

# Snyder Police Department

## Applicant Personal History Statement



**Full Name**

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**Home Address**

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**City, State & Zip**

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**Primary Phone**

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**Primary Email**

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**Date Completed**

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**I am applying for:**

**Peace Officer**

**Telecommunicator**

**Civilian Employment**

## **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, guarantee 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 **TYPED** using the blanks provided. **Do not print double sided.**
2. Answer all questions truthfully and accurately. **Any untruthfulness can result in immediate disqualification.**
3. If a question is not applicable to you, enter "**N/A**" in the space provided. If an entire section is not applicable select the box that states not applicable.
4. Avoid errors by reading the directions carefully before making any entries on the form.
5. You are responsible for obtaining correct and full information including addresses, email addresses, and telephone numbers. If you are not sure of an address, personally verify before making that entry on this history statement; **the police department will not be responsible for obtaining any information.** **Errors will not be viewed favorably.**
6. 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.**
7. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in **disqualification.**
8. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
9. **Any candidate submitting an incomplete application may not be considered for employment. Your application will be evaluated on completeness and neatness.**
10. **All documents requested must be submitted as soon as possible but no later than before the background investigation begins** (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.
  - Copy of your High School diploma or GED certificate.
  - **Sealed original certified** copy of your college transcript. (No photo copy)
  - Copy of current proof of automobile liability insurance.
  - Copy of your DD-214/ NGB-22, if applicable. **Must possess an honorable discharge or a general under honorable conditions.**
  - **Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
  - Copy of a Credit Report dated no more than 90 days prior to application
  - Copy of any Marriage Dissolutions
  - Certified DPS Driving Record (Type 3A) (all accidents and violations on record) Go To: <https://txapps.texas.gov/tolapp/txldrcdr/TXDPSSLicenseeManager>
  - Certified Copy of Court Dispositions for ALL previous charges against the applicant Class B and above or Class C involving family violence or official duties.

### **Current Texas Peace Officers Only**

- Academy Graduation Certificate **OR** Copy of TCOLE License (Paper Copy or Card)
- TCOLE Personal Status Report (PSR) dated no more than 90 days prior to Application **OR** Copy of all training certificates awarded to you, if applicable.
- Current Firearms Qualification

## **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 police officer, detention officer, or telecommunicator in the State of Texas.

Select True or False from each question:

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 Section**

The information in this section is used for identification purposes.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Street Address:

City, State, and Zip Code:

Home Telephone:

Cell Phone:

Work Telephone:

Primary Email:

### Additional Emails:

Date of Birth:

Race:

Sex:

Drivers License Number and State:

Social Security No.:

Place of Birth:

### Are you a US Citizen by Birth?

Height:

Hair Color:  Eye Color:

Texas Commission on Law Enforcement PID (if applicable):

Any additional names you have gone by:

Scars, identifying marks, and tattoos including description and location:

List all social networking sites you use (Include Usernames)

## **Marital History**

Check your current status:

This section is not applicable.

Spouse's/Co-habitant's Name (include maiden name):

Street Address

City, State, and Zip Code:

Date of Birth:

Date of Marriage:

Home Telephone:

Cell Phone:

Work Telephone:

Primary Email:

Employer:

Employer Phone:

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This Section is not applicable.

If you have been divorced, provide details below.

Former Spouse's Name (include maiden name):

Street Address

City, State Zip

Date of Birth

Date of Marriage:

Home Telephone:

Cell Phone:

Primary Email:

Date of Divorce:

Court and State Where Divorce Issued:

## **Family History**

This Section is not applicable.

Identify children related to you or your spouse (including natural, step-children, adopted, or foster children).

<b>Name/Relationship</b>	<b>Age</b>	<b>Complete Address</b>	<b>Telephone</b>	<b>Email Address</b>

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Identify all immediate family members (including those related by marriage) including parents, step parents, brothers, and sisters.

<b>Name/Relationship</b>	<b>Age</b>	<b>Complete Address</b>	<b>Telephone</b>	<b>Email Address</b>

## Residential History

Identify all people you have lived with in the last five (5) years beginning with your current address.

From (Month/Year)	To (Month/Year)	Street Address City, State, Zip	Person Lived With	Phone #
	Present			

Have you ever been evicted or asked to move from any place you lived?      Yes      No

If yes, explain:

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This Section is not applicable.  
Identify all non-family members you currently reside with.

Full Name	Date of Birth	Dates of Cohabitation	Telephone	Email Address

## **Personal References**

List five (5) persons you've known for at least one (1) year, that can provide current information about you. Do not list **relatives, spouses, girlfriends/boyfriends, past or present employers, or supervisors.**

### **Reference 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Alternate Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### **Reference 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Alternate Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### **Reference 3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Alternate Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Reference 4**

Name: Relationship:

Occupation: Years Known:

Address: Phone No.:

Alternate Phone No.: Email:

**Reference 5**

Name: Relationship:

Occupation: Years Known:

Address: Phone No.:

Alternate Phone No.: Email:

Identify any employees of the Texas Commission on Law Enforcement or Snyder Police Department with whom you are acquainted with

## Traffic Record

Identify all vehicles that you currently own, lease, and/or operate:

Year	Make	Model and Body Style	Color	License Plate and State	Owner

What company carries your automobile insurance policy? \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas?      Yes      No

Other State Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Other State Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked?      Yes      No

If yes, give reason, date, and length of suspension:

Have you ever driven a motor vehicle while your driver's license was suspended or revoked?      Yes      No

Identify all motor vehicle accidents you have been involved in during the last 5 years.

This section is not applicable.

Date	Location	Cause of Accident	Police Report?	Injuries	Police Agency
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	

List all traffic citations you have received within the last 5 years, excluding parking tickets.

This section is not applicable.

Date	Violation (include alleged speed and speed limit if applicable)	Issuing Agency	Disposition (e.g., defensive driving, dismissed)

## **Arrests, Detentions, and Litigation**

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

If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

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

If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	City, and or State

**If you answer yes to any question in this section, include an explanation with date, charge, police agency investigating, disposition, and penalty.**

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 Yes No

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) Yes No

Have you **ever** been considered or named as a suspect in a criminal investigation or criminal offense? Yes No

Have you **ever** been a party to a civil suit or action? Yes No

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? Yes No

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? Yes No

Have you ever had a protective order issued against you? Yes No

**Explanation for any “Yes” answers above, including dates:**

## Financial History

Your current **net** monthly income: \_\_\_\_\_Spouse/co-habitator's  
current **net** monthly income: \_\_\_\_\_

<b>Sources of Income for You or Spouse (indicate which)</b>	<b>Amount</b>	<b>Frequency</b>

Do you have any accounts with a financial institution      Yes      No

Name(s) of financial institution(s) and types of accounts

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.

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

This section is not applicable.

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

**Current Monthly Expenditures:**

	<b>Payments</b>	<b>Remaining Balance</b>
<b>Rent Mortgage.....</b>	\$	
<b>Auto Payments.....</b>	\$	
<b>Auto Insurance.....</b>	\$	
<b>Electricity.....</b>	\$	
<b>Water.....</b>	\$	
<b>Home/Cell Phone.....</b>	\$	
<b>Grocery.....</b>	\$	
<b>Fuel.....</b>	\$	
<b>Entertainment.....</b>	\$	
<b>Child Support.....</b>	\$	
<b>Miscellaneous.....</b>	\$	
<b>Loans (Secured &amp; Unsecured)</b>	\$	
<b>Credit Card.....</b>	\$	
<b>Credit Card.....</b>	\$	
<b>Other:</b>	\$	
<b>Other:</b>	\$	
<b>Other:</b>	\$	

**BALANCE Column total:** \$ \_\_\_\_\_

**MONTHLY PAYMENT Column total:** \$ \_\_\_\_\_

**If you answer yes to any question in this section, include a complete explanation to include dates.**

Have you <b>ever</b> filed bankruptcy personally or on behalf of a business?	Yes	No
Have you <b>ever</b> had any personal or real property repossessed or foreclosed?	Yes	No
Have you <b>ever</b> failed to pay Federal, state, or other taxes?	Yes	No
Have you <b>ever</b> failed to file a tax return, when required by law?	Yes	No
Have you <b>ever</b> defaulted on any type of loan?	Yes	No
Have you <b>ever</b> had bills or debts turned over to a collection agency?	Yes	No
Have you <b>ever</b> had any credit account suspended, charged off, or cancelled for failure to pay?	Yes	No
Have you <b>ever</b> been delinquent on court-imposed alimony or child support payments?	Yes	No
Have you <b>ever</b> been disciplined regarding the use of a travel/credit card provided by an employer?	Yes	No
Are you currently more than sixty (60) days delinquent on any debts?	Yes	No
Have you ever applied for unemployment compensation?	Yes	No
Have you ever received unemployment compensation?	Yes	No

**Explanation for any “Yes” answers above, including dates:**

## Employment History

Beginning with your present or most recent job, list all employment since the age of seventeen or past 10 years. 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

Check Appropriate Job Type(s):  Full  Part  Temporary  Seasonal  Volunteer  Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Name of co-worker: \_\_\_\_\_ Co-worker Phone No.: \_\_\_\_\_

Co-worker Email: \_\_\_\_\_ Eligible for Rehire?  Yes  No  Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_

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

Name of co-worker: \_\_\_\_\_

Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_

Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given?      Yes      No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Name of co-worker: \_\_\_\_\_ Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_ Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_

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

Name of co-worker: \_\_\_\_\_

Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_

Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_

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

Name of co-worker: \_\_\_\_\_

Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_

Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_

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

Name of co-worker: \_\_\_\_\_

Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_

Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_

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

Name of co-worker: \_\_\_\_\_

Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_

Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given?      Yes      No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

Check Appropriate Job Type(s): [ ] Full [ ] Part [ ] Temporary [ ] Seasonal [ ] Volunteer [ ] Internship

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

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_

Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Name of co-worker: \_\_\_\_\_ Co-worker Phone No. \_\_\_\_\_

Co-worker Email: \_\_\_\_\_ Eligible for Rehire? [ ] Yes [ ] No [ ] Unknown

Was a two week notice given? Yes No

Duties:

Identify any disciplinary actions you received:

Reason for Leaving

**List any period of unemployment since the age of 18 (a period of unemployment is any time you did not have a job).**

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

**If you answer yes to any question in this section, include a complete explanation to include dates.**

Have you ever been terminated from employment for any reason?  Yes  No

Have you ever resigned in lieu of termination?  Yes  No

Have you ever resigned because you suspected you were going to be terminated or disciplined?  Yes  No

Have you ever collected unemployment or welfare benefits, including food stamps, when you were not entitled to them?  Yes  No

Have you ever failed to report to work without contacting your employer?  Yes  No

Have you ever taken money, merchandise, materials, equipment, etc. from an employer without their direct permission?  Yes  No

Yes  No

**Explanation for any “Yes” answers above, including dates:**

## Educational History

Check highest grade completed:  High School Diploma  GED

Check highest education earned:  Some College  Associate's  Bachelor's  Master's  Ph.D.

Identify all high schools you have attended:

High School(s) Attended	City/State	Years Attended	Graduated
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Identify all colleges, universities, or technical schools you have attended regardless if you earned a degree:

Name	City & State	Years Attended	Hours Completed	Degree/Major

Were you ever expelled from school? Yes                    No

If yes, give details:

List any awards, honors, or other academic achievements related to your education:

## **Military Obligation**

Selective Service number **\*\*(REQUIRED FOR MALES 18-26 YOA)\*\*:**

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

Have you ever been rejected by any branch of the U.S. Armed Forces or State Military?  Yes  No

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

Service Dates: \_\_\_\_\_ Highest Rank/Rate: \_\_\_\_\_

MOS/Rating: \_\_\_\_\_ Duty Stations: \_\_\_\_\_

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Discharge:  Honorable  General  Other than Honorable  Bad Conduct  Dishonorable

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

Service Dates: \_\_\_\_\_ Current Rank Held: \_\_\_\_\_

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

Job Title(s): \_\_\_\_\_ Duty Stations: \_\_\_\_\_

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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.)  Yes  No

If "Yes," provide dates, charges, military courts or authorities, and outcomes.

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## Special Qualifications and Skills

Identify any special licenses you hold (e.g., pilot, radio operator, license to carry):

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

Explain your experience with firearms including what weapons systems you are familiar with:

## Memberships and Organizations

This section is no applicable.

Name & Address	Type (e.g., social, fraternal, professional)	From (Month/Year)	To (Month/Year)

**If you answer “Yes” to any of the below questions, please include a detailed explanation, including dates of involvement.**

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

Have you ever been involved with, funded or supported a terrorist cell or organization designated a terrorist group by the United States or any other government? [ ] Yes [ ] No

## Law Enforcement Applications and Service

Never applied before.

List all law enforcement agencies that you have applied for (to include municipal, county, state, federal, other governmental, or private law enforcement agency). In addition, list position you applied for, the steps in the application process you have complete, and the status of the application. Attach an additional page if you need to list more agencies. **Attach any agency Disqualification letters you may have received**

Date Applied	Law Enforcement Agency and Position	Steps Completed						Application Status			
		Written Test	PT Test	Oral Board	Back-ground	Poly-graph	Psycho-logical	Hired	On List	Disqualified	Withdraw

Are you currently a licensed as a Texas peace officer by TCOLE?  Yes  No

Are you currently a licensed peace officer in another state?  Yes  No

Has your TCOLE license ever been denied or revoked?  Yes  No  N/A

Have you ever attended a police academy?  Yes  No

Police Academy Name: \_\_\_\_\_

Police Academy Address: \_\_\_\_\_

Police Academy Dates: \_\_\_\_\_

## **Personal Declarations**

**If you answer yes to any question in this section, include a complete explanation to include dates.**

Do you consume alcohol beverages?  Yes  No

If "Yes", how often?

Have you ever operated a motor vehicle while intoxicated on alcohol or drugs?  Yes  No

In the past five years, what is the maximum number of times you have operated a motor vehicle while intoxicated on drugs or alcohol? \_\_\_\_\_ times

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?  Yes  No

If yes, please explain:

Complete the following chart regarding drug usage. Usage includes ingestion of the drug into your system by any means (regardless if it had any effect) including: snort, sniff, inject, smoke, oral, or absorbed through any means. When asked for the maximum number of times you have used the drug, give the absolute maximum number of times you might have used the drug.

Type of Drug	Ever Used?	Maximum Times Used	Date First Used (Month/Year)	Date Last Used (Month/Year)	Ever Sold, Manufactured, or Transported?
Any prescription drug not prescribed to you:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any mind altering substance/chemical:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish, Hash Oil, THC	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
K2, Synthetic Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine, Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin, Black Tar, Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine, Amphetamine, Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hallucinogens, LSD, Acid, Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Barbiturates, Quaaludes, Benzodiazepines, Xanax, GHB	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Anabolic Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any illegal drug not listed here.	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

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?

## Certification

I hereby certify that I have personally completed 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.

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Signature of Applicant

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Date

Notary public in and for, State of \_\_\_\_\_

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Printed Name of Notary

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Signature of Notary

Notary Seal or Stamp:

**CITY OF SNYDER  
POLICE DEPARTMENT**

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **CITY OF SNYDER/ POLICE DEPARTMENT** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

NOTARY SEAL

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_