



SHERIFF  
**WILLIAM T. McCOOL**  
 HARRISON COUNTY  
 P.O. BOX 568  
 MARSHALL, TEXAS 75671-0568



**EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_ PID# \_\_\_\_\_

POSITION DESIRED:       CLERICAL  
                                    COMMUNICATIONS  
                                    DETENTION / JAIL  
                                    DEPUTY

DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED       YES  
                                    NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?  
                                    YES  
                                    NO

HAVE YOU EVER APPLIED AT THIS AGENCY BEFORE?  
                                    YES  
                                    NO

HAVE YOU EVER BEEN ARRESTED?  
                                    YES  
                                    NO

THE FOLLOWING ARE DISQUALIFIERS:  
 NO CLASS B MISDEMEANOR OR HIGHER WITHIN TEN YEARS.  
 NO FELONY CONVICTIONS.  
 NO FAMILY VIOLENCE.

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DO NOT WRITE BELOW THIS LINE  
 TO BE COMPLETED BY AGENCY

DATE CRIMINAL HISTORY RUN \_\_\_\_\_

BACKGROUND CHECK COMPLETED BY \_\_\_\_\_

ACCEPTABLE                       UNACCEPTABLE

**APPLICATIONS MUST BE COMPLETE AND LEGIBLE**  
**TO BE CONSIDERED FOR EMPLOYMENT.**



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**APPLICATION PAGE 2**

DID YOU GRADUATE HIGH SCHOOL?

- YES
- NO

- DIPLOMA
- GED
- HOME SCHOOLED

DO YOU SPEAK A SECOND LANGUAGE?

- YES
- NO

WHAT IS IT? \_\_\_\_\_

LIST ANY SPECIAL SKILLS OR QUALIFICATIONS YOU HAVE.

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WHAT HOBBIES, CIVIC GROUPS, VOLUNTEER WORK OR OTHER LIFE EXPERIENCES HAVE YOU BEEN INVOLVED IN.

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HOW MANY WORDS PER MINUTE CAN YOU TYPE? \_\_\_\_\_

DO YOU HAVE ANY HEALTH CONDITION THAT MAY REQUIRE SPECIAL ASSISTANCE TO PERFORM YOUR JOB OR WOULD LIMIT YOUR ABILITY TO PERFORM YOUR DUTIES?

- YES
- NO

IF SO, PLEASE EXPLAIN.

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PLEASE ATTACH COPIES OF BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA, DRIVERS LICENSE, SOCIAL SECURITY CARD AND DD214 IF YOU SERVED IN THE MILITARY.

ALSO PROVIDE COPIES OF ANY CERTIFICATES YOU MAY HAVE THAT YOU WOULD LIKE FOR US TO REVIEW DURING CONSIDERATION OF YOUR APPLICATION.

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**APPLICATION DISCLAIMER FOR EMPLOYMENT  
PLEASE READ CAREFULLY  
APPLICANTS CERTIFICATION AND AGREEMENT**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR REFUSAL TO HIRE OR, IF HIRED, DISMISSAL. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE ANY AND ALL INFORMATION THEY MAY HAVE CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY SUBJECT COVERED BY THIS APPLICATION. I RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE HARRISON COUNTY SHERIFF'S OFFICE AND ACKNOWLEDGE THESE RULES AND REGULATIONS MAY BE CHANGED, INTERRUPTED, WITHDRAWN OR ADDED TO BY SHERIFF W.T. McCOOL AT ANY TIME, AT SHERIFF McCOOL'S SOLE OPTION WITHOUT ANY PRIOR NOTICE TO ME. I FURTHER ACKNOWLEDGE THAT MY EMPLOYMENT MAY BE TERMINATED AND AN OFFER OF EMPLOYMENT MAY BE WITHDRAWN, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF SHERIFF WILLIAM T. McCOOL OR MYSELF AND THAT ANY AGREEMENT TO THE CONTRARY IS VALID UNLESS IT IS IN WRITING AND SIGNED BY WILLIAM T. McCOOL.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT BY SHERIFF WILLIAM T. McCOOL IS CONTINGENT ON MY PROVIDING CONSENT TO THE ADMINISTRATION OF, AND ON THE RESULTS OF PRE-EMPLOYMENT SCREENING BY MEANS OF URINALYSIS OR OTHER RECOGNIZED PROCEDURE AND THAT MAY BE REQUIRED TO UNDERGO ADDITIONAL ALCOHOL/DRUG SCREENING DURING THE COURSE OF EMPLOYMENT.

I FURTHER UNDERSTAND THAT ANY EMPLOYMENT POSITION IS CONTINGENT ON MY ABILITY TO WORK ROTATING SHIFTS. EMPLOYMENT WITH THIS AGENCY IS NOT AN EIGHT TO FIVE JOB. HARRISON COUNTY SHERIFF'S OFFICE IS AN AT WILL EMPLOYER AND I MAY BE TERMINATED FOR ANY REASON WITHOUT CAUSE.

**POLICY DISCLAIMER**

SHERIFF WILLIAM T. McCOOL RETAINS THE RIGHT TO ADD TO, SUBTRACT FROM, OR OTHERWISE MODIFY ANY PART OF THIS POLICY AS DEEMED NECESSARY, WITHOUT PROVIDING ADVANCED NOTICE OR CAUSE. INTERPRETATIONS OF THE TERMS AND PROVISIONS CONTAINED IN THIS POLICY ARE RESERVED TO SHERIFF WILLIAM T. McCOOL. ANY AGREEMENT WITH REGARD TO THIS OR ANY OTHER POLICY IS INVALID UNLESS IT IS IN WRITING AND SIGNED BY SHERIFF WILLIAM T. McCOOL.

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APPLICANT SIGNATURE

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DATE



SHERIFF  
**WILLIAM T. McCOOL**  
HARRISON COUNTY  
P.O. BOX 568  
MARSHALL, TEXAS 75671-0568



### **Medical & Psychological Waiver**

I hereby waive the privilege of any information concerning my candidacy of employment within the State of Texas and any examination therefore by physicians or psychologists.

I hereby authorize and request each physician, psychologist and person in related fields, and each hospital, clinic, establishment and place rendering me any medical, psychological or related service to allow the **Harrison County Sheriff's Office** and each physician, psychologist and other related person appointed by it to have, examine and / or copy any and all information, records, reports, regarding my physical condition and treatment therefore, together with the diagnosis, evaluation or treatment of any medical or emotional condition or disorder.

I further authorize any such physician, psychologist and or other person in related fields to testify, without limitation, as to all findings. I further waive on behalf of myself and any other persons who may have an interest in the matter, all provisions of law relating to the disclosure of confidential information of professional consultation.

Signed: \_\_\_\_\_

Place:           **Harrison County Sheriff's Office**          

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

## Personal History Statement Instructions

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

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

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
  - Copy of your Social Security card.
  - **Original certified** copy of your birth certificate. (No photo copy)
  - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
  - Copy of your High School diploma or GED certificate.
  - **Sealed original certified** copy of your college transcript. (No photo copy)
  - Photocopy of your college diploma.
  - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
  - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
  - Copy of your DD-214 if applicable. Must possess an honorable discharge.
  - **Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
  - Copy of current proof of automobile liability insurance.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

**Applicant Qualification Section**

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 or jailer in Texas.

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ 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 bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis 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.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Pager No.	
		Drivers License No. & State	

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

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Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

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

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

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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 (S) \_\_\_\_\_

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**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address





**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you **ever** had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been a party to a civil suit or action? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_

Spouse's current net monthly income \_\_\_\_\_

Source

Amount

Frequency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any accounts with a financial institution? Yes \_\_\_ No \_\_\_

Name(s) of financial institution(s) \_\_\_\_\_

Type(s) of account(s) \_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance



**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

**If you are currently employed, may we contact your present employer?** Yes \_\_\_\_ No \_\_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, provide dates and explain:** \_\_\_\_\_

\_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, provide dates and explain: \_\_\_\_\_**

\_\_\_\_\_

**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you **ever** expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_\_ No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

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**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND 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 of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** been treated for drug or alcohol addiction? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

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

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Have you **ever** been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_