, print additional pages and insert them in the proper section of the PHS. Ensure you include ALL jobs you have ever held.

**If you are currently employed may we contact your present employer? YES NO**

Check Appropriate Job Description(s):

(Circle one)                  Full          Part          Temp          Seasonal          Volunteer          Intern

1. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Eligible for Rehire? YES NO

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Did you receive job Performance Evaluations? YES NO

Reason for leaving: Resignation Termination Lay-off

Explain: \_\_\_\_\_

Was notice given? YES NO VERBAL WRITTEN

If notice was given, how much? (if less than 2 weeks please explain): \_\_\_\_\_

List at least one Co-Worker: \_\_\_\_\_  
(Name, Phone, Email)

Identify any disciplinary actions you may have received: \_\_\_\_\_

\_\_\_\_\_

# Employment History continued

Check Appropriate Job Description(s):

(circle one)                  Full          Part          Temp          Seasonal          Volunteer          Intern

2. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Eligible for Rehire?    YES    NO

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Did you receive job Performance Evaluations?    YES    NO

Reason for leaving:    Resignation          Termination          Lay-off

Explain: \_\_\_\_\_

Was notice given?    YES    NO          VERBAL    WRITTEN

If notice was given, how much? (if less than 2 weeks please explain): \_\_\_\_\_

List at least one Co-Worker: \_\_\_\_\_  
(Name, Phone, Email)

Identify any disciplinary actions you may have received: \_\_\_\_\_

# Employment History continued

Check Appropriate Job Description(s):

(Circle one)            Full        Part        Temp        Seasonal        Volunteer        Intern

3. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Eligible for Rehire?    YES    NO

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Did you receive job Performance Evaluations?    YES    NO

Reason for leaving:    Resignation        Termination        Lay-off

Explain: \_\_\_\_\_

Was notice given?    YES    NO        VERBAL        WRITTEN

If notice was given, how much? (if less than 2 weeks please explain): \_\_\_\_\_

List at least one Co-Worker: \_\_\_\_\_  
(Name, Phone, Email)

Identify any disciplinary actions you may have received: \_\_\_\_\_

# Employment History continued

Check Appropriate Job Description(s):

(Circle one)                  Full          Part          Temp          Seasonal          Volunteer          Intern

4. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Eligible for Rehire?    YES    NO

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Did you receive job Performance Evaluations?    YES    NO

Reason for leaving:    Resignation          Termination          Lay-off

Explain: \_\_\_\_\_  
\_\_\_\_\_

Was notice given?    YES    NO          VERBAL    WRITTEN

If notice was given, how much? (if less than 2 weeks please explain): \_\_\_\_\_  
\_\_\_\_\_

List at least one Co-Worker: \_\_\_\_\_  
(Name, Phone, Email)

Identify any disciplinary actions you may have received: \_\_\_\_\_  
\_\_\_\_\_



# Employment History continued

Check Appropriate Job Description(s):

(Circle one)            Full        Part        Temp        Seasonal        Volunteer        Intern

5. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Eligible for Rehire?    YES    NO

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Did you receive job Performance Evaluations?    YES    NO

Reason for leaving:    Resignation        Termination        Lay-off

Explain: \_\_\_\_\_

\_\_\_\_\_

Was notice given?    YES    NO        VERBAL        WRITTEN

If notice was given, how much? (if less than 2 weeks please explain): \_\_\_\_\_

\_\_\_\_\_

List at least one Co-Worker: \_\_\_\_\_

(Name, Phone, Email)

Identify any disciplinary actions you may have received: \_\_\_\_\_

\_\_\_\_\_

# Employment History continued

Check Appropriate Job Description(s):

(Circle one)            Full        Part        Temp        Seasonal        Volunteer        Intern

6. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Eligible for Rehire?    YES    NO

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_

Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Did you receive job Performance Evaluations?    YES    NO

Reason for leaving:    Resignation        Termination        Lay-off

Explain: \_\_\_\_\_

Was notice given?    YES    NO        VERBAL        WRITTEN

If notice was given, how much? (if less than 2 weeks please explain): \_\_\_\_\_

List at least one Co-Worker: \_\_\_\_\_  
(Name, Phone, Email)

Identify any disciplinary actions you may have received: \_\_\_\_\_

# Employment Information

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

1. Did you intentionally omit any of your jobs on this Personal History Statement? Yes No
2. Do you, on average, miss as much as one day of work per month? Yes No
3. Have you ever used sick leave without actually being sick? Yes No
4. Have you ever been late or tardy to work for any reason? Yes No
5. In a normal work month, how many times are you late or tardy to work? \_\_\_\_\_
6. Number of days missed from work during the past year: \_\_\_\_\_

Note: For the purposes of this Personal History Statement, termination includes being fired, discharged, dismissed, released, let go and other similar terms; disciplinary action includes being reprimanded, counseled (verbally or in writing), or otherwise put on notice to improve your conduct or performance in the workplace.

7. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:
  - A. Ever been terminated from employment for any reason? Yes No
  - B. Ever resigned in lieu of termination (after being told your employer intended to terminate you)? Yes No
  - C. Ever resigned in lieu of disciplinary action (after being told your Employer intended to take disciplinary action against you)? Yes No
  - D. Ever quit because you suspected you were going to be terminated or disciplined? Yes No
  - E. List all disciplinary action you have EVER received on any job: \_\_\_\_\_  
\_\_\_\_\_
8. While at work and/or during work hours, have you ever:
  - A. Slept? Yes No
  - B. Been involved in any sexual act? Yes No
  - C. Consumed alcohol? Yes No

If you have been terminated, asked to resign from any job, or received discipline on any job complete the following information for each:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ Thru: \_\_\_\_\_

Reason for Dismissal or Disciplinary Action: \_\_\_\_\_

# Periods of Unemployment

1. If you have never held employment, explain why. \_\_\_\_\_

\_\_\_\_\_

2. Record any period of unemployment since graduation from High School (a period of unemployment is any time you did not have a job) If you were a full time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates and list the seasonal jobs in the Employment History Section of this packet.

From: (Month/Year)	To: (Month/Year)	Length	Reason

# Marital and Family History

Check your current status:

**Single**

**Engaged**

**Married**

**Separated**

**Divorced**

**Widowed**

*If you are Engaged:*

Name of Fiancée: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

*If you are Married or Separated:*

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Married: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

*If you are Divorced:*

Former Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Married: \_\_\_\_\_ Date Divorced: \_\_\_\_\_

Court and State where Divorce Decree Issued: \_\_\_\_\_

*If you are Widowed:*

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

# Family Information

LIST IMMEDIATE FAMILY MEMBERS (including those related by marriage). IF DECEASED, INDICATE THE YEAR OF DEATH. (Step/Natural/In-Laws, Mother, Father, Brother, Sisters).

Name/Relation	Date of Birth	Email Address	Complete Address/Phone

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (Natural/Step/Adopted/Foster):

Child's Full Name	Birth Date	Complete Address/Phone	Email Address

**If you currently reside with any person(s), other than family members, list:**

Name & Date of Birth	Phone & Email	Dates of Cohabitation

**Please list any person with whom you have resided in the past other than family members:**

Name & Date of Birth	Phone & Email	Dates & Address

# Personal, Credit and Marital Information

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

1. Have you intentionally left any relatives' names out of this booklet? Yes No  
If yes, explain: \_\_\_\_\_
2. Are you paying alimony? Yes No
3. Have you ever been order to court for non-payment of alimony or child support? Yes No  
If yes, explain: \_\_\_\_\_
4. Are you in arrears or behind on any required payments to your former spouse or children? Yes No  
If yes, explain: \_\_\_\_\_
5. Have you ever been ordered into court for nonpayment of alimony or child support? Yes No  
If yes, explain: \_\_\_\_\_
6. Have you been married to more than one person at a time? Yes No  
If yes, explain: \_\_\_\_\_
7. Has any member of your family, including step, natural, or in-laws, been arrested, charged or convicted of a crime other than Class C Misdemeanor traffic violations? Yes No  
If yes, explain: \_\_\_\_\_
8. Have you ever been turned over to a collection agency for failing to pay a bill? Yes No  
If yes, explain: \_\_\_\_\_
9. Have you ever filed for bankruptcy? Yes No  
If yes, list date filed and date discharged: \_\_\_\_\_
10. Have you ever been sued or involved in a lawsuit? Yes No  
If yes, explain: \_\_\_\_\_
11. Do you have any suits or claims pending against any city, state, or federal institution? Yes No  
If yes, explain: \_\_\_\_\_
12. Do you owe more money per month than you make per month? Yes No
13. Do you have any credit issues that have not been addressed? Yes No  
If yes, explain: \_\_\_\_\_
14. Since the age of 17, have you ever been evicted from a residence? Yes No  
If yes, explain: \_\_\_\_\_



# Military History

1. Have you met the registration requirements for selective service? Yes No
2. Have you ever been in the military service? Yes No

If yes, what branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Induction: \_\_\_\_\_ Position Held: \_\_\_\_\_

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.**

3. Have you ever been rejected by any branch of the US Armed Forces? Yes No
4. Have you ever been AWOL? Yes No
5. Have you ever been the subject of a military investigation? Yes No
6. Were you ever disciplined under UCMJ (e.g. Article 15, Capt. Mast, Page 11,N.J.P., Letter of Comment, Letter of Counsel, etc.)? Yes No
7. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court of Summary, Special or General court martial? Yes No

Charge \_\_\_\_\_ Date \_\_\_\_\_

Results \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Results \_\_\_\_\_

8. Were you ever reduced in rank? Yes No
9. Were you ever confined to the brig or guardhouse? Yes No
10. Were you ever awarded a security clearance? Yes No
- If yes, what level? \_\_\_\_\_

11. Have you ever violated a government security clearance? Yes No
12. Did you ever have an accident while in the military that was not reported? Yes No
13. Are you eligible for reenlistment? Yes No
14. Do you have any current military obligations? Yes No
15. Last duty station and name of Commanding Officer:

16. Are you:      Active      Standby      Inactive IRR

Organization / Station / Unit and Location: \_\_\_\_\_

17. Were you discharged prior to the end of your tour of duty? Yes No

18. Type of Discharge:
- Honorable      General      Other than Honorable      Bad Conduct      Dishonorable

Discharge Date: \_\_\_\_\_

# Educational Information

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you are listing colleges/universities, and you did not graduate, indicate the number of credit hours you have earned. If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

Check highest grade completed: High School Diploma  GED   
 College: Some College  Associate's  Bachelor's  Master's  Ph.D

Name of School & Location	Dates Attended (From – To)	Credit Hours Earned & GPA	Degree/Major

**IF YOU ANSWER YES TO ANY QUESTION IN THE SECTION BELOW, EXPLAIN.**

1. Have you ever been expelled from any school you have attended? Yes No

2. Have you ever been placed on academic probation? Yes No

If yes, name of school: \_\_\_\_\_

3. Have you been involved in any community activities? Yes No

If yes, name of school: \_\_\_\_\_

4. Have you received any awards, commendations, or special recognition? Yes No

List all:

---

---

---

---

---

---

---

---

# Applications with Law Enforcement Agencies

\_\_\_\_\_ Check if you have NEVER applied with another law enforcement agency.

\_\_\_\_\_ Check this box if you have ever been a paid or unpaid police informant.

If you have applied with other law enforcement agencies for any position (including all city, county, state and federal agencies and any position such as officer, detention officer, dispatcher, etc.), please complete the following. Do not fail to list any, regardless of the status of your application. (Add additional page if needed)

Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_Hired \_\_\_\_\_Not Selected \_\_\_\_\_Not Contacted \_\_\_\_\_ Rejected (explain) \_\_\_\_\_Other

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

\*\*\*\*\*

Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_Hired \_\_\_\_\_Not Selected \_\_\_\_\_Not Contacted \_\_\_\_\_ Rejected (explain) \_\_\_\_\_Other

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

\*\*\*\*\*

Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_Hired \_\_\_\_\_Not Selected \_\_\_\_\_Not Contacted \_\_\_\_\_ Rejected (explain) \_\_\_\_\_Other

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

\*\*\*\*\*

Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_Hired \_\_\_\_\_Not Selected \_\_\_\_\_Not Contacted \_\_\_\_\_ Rejected (explain) \_\_\_\_\_Other

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

\*\*\*\*\*

Agency: \_\_\_\_\_

Disposition: \_\_\_\_\_Hired \_\_\_\_\_Not Selected \_\_\_\_\_Not Contacted \_\_\_\_\_ Rejected (explain) \_\_\_\_\_Other

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

\*\*\*\*\*

## Arrest / Detention

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN. Explanations in this section must include the date, charge, police agency/city or locality, and penalty.**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Have you ever been arrested by the police, regardless of the final disposition?   | Yes | No |
| 2. | Have you been charged/filed-on with an offense regardless of the disposition?   | Yes | No |
| 3. | Have you ever been questioned or detained by the police as part of any police investigation?  | Yes | No |
| 4. | Have you ever lied to a police employee when being questioned about any type of criminal activity?  | Yes | No |
| 5. | Have you ever been present during the commission of a crime?  | Yes | No |
| 6. | Have you ever been summoned into court for a criminal offense?  | Yes | No |
| 7. | Have you ever been the subject of a Protective Order?   | Yes | No |
| 8. | Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? | Yes | No |

# Driving Record

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION EXPLAIN.**

1. Do you possess a valid driver's license? Yes    No  
 If yes, no explanation is needed. If no, explain. \_\_\_\_\_  
 \_\_\_\_\_
  
2. Have you ever had a driver's license suspended? Yes    No
  
3. Have you ever knowingly driven a motor vehicle after your driver's license was suspended, or after it had been revoked? Yes    No
  
4. Do you have a valid driver's license in more than one state? Yes    No  
 If yes, State(s) and license number(s): \_\_\_\_\_  
 \_\_\_\_\_
  
5. Have you ever applied for a driver's license using a fictitious name? Yes    No
  
6. Have you ever been involved in a hit-and-run accident? Yes    No
  
7. Have you ever failed to appear in court for a traffic citation? Yes    No
  
8. Have you ever failed to pay a parking citation? Yes    No
  
9. What company carries your automobile insurance policy \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

10. List all vehicles you own, possess, and/or that are registered to you:

Year	Make	Color	Model and Body Style	License Number (Include State)





# Criminal Activity

## **IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

You are applying for a position that requires the trust of the citizens. Consequently, the Taylor County Sheriff's Office is interested in your participation in, or commission of any criminal activity. We realize it would be a rarity for any applicant to answer "no" to all of these questions, so we place a high degree of value on a person's honesty and integrity in answering the following questions truthfully. If you have committed or participated in any of the acts listed you must circle "yes" indicating participation in the act. Obviously, there are some acts of criminal behavior that may preclude your selection for employment; nonetheless, you must admit those acts to successfully complete the interview and background investigation. During your interview you will be given ample opportunity to explain your participation in these acts.

Again, be sure to acknowledge participation, commission, arrest, conviction, or questioning for any of the following acts.

1. Any act of unlawfully taking the life of another person? ..... Yes No
2. Any act of unlawfully abducting another person? ..... Yes No
3. Any sexual act after you were seventeen (17) with another person who was less than fifteen (15) years of age?..... Yes No  
(This includes: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person)
4. Any act, as an adult, of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person? ..... Yes No
5. Any act, as an adult, of assault by physically striking another person, stranger, family members, or others? ..... Yes No
6. Any act, as an adult, of cruelty to any creature or animal which results in harm, injury, or death other than legally licensed sport, hunting or fishing? ..... Yes No
7. Any act of rape or sexual assault, either by force, threats, or injury? ..... Yes No
8. Any act of Family Violence resulting in a court conviction? ..... Yes No
9. Any act involving hurting, harming, or attempting to hurt or harm another person using a firearm, knife, club, or any other deadly weapon? ..... Yes No
10. Any act involving hurting, harming, abusing, striking or injuring any person under the age of fifteen (15) years? ..... Yes No
11. Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse, or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, Step-grandchild, or grandchild by adoption; sister, stepsister, brother, stepbrother, niece, nephew, or other family member?..... Yes No



12. Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment order of a court disposing of the child's custody? ..... Yes No
13. As an adult, any act involving computer internet searches or chat rooms where sexually oriented material or messaging was viewed or performed involving an individual who identified themselves as a juvenile? (under 17 years of age)..... Yes No
14. Any act of causing, planning, or starting, or attempting to start, a fire or an explosion to damage or destroy a building, habitation, or vehicle belonging to another person, or a building, habitation, vehicle, or property belonging to you which was insured? ..... Yes No
15. Any act, as an adult, involving the intentional damage or destruction of any property, belonging to another person?..... Yes No
16. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats, or intimidation in order to steal or take property belonging to another person? ..... Yes No
17. Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise, or with the intent of committing any other criminal act? ..... Yes No
18. Any act, as an adult, involving breaking into a coin-operated device in order to steal property, merchandise, cash or to obtain services? ..... Yes No
19. Any act, as an adult, involving breaking into or entering a vehicle of any kind, in order to steal any cash, property or merchandise? ..... Yes No
20. Any act, as an adult, involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so? ..... Yes No
21. Any act, as an adult, which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft – including making a false claim to an insurance company? (This does not include previously mentioned thefts from employers)..... Yes No
22. Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check security agreement, will deed, or any deed of trust with the intention to defraud or harm any person or business? ..... Yes No
23. Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently, using a credit card without the consent of the person to whom the card was issued, using an expired credit card, using a fictitious credit card or number, using a stolen credit card, any involvement in the manufacture of counterfeit credit cards, buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting

- to commit theft or steal from anyone using a credit card? ..... Yes No
24. Any act involving theft of a vehicle, using of a vehicle without the owner's consent or joyriding in a stolen vehicle?..... Yes No
25. Any act involving bribing or attempting to bribe any government officer or employee?..... Yes No
26. Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document?..... Yes No
27. Have you ever falsely identified yourself as anyone other than your true identity on any document, including any government document?..... Yes No
28. Have you ever allowed anyone to use your identification as his/her own? ..... Yes No
29. Any act, as an adult, related to filing a false report to any peace officer or law enforcement employee? ..... Yes No
30. Any act involving impersonating a peace officer, police officer, or law enforcement official? ..... Yes No
31. Any act, as an adult, of impersonating a government official? ..... Yes No
32. Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself?..... Yes No
33. Any act of fleeing from a peace officer, in a motor vehicle or by foot, who is attempting to arrest, detain or question you or another? ..... Yes No
34. Any act, as an adult, involving the production, sale, distribution, promotion or possession with intent to sell any picture, magazine, film, device, tape, book or any other items which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition?..... Yes No
35. Any act, as an adult, involving engaging in any sexual act, including intercourse, oral intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value?..... Yes No
36. Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution?..... Yes No
37. Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer? ..... Yes No
38. Any unlawful act, as an adult, of carrying a pistol, illegal knife, illegally altered weapon, incendiary device or other illegal weapons? ..... Yes No

39. Any act, as an adult, or participation in the promotion of gambling, maintaining or involvement in a gambling place, or the possession of a gambling device, equipment or paraphernalia, excluding dice or cards? ..... Yes No
40. Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or other criminal act?.....Yes No
41. Any act of participation or act that resulted in you being in possession of, receiving, buying or selling any property that was stolen or that you had reason to believe was stolen?..... Yes No
42. Have you ever failed to file or filed a fraudulent income tax return or statement? ..... Yes No
43. Have you ever converted government property to your own use or sold it? ..... Yes No
44. Have you ever failed to pay any local, state, or federal taxes? ..... Yes No
45. Have you ever been indicted by a grand jury? ..... Yes No
46. Have you ever been sentenced or confined in a city, county, state, or federal penal institution or institution for criminally insane? ..... Yes No
47. Do you currently live, reside, or associate with any relatives, friends, or personal contacts involved in any criminal activity? ..... Yes No
48. Have you ever stolen or taken part in a theft of state, city, or commercial utilities? (i.e., water, gas, electric, cable television, etc.) ..... Yes No
49. Have you, or any member of your family (spouse's family), ever been a member of, or associated with:
- a. any criminal organization ..... Yes No
- b. any association that has as its purpose the overthrow of the federal government ..... Yes No
- c. any street gang or paramilitary organization ..... Yes No
- d. any group that advocates racial or sexual discrimination ..... Yes No
- e. any terrorist cell or organization..... Yes No
51. Have you ever intentionally viewed, transported or received any pornographic Material that depicts a child younger than 18 years of age, engaging in sexual conduct?..... Yes No
52. As an adult, have you ever accessed a computer, computer software, computer system, or computer network without the effective consent of the owner?..... Yes No

53. Have you ever participated in any type of fraud or theft using a computer? ..... Yes No
54. As an adult, have you ever intentionally or knowingly provided false or misleading information to obtain property or credit for yourself or another?..... Yes No
55. Have you committed an act of window peeping? ..... Yes No
56. As an adult, have you taken, or been a party to, any theft involving any property valued at \$50.00 or greater, in the past ten years? ..... Yes No

**If you answered yes, the explanation must include the date, location, and value of the item(s) taken for each incident.**

57. Circle the appropriate entry if you have ever received:

Probation/community supervision    Deferred Adjudication    Final Conviction    Jail or Prison

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BEFORE CONTINUING ON, BE SURE THAT YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU HAD INVOLVEMENT.**

# Criminal Activity – Illegal drugs/Sales

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.**

Participation in the sale of illegal drugs is common in our society. For the purposes of employment, the Taylor County Sheriff’s Office treats the sale of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (*with or without profit to you*); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; the cultivation of illegal drugs for anything of value; manufacturing illegal drug plants or in any other way being involved in a transaction involving illegal drugs.

1. Have you ever been involved in the sale or delivery of any controlled substance or illegal drug(s) with or without a profit to you? .....  Yes  No  
If yes, explain your *involvement* in detail. \_\_\_\_\_
2. Have you ever transported any illegal drugs across a state or United States border? .....  Yes  No
3. Have you ever transported any illegal drug as a favor to someone else, or helped in any manner to deliver any illegal drug(s)? .....  Yes  No
4. Have you ever participated in the manufacture of any illegal drug(s) .....  Yes  No  
If yes, explain your *involvement* in detail. \_\_\_\_\_
5. Have you ever cultivated or grown any illegal drug or substance? .....  Yes  No

In the space provided below, please list the type and amount of illegal drug sold, transported, manufactured and/or grown; your age at the time, and the number of times you committed these acts.

Type of Drug	Amount of Drug	Age	Number of Times
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES IN WHICH YOU HAD INVOLVEMENT.**

## Criminal Activity – Illegal Drugs/Possession

**IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, PLEASE EXPLAIN.**

It is important for the Department to be aware of your past and current illegal drug usage. As a Law Enforcement officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used."

Identify exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

Explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned in your interview. If you are not sure how many times you used a drug, then state the absolute maximum number of times you could have used the drug.

On the following page explain your usage of each of the drugs mentioned; the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug\*. If you never used the particular drug, then check the appropriate "NEVER" area.

**\* Regardless of whether or not the drug had any effect.**

## Criminal Activity – Illegal Drugs/Possession

<b>DRUG</b>	<b>FIRST TIME USED</b>	<b>LAST TIME USED</b>	<b>MAXIMUM TIMES USED</b>	<b>HOW USED</b>	<b>IF NEVER, CHECK HERE</b>
PCP					
Angel Dust					
THC					
Marijuana, Hashish					
LSD, Acid,					
Peyote					
Mescaline					
Heroin, opium					
Cocaine, crack, rock					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines, Meth, Methamphetamines /Speed/Crank					
Biphetamine					
Ecstasy/XTC/Ice					
Ketamine /Special K					
GHB					
Preludin					
Dilaudid					
Talwin/PBZ					
Inhalants (glue/paint)					
Mushrooms, Psilocybin, sherm,					
Designer Drugs					
Anabolic Steroids					
Rohypnol (date rape drug)					
Clickums/Xanbars/Xanax					

1. List any additional drug(s) you have used not listed above: \_\_\_\_\_

***Before continuing, think carefully to insure that you have not forgotten to list any illegal drug usage which you can recall.***

- |  |     |    |
|--|-----|----|
| 2. Would you have a problem arresting a friend or family member for a drug violation if you were a police officer? .....             | Yes | No |
| 3. Have you ever used a prescription medication(s) without a valid prescription? .....   | Yes | No |
| 4. Have you ever used a prescription medication(s) prescribed to another person? .....   | Yes | No |
| 5. Have you ever lied to a doctor about symptoms in order to get a prescription? .....   | Yes | No |
| 6. Do you associate or reside with individuals who use illegal drugs and/or abuse medication?.....                                   | Yes | No |
| 7. Have you ever attempted and/or succeeded in 'getting high' with products such as paint, glue, gasoline, nitrous oxide, etc? ..... | Yes | No |
| 8. Have you ever caused another person to ingest, drink or otherwise consume an illegal substance without their knowledge? .....     | Yes | No |
| 9. Have you ever been present when someone else was buying, selling or using drugs? .....  | Yes | No |



# Criminal Activity – Alcohol

*IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.*

The legal definition of intoxication is: Not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body or having an alcohol concentration of 0.08 or more.

1. Have you provided alcohol to a minor (under the age of 21)? ..... Yes No

2. List the number of times in the past five years you have been intoxicated in public?

Number of times: \_\_\_\_\_

**For each incident above, please explain the circumstances in detail and include the following information: Date and location:**

Type of drinks (i.e. beer, wine, liquor): \_\_\_\_\_

Number and size of drinks: \_\_\_\_\_

Time frame of your drinking? \_\_\_\_\_

Your estimated weight when you were intoxicated in public: \_\_\_\_\_

3. Have you ever operated a vehicle while under the influence of alcohol or drugs? ..... Yes No

4. How many times in the last five years have you operated any motor vehicle while intoxicated?

Number of times: \_\_\_\_\_

**For each incident above, please explain the circumstances in detail and include the following information:**

Date and location: \_\_\_\_\_

Type of drinks (i.e. beer, wine, liquor): Number and size of drinks: \_\_\_\_\_

Time frame of your drinking? \_\_\_\_\_

Your estimated weight when you were intoxicated in public: \_\_\_\_\_

5. As an adult, have you ever been convicted of DWI or DUI? ..... Yes No

If yes, provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Prior Law Enforcement Service

***IF YOU ANSWER YES TO ANY QUESTION IN THIS SECTION, EXPLAIN.***

\_\_\_\_\_ Check here if you **NEVER** served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, or state or federal agent, commissioned reserve officer, detention officer or any other position charged and sworn to uphold the law, including security guard, bouncer or any other security duty. If you check this box, go to the next section of the booklet.

\_\_\_\_\_ Check here if you have prior law enforcement service or security officer service, and please complete the following questions. These questions deal only with your employment as a law enforcement officer or security officer.

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | While employed as a law enforcement officer or security guard, did you ever commit a felony or misdemeanor which would have been punishable by incarceration?.....                    | Yes | No |
| 2.  | While employed as a law enforcement officer or security guard, have you ever abused a prisoner or violated a prisoner's civil rights?.....  | Yes | No |
| 3.  | Have you ever been terminated or asked to resign from a position as a law enforcement or security officer as a result of an internal investigation or allegation of misconduct? ..... | Yes | No |
| 4.  | While employed as a law enforcement officer or security guard, have you ever used any illegal drug or illegally obtained drug? .....  | Yes | No |
| 5.  | While employed as a law enforcement officer or security guard, have you Ever confiscated a prisoner's property and made use of it? .....  | Yes | No |
| 6.  | While employed as a law enforcement officer or security guard, have you Ever received any disciplinary action? .....  | Yes | No |
| 7.  | Have you ever been formally investigated for misconduct? .....  | Yes | No |
| 8.  | While employed as a law enforcement officer or security guard, have you Ever received a suspension or any written or verbal reprimands? .....   | Yes | No |
| 9.  | While employed as a law enforcement officer or security guard, have you ever falsified anything in a police report? .....   | Yes | No |
| 10. | While employed as a law enforcement officer or security guard, have you ever used excessive or unnecessary force? .....   | Yes | No |
| 11. | While employed as a law enforcement officer or security guard, have you ever perjured yourself or given false testimony?.....   | Yes | No |

12. While employed as a law enforcement officer or security guard, have you ever:
- a. Slept on duty? .....Yes No
  - b. Been involved in any sexual act on duty? .....Yes No
  - c. Been involved in an act of masturbation on duty? .....Yes No
  - d. Consumed alcohol on duty? .....Yes No
13. Have you ever been sued in your capacity as a peace officer in state or federal court? ..... Yes No
14. Have you ever used any position of authority to abuse or mistreat anyone?..... Yes No

# Personal References

List six (6) persons that can provide current information about you; do not list relatives, past/present employers, or acquaintances involved in law enforcement.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

5. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

6. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

**List any references who are members of law enforcement agencies.**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home/ Cell Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Memberships in Groups/Associations/Clubs

Official Name of Organization	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Dates of Membership	
			From	To

## Hobbies and Sports

Name of Sport	Duration	Level of Proficiency

## Nepotism

1. Do you or your spouse have a relative currently employed with the Taylor County Sheriff's Office? ..... Yes No

If "Yes", provide Name, Relationship, and Position with the Department: \_\_\_\_\_

2. Do you or your spouse have a relative currently employed with the Taylor County.....? ..... Yes No

If "Yes", provide Name, Relationship, and Position with the County: \_\_\_\_\_

3. Law Enforcement work requires working irregular hours, i.e. evening and night times, weekends, holidays, etc. Please indicate if this would be an issue: ..... Yes No

If "Yes", explain: \_\_\_\_\_

# Integrity

Before you answer the following questions, we would like to inform you that each word of your answers will be evaluated. Take your time and think before you answer.

1. Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake?
2. Have you deliberately falsified any information in this booklet?
3. Have you intentionally left any information out of this booklet?
4. How do you feel now that you have completed this questionnaire?
5. Should we believe your answers to the questions on the previous pages?
6. What will you say if it is later determined that you lied, misrepresented, or withheld significant information on this questionnaire?
7. Did you ever discuss or consider the possibility of lying, misrepresenting, or withholding significant information on this questionnaire?
8. Can you explain why the Personal History Statement has not been completely and thoroughly filled out?

# Certification Page

## Please Read

Could you take a human life as a Law Enforcement officer? ..... Yes No

You have now completed the Personal History Statement. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back and make the correction.

**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS BOOKLET. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE PERMANENT REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn and subscribed to me, a Notary Public in and for the State of \_\_\_\_\_, this

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Notary Name

\_\_\_\_\_  
Notary Signature

My Commission expires \_\_\_\_\_.