# GUADALUPE COUNTY
## Sheriff Joshua Ray

Address: 2617 North Guadalupe Street Seguin, Texas, 78155
Telephone Number: (830)379-1224

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# Guadalupe County Sheriff's Office Personal History Statement

*for the Sheriff's Office, Adult Detention Center & Animal Control*

Name: _____

Complete and Return by: _____

I am applying for:

- ☐ Peace Officer PID#: _____
- ☐ County Jailer PID #: _____
- ☐ Telecommunicator PID #: _____
- ☐ Civilian Employment

**Referral Source (check all that apply):** ☐ Advertisement ☐ Employee ☐ Relative ☐ Government ☐ Private Employment Agency ☐ Government Employment Agency ☐ Other_____

**Have you reviewed the job description for the position you are applying for?** ☐ Yes ☐ No
**If yes, are you able to perform the functions of the job as described?** ☐ Yes ☐ No

**Date available for work:** _____ **Type of position desired?** ☐ Full Time ☐ Part Time

**Which of the following are you willing to do if required?** ☐ Work Nights ☐ Work Weekends ☐ Work Holidays ☐ Overtime ☐ Rotating Shifts ☐ 10 hour Shifts ☐ 12 hour Shifts

**Are you a relative of any Guadalupe County elected official or employee?** ☐ Yes ☐ No
If yes, describe the relationship: _____


Initial this page to indicate that you have provided complete and accurate information: _____

## Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in BLUE INK by the applicant. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application

- ☐ Completed Personal History Staement.
- ☐ Original Social Security card. (GCSO will make copy)
- ☐ Original certified copy of your birth certificate. (No photo copy)
- ☐ Original valid Texas driver license. (GCSO will make copy)
- ☐ Original High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty four months of active service. (GCSO will make copy)
- ☐ Sealed original certified copy of your college transcript. (No photo copy)
- ☐ Original college diploma. (if applicable) (GCSO will make copy)
- ☐ Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
- ☐ Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
- ☐ Copy of your DD-214 if applicable. Must possess an honorable discharge.
- ☐ Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- ☐ Original current proof of automobile liability insurance. (GCSO will make copy)
- ☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months.
- ☐ The Waive and Authorization of Release of Records Information Form (Attached) MUST BE NOTORIZED

Applications will not be considered if all required documents are not included

**PLEASE NOTE: OUR OFFICE IS NOT RESPONSIBLE FOR NOTARIZING YOUR FORM.**

## Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer or telecommunicator in Texas.

- ☐ I am a citizen of the United States of America.
- ☐ I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- ☐ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- ☐ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- ☐ I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

### NOTE TO APPLICANT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

IT IS MANDATORY FOR THIS APPLICATION TO BE COMPLETELY FILLED OUT. FAILURE TO COMPLETE APPLICATION WILL RESULT IN NON-CONSIDERATION.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to

Be as complete, honest and specific as possible in your responses.

### Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

## SECTION 1: PERSONAL

| 1.Last Name | First | MI | Suffix |
|---|---|---|---|
| | | | |

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

| 3. Street Name | City | State | Zip |
|---|---|---|---|
| | | | |

| 4. Address if different from above. |
|---|
| |

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

| 6. Email: Home | Business | Other |
|---|---|---|
| | | |

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

| 10.Driver License # | | 11.Physical Description (Scars, Tattoos(description and location) or other distinguishing marks) | | | |
|---|---|---|---|---|---|
| State: | Exp.: | HT. | WT. | Hair Color | Eye Color |
| | | | | | |

| Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details. |
|---|
| |

| Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s) |
|---|
| |

| List ALL E-Mail Addresses |
|---|
| |

| 12. Have you ever attended a basic licensing course? ☐ Yes ☐ No<br>If yes, provide the PID you were assigned: _____ | | | |
|---|---|---|---|
| A. Academy Name | From | To | Did you Graduate?<br>☐ Yes ☐ No |
| Location (City/State) | Name of Training Coordinator | | Contact Number |
| B. Academy Name | From | To | Did you Graduate?<br>☐ Yes ☐ No |
| Location (City/State) | Name of Training Coordinator | | Contact Number |

13. Have you ever applied to any other law enforcement agency in the last ten years (City, County, State, or Federal)?
_____Yes _____No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

| A. Name of Agency | Position Applied For | | Date Applied |
|---|---|---|---|
| Address | City | State | Zip |
| Background Investigators Name (if know) | Contact Number/Ext. | Email | |

Check each step in the process that you completed, and your status:
Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date: _____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Not Selected ☐ Other Explain:

| B. Name of Agency | Position Applied For | | Date Applied |
|---|---|---|---|
| Address | City | State | Zip |
| Background Investigators Name (if know) | Contact Number/Ext. | Email | |

Check each step in the process that you completed, and your status:
Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date: _____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Not Selected ☐ Other Explain:

| C. Name of Agency | Position Applied For | | Date Applied |
|---|---|---|---|
| Address | City | State | Zip |
| Background Investigators Name (if know) | Contact Number/Ext. | Email | |

Check each step in the process that you completed, and your status:
Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date: _____

Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified ☐ Not Selected ☐ Other Explain:

## SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

| ☐ N/A | A. Father Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| ☐ N/A | B. Step-Father Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| ☐ N/A | C. Mother Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| ☐ N/A | D. Step-Mother Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| ☐ N/A | E. Spouse/Registered Domestic Partner Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| ☐ N/A | F. Father-in-Law Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

| ☐ N/A | G. Mother-in-Law Name | | DOB | |
|---|---|---|---|---|
| Home Address | | City | State | Zip |
| Work Address | | City | State | Zip |
| Home Phone | Cell | Work Phone | Email | |

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

| ☐ N/A | I. Former Spouse(s) Cohabitant | 2.Name | | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|---|
| Home Address | | City | | State | Zip |
| Work Address | | City | | State | Zip |
| Home Phone | Cell | | Work Phone | Email | |
| Year of Dissolution | Is there, or has there been a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No | | | | |

| ☐ N/A | J. Brother and Sisters: List all living siblings, including half-siblings, foster siblings, etc. | | | |
|---|---|---|---|---|
| 1. Name | | | DOB | ☐ Male ☐ Female |
| Home Address | City | State | Zip | Phone # |
| Work Address | City | State | Zip | Phone # |
| Cell | Email | | | |

| 2. Name | | | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|
| Home Address | City | State | Zip | Phone # |
| Work Address | City | State | Zip | Phone # |
| Cell | Email | | | |

| 3. Name | | | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|
| Home Address | City | State | Zip | Phone # |
| Work Address | City | State | Zip | Phone # |
| Cell | Email | | | |

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

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

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

| ☐ N/A | K. CHILDREN<br>List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. | | | |
|---|---|---|---|---|
| 1.Name | Custodial parent or guardian (if other than you) | | | |
| ☐ Male ☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

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

| 3.Name | | Custodial parent or guardian (if other than you) | | |
|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

| 4.Name | | Custodial parent or guardian (if other than you) | | |
|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

| 5.Name | | Custodial parent or guardian (if other than you) | | |
|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

| 6.Name | | Custodial parent or guardian (if other than you) | | |
|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

| 15. REFERENCES<br>List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere. | | | | |
|---|---|---|---|---|
| A. Name | Address | City | State | Zip |
| Company/Work Address | | City | State | Zip |
| Home Phone | Work Phone | Cell | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | | How long have you known this person? | |

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

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

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

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

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

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

SECTION 3: EDUCATION

| NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims. | | | |
|---|---|---|---|
| 16. Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed services with 2 years active duty | | | |
| 17. List High Schools Attended or where you obtained your GED. | | | |
| A. Name | | City | State |
| From | To | Did you graduate? ☐ Yes ☐ No | |
| B. Name | | City | State |
| From | To | Did you graduate? ☐ Yes ☐ No | |

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

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

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

19. List any trade, vocational, or business schools/institutes attended.

| A. Name | From | To | Did you complete the course? ☐ Yes ☐ No |
|---|---|---|---|
| Type of school or training | | City | State |
| B. Name | From | To | Did you complete the course? ☐ Yes ☐ No |
| Type of school or training | | City | State |
| C. Name | From | To | Did you complete the course? ☐ Yes ☐ No |
| Type of school or training | | City | State |

SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school?
☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (including markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

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

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

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

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

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

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

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

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

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

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

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

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

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

| F. Name | | Contact Number | |
|---|---|---|---|
| Current Address Street | City | State | Zip |

| Nature of relationship (friend, relative, landlord, housemate only) | Email |
|---|---|

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

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

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE
- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?
  - ☐ Yes
  - ☐ No

  If YES, list below
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

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

| B. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| D. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| F. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| H. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| J. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| L. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| N. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

| P. PERIOD OF UNEMPLOYMENT<br>Check applicable:<br>☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

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

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

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

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

| | |
|---|---|
| 38. Has your work performance ever been affected by your use of alcohol or drugs?<br>☐ Yes<br>☐ No | |
| When? | Name of Employer |
| 39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?<br>☐ Yes<br>☐ No | |
| When? | Name of Employer |

SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)

| | | |
|---|---|---|
| 40.Are you required to register for the Selective Service ☐ Yes ☐ No<br>If yes, have you registered ☐ Yes ☐ No<br>If no explain: _____ | | |
| 41.Branch of Services | Date of Service From | To: |
| 42. Type of Discharge ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable<br>Re-entry Code (1-4) if applicable; refer to your DD-214 | | |
| 43. Are you currently participating in one of the following?<br>☐ Military Reserve ☐ National Guard | If checked, date obligation ends: | |
| 44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No | | |
| 45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? ☐ Yes ☐ No | | |

| If you answered YES to questions 44 and/or 45, Explain (Include dates and circumstances) |
|---|
| |

| SPECIAL QUALIFICATOINS & SKILLS | | | | |
|---|---|---|---|---|
| If you know a foreign language, indicate your fluency in each (excellent, good, fair) | | | | |
| Language | Understanding | Speaking | Reading | Writing |
| | | | | |

| COMPUTER KNOWLEDGE | | | | | |
|---|---|---|---|---|---|
| Do you have a working knowledge of computer operation systems? ☐ Yes ☐ No | | | | | |
| If so, indicate which of the following operating systems you have working knowledge of: ☐ Windows ☐ Mac | | | | | |
| Indicate the level of experience you have for the following: | | | | | |
| Outlook | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| Word | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| Excel | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| Access | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| PowerPoint | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| Odyssey | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| Website Design | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |
| Website Maintenance | ☐ Advanced | ☐ Intermediate | ☐ Beginner | ☐ Very Little | ☐ None |

| MEMBERSHIP IN ORGANIZATIONS (PAST OR PRESENT) | | | |
|---|---|---|---|
| Name & Address | Type (e.g., social, fraternal, professional) | From | To |
| | | | |
| | | | |
| | | | |
| | | | |

| Have you ever been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. ☐ Yes ☐ No |
|---|

SECTION 7: FINANCIAL

| 46. INCOME AND EXPENSES<br>For each of the following questions fill in the amounts to the nearest dollar |
|---|
| A. From your employer(s), what is your take home monthly income? $ _____ |
| B. Doyou have income other than from your salary or wages? ☐ Yes ☐ No<br>If yes, fill in amount $_____ per month Explain: _____ |
| C. Approximately how much do you spend each month? $_____<br>Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have. |

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

SECTION 8: LEGAL

Disclosure of Citations, Arrest, and Convictions

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) May have been detained and or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest

If you need additional space for you answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

61. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

☐ Yes ☐ No

| If yes, explain each incident. | |
|---|---|
| A. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| If yes, explain each incident. | |
|---|---|
| B. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| If yes, explain each incident. | |
|---|---|
| C. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

| If yes, explain each incident. | |
|---|---|
| D. Approximate Date | Arresting or detaining agency |
| Charge | |
| Disposition or Penalty | |

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

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

| 72. UNDETECTED ACTS-PART 1<br>Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? | |
|---|---|
| A. Annoying/obscene phone calls | ☐ Yes<br>☐ No |
| B. Assault (use of force or violence upon another) | ☐ Yes<br>☐ No |
| C. Assault (use of force or violence upon a family member) | ☐ Yes<br>☐ No |
| D. Brandishing a weapon (any type of weapon) | ☐ Yes<br>☐ No |
| E. Carrying a concealed weapon without a permit | ☐ Yes<br>☐ No |
| F. Contributing to the delinquency of a minor | ☐ Yes<br>☐ No |
| G. Defrauding an innkeeper (not paying for food or room at a hotel/motel) | ☐ Yes<br>☐ No |
| G. Defrauding an innkeeper (not paying for food or room at a hotel/motel) | ☐ Yes<br>☐ No |
| H. Driving under the influence of alcohol and/or drugs | ☐ Yes<br>☐ No |
| I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | ☐ Yes<br>☐ No |
| J. Hit and run collision (no injuries) | ☐ Yes<br>☐ No |
| K. Hunting or fishing without a license | ☐ Yes<br>☐ No |
| L. Illegal gambling | ☐ Yes<br>☐ No |
| M. Impersonating a peace officer | ☐ Yes<br>☐ No |
| N. Indecent exposure (including flashing or mooning) | ☐ Yes<br>☐ No |
| O. Joyriding (using a car or other vehicle without owner's permission) | ☐ Yes<br>☐ No |

| 73. UNDETECTED ACTS-PART 2<br>At any time in your life have you **ever** committed any of the following? | |
|---|---|
| A. Arson (intentionally destroying property by setting a fire) | ☐ Yes<br>☐ No |
| B. Assault with a deadly weapon | ☐ Yes<br>☐ No |
| C. Theft of a vehicle and/or vehicle parts | ☐ Yes<br>☐ No |
| D. Burglary (entering a structure or vehicle to commit theft or other crime) | ☐ Yes<br>☐ No |
| E. Child molestation (performing unlawful acts with a child) | ☐ Yes<br>☐ No |
| F. Accessing, producing, or possessing child pornography | ☐ Yes<br>☐ No |
| G. Injury to a child/elderly/or disabled | ☐ Yes<br>☐ No |
| H. Embezzlement (theft of money or other valuables entrusted to you) | ☐ Yes<br>☐ No |
| I. Felony drunk driving (involving injuries) | ☐ Yes<br>☐ No |

| | |
|---|---|
| J. Forcible rape or other act of unlawful intercourse/sexual activity | ☐ Yes ☐ No |
| K. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | ☐ Yes ☐ No |
| L. Hit and run (with injuries) | ☐ Yes ☐ No |
| M. Hate crime | ☐ Yes ☐ No |
| N. Insurance fraud | ☐ Yes ☐ No |
| O. Theft (value of over $500, or any firearm) | ☐ Yes ☐ No |
| P. Murder, homicide, or attempted murder | ☐ Yes ☐ No |
| Q. Perjury (lying under oath) | ☐ Yes ☐ No |
| R. Possession of an explosive/destructive device | ☐ Yes ☐ No |
| S. Robbery (theft from another person using a weapon, force, or fear) | ☐ Yes ☐ No |
| T. Stalking | ☐ Yes ☐ No |
| U. Blackmail or extortion | ☐ Yes ☐ No |
| V. Any other act amounting to a felony | ☐ Yes ☐ No |

| If you answered yes to any item(s) in section 7-2-73 fully explain circumstances, including date(s), name of individuals involved and resolution. Indicate the corresponding letter (73-A etc.) for each explanation. |
|---|
| |

Questions about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs. Your answers should include, but not limited to, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, Etc.
Barbiturates (Downers)
Cocaine/Crack Cocaine
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
GHB (Date Rape Drug)
Glue
Hallucinogens (Peyote, LSD, Mushrooms)
Hashish/Hashish Oil
Heroin/Opium
Marijuana
Mescaline
Morphine
PCP/Angel Dust
Quaaludes
Steroids
Tetrahydrocannabinol (THC)

74. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?

☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

75. Prior to the past three years (check all that apply):

☐ I have never used any drug recreationally

☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).
If checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

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

| 78. List other states where you have been licensed to operate a motor vehicle. | | |
|---|---|---|
| State of Issue | Type of license | Name under which license was granted and license number |
| | | |
| | | |
| | | |

| 79. Have you ever been refused a driver's license by any state ☐ Yes ☐ No |
|---|
| If yes, explain (include when, where and circumstances): |

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

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

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

D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following?
(Check all that apply)

☐ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

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

If yes, give details

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

84. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

If yes, give reason

| | |
|---|---|
| Date | Location (Street, City, State, Zip) |

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

If yes, give reason

| | |
|---|---|
| Date | Location (Street, City, State, Zip) |

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

| | |
|---|---|
| 87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street, gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? | ☐ Yes ☐ No |
| 88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocated violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability | ☐ Yes ☐ No |
| 89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? | ☐ Yes ☐ No |
| 90. Have you ever hit or physically overpowered a spouse, romantic partner or family members? | ☐ Yes ☐ No |

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

SECTION 11: SOCIAL MEDIA SITES

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

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.
- Identify the corresponding question and specific item being reference

GUADALUPE COUNTY SHERIFF'S OFFICE
SHERIFF JOSHUA RAY

# WAIVER AND AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I authorize you to furnish the Guadalupe County Sheriff's Office background investigator, or other duly accredited representative of the Guadalupe County Sheriff's Office conducting my background investigation, any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail businesses, military, state and federal agencies or other sources of information.

This information may include but is not limited to; my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, financial and credit information, and military service records; information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Guadalupe County Sheriff's Office. This includes individuals identified by the Guadalupe County Sheriff's Office representative, who might have information about my suitability for employment.

I further authorize you to release arrests, detentions, field citations, field interview cards, officers records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, county attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports, Social Media Sites or information source. This inquiry is in accordance with the applicable State Code, and local ordinances.

I have read and understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that the information furnished will be used by the Guadalupe County Sheriff's Office in conjunction with the employment process. Additionally, I understand that information obtained by the Guadalupe County Sheriff's Office may be made accessible to other law enforcement agencies if a proper waiver is provided. This waiver and release applies to information covered by Title 5 as well as information not covered by that statute.

I hereby release the Guadalupe County Sheriff's Office, you, your organization, and your office's agents and employees and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance, or any similar laws.

*Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for a period of two (2) years from the date signed, or upon termination of my affiliation with Guadalupe County Sheriff's Office.*

| Signature | Full Name (type or print) | Date Signed |
|---|---|---|
| Other Names Used | Social Security Number | Date of Birth |
| Current Address | Home Telephone Number | |

SUBSCRIBED AND SWORN TO BEFORE ME ON THE _____DAY OF _____, _____

_____

NOTARY PUBLIC STATE OF TEXAS


Initial this page to indicate that you have provided complete and accurate information: _____

SECTION 13: CERTIFICATION

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

_____ _____/_____/_____

Signature of Applicant Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____

My commission expired _____/_____/_____ _____

Printed Name of Notary

Notary Seal or Stamp

_____

Signature of Notary

**Applicant: Do not write on this page. For Office use only.**

| Interview Results | | |
|---|---|---|
| Interviewer | Date | Comments |
| | | |
| | | |
| | | |

| Test Results | | | | |
|---|---|---|---|---|
| Tests Administered | Date | Score | Rating | Comments and Interpretation |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Reference Check | |
|---|---|
| | Results of Reference Check |
| Employer 1 | |
| Employer 2 | |
| Employer 3 | |
| Personal Reference 1 | |
| Personal Reference 2 | |
| Personal Reference 3 | |

Department Head_____ Date_____