

**You must submit a completed Personal History Statement on the date of the civil service exam. WFPD Training staff will be onsite to collect the Personal History Statement at the time of check in. No Personal History Statements will be accepted after the exam has been administered.**

**\*\* Personal History Statements must be complete and notarized to be considered. \*\***

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>Return Date &amp; Time Stamp</p> <p>Name: _____</p> <p>Date: _____</p> <p>Time: _____</p>
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# **Wichita Falls Police Department**

## **Personal History Statement**

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**Applicant Name**  
(Please Print)

**WICHITA FALLS POLICE DEPARTMENT  
710 FLOOD STREET  
WICHITA FALLS, TEXAS 76301  
(940) 720-5059**

## VERIFICATION OF DOCUMENTS

To be eligible to complete the hiring process for the Wichita Falls Police Department, you must have your high school and college transcripts submitted directly from the school to the department.

### NO TRANSCRIPTS WILL BE ACCEPTED DIRECTLY FROM AN APPLICANT

You should contact the schools as soon as possible and arrange to have the transcripts mailed directly to:

Public Safety Training Center  
Wichita Falls Police Department  
710 Flood St.  
Wichita Falls, TX 76301

You will need to provide a COPY of these documents with this packet.

You may need to provide more documents at a later date.

- 1. Birth Certificate
- 2. Citizenship Papers
- 3. Driver's License
- 4. High School Diploma
- 5. High School Transcript  *(will be mailed to PD by the high school)*
- 6. G.E.D. Certificate
- 7. College Diploma
- 8. College Transcripts  *(will be mailed to PD by the college)*
- 9. Marriage Certificate
- 10. Divorce Papers
- 11. Military DD 214

*\*\* NOTE: If you are unable to obtain one or more of the above documents prior to the due date of your Personal History Statement, provide what you can and turn it in. You will have an opportunity to provide any remaining documents to your background investigator.*

# INSTRUCTIONS

## PLEASE READ CAREFULLY BEFORE PROCEEDING

The Personal History Statement serves as the basis for a background investigation and review, which will determine your eligibility for employment as a Police Officer Trainee. It is essential that all information supplied be accurate, thorough and complete. Please be sure to follow these instructions while completing the Personal History Statement.

- (1) The applicant shall complete this Personal History Statement in his or her own handwriting.
- (2) The applicant must print the Personal History Statement legibly in **black** ink.
- (3) If a question does not apply to you, **enter N/A** in the space provided.
- (4) Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence.
- (5) The applicant is responsible for obtaining correct addresses, telephone numbers, dates, and any other requested information. If you are not sure of an address, check it by personal verification.
- (6) An accurate and complete form will help expedite your investigation and the review procedure. On the other hand, deliberate omissions or falsifications will result in disqualification(s).
- (7) **We recommend you check your email frequently during this process.** You will be notified with important information updates and notified regarding other important steps to the hiring process.
- (8) If you would like a copy of your Personal History Statement, we recommend you make a copy before turning it in as we will not make copies for you.

# PERSONAL HISTORY STATEMENT

**Applicant Identification** *(Information provided in this section is used for identification purposes only.)*

(1) Name: \_\_\_\_\_

(2) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

(3) Address: \_\_\_\_\_

(4) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(5) Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

(6) Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

(7) Email Address: \_\_\_\_\_

(8) Nickname, maiden name, or other names by which you have been known:

\_\_\_\_\_

(9) Place of Birth City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

(10) Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

(11) Height: \_\_\_\_\_ (12) Weight: \_\_\_\_\_

(13) Eye Color: \_\_\_\_\_ (14) Hair Color: \_\_\_\_\_

(15) Scars or Marks: \_\_\_\_\_

(16) Tattoos: \_\_\_\_\_

**\*\* NOTE \*\***

**HAVE YOU ATTACHED A COPY OF YOUR BIRTH CERTIFICATE, CITIZENSHIP PAPERS, AND A COPY OF YOUR DRIVER'S LICENSE?**

## RESIDENCES

List all addresses where you have lived during the **past ten (10) years**, beginning with your present address. Include the city, state, and zip code of the address. List the dates you lived at the address by month and year.

Start	End	Address
(1) _____ / _____ to _____ / _____ <i>Month Year Month Year</i>		_____ ( <i># &amp; Street Name</i> ) _____ ( <i>City</i> ) _____ ( <i>State, Zip Code</i> )
(2) _____ / _____ to _____ / _____		_____ _____ _____
(3) _____ / _____ to _____ / _____		_____ _____ _____
(4) _____ / _____ to _____ / _____		_____ _____ _____

**RESIDENCES (continued)**

Start	End	Address
(5) _____ / _____ to _____ / _____		_____ _____ _____
(6) _____ / _____ to _____ / _____		_____ _____ _____
(7) _____ / _____ to _____ / _____		_____ _____ _____
(8) _____ / _____ to _____ / _____		_____ _____ _____
(9) _____ / _____ to _____ / _____		_____ _____ _____

# EMPLOYMENT HISTORY

(Begin with most recent employment and continue in reverse order)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Time: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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

Business or employer email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Status: Full-time  Part-time  Temporary  Seasonal   
Reserve Position  Internship  Self-employed   
Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

(If you held more than one position, list the positions in sequential order, numbering them as you go.)

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

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

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation? Yes  No

Reason for leaving: \_\_\_\_\_

Nature of separation: Resigned (with notice)  Fired   
Resigned (No notice)  Laid Off

If resigned with notice, how much time was given? \_\_\_\_\_ Verbal  Written

Was the amount of notice given in agreement with company policy? Yes  No

If resigned, was it an alternative to termination or other disciplinary action? Yes  No

If yes, explain.

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

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?

Yes  No

If yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

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

Are you eligible for rehire? Yes  No

List at least 2 co-workers:

Name

Phone Number

Email Address

1. \_\_\_\_\_

2. \_\_\_\_\_



## EMPLOYMENT HISTORY

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Time: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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If yes, explain.

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

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?

Yes  No

If yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_  
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Are you eligible for rehire? Yes  No

List at least 2 co-workers:

Name

Phone Number

Email Address

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(Month/Day/Year) (Month/Day/Year)

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Yes  No

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Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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

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Business or employer email: \_\_\_\_\_

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If yes, explain.

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\_\_\_\_\_

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

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Name

Phone Number

Email Address

1. \_\_\_\_\_

2. \_\_\_\_\_

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(Month/Day/Year) (Month/Day/Year)

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

Business or employer email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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\_\_\_\_\_

Are you eligible for rehire? Yes  No

List at least 2 co-workers:

Name

Phone Number

Email Address

1. \_\_\_\_\_

2. \_\_\_\_\_

(Attach additional pages, if necessary.)

## PERIODS OF UNEMPLOYMENT

Record any period(s) of unemployment **since graduating from high school.**

A period of unemployment is any time you did not have a job.

If you were a full-time student or homemaker and did not hold a job, or held only seasonal/temporary jobs, indicate the beginning and ending dates, if applicable. In the column headed “*Reason for Being Unemployed*”, indicate that you were a student, homemaker, etc.

<b>Dates of Unemployment</b>		<b>Length of Unemployment</b>	<b>Reason for Being Unemployed</b>
<b>Start Date</b> <i>(Month/Year)</i>	<b>End Date</b> <i>(Month/Year)</i>		

**Investigator’s Notes:**

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## APPLICANT HISTORY WITH OTHER AGENCIES

Have you previously applied with the Wichita Falls Police Department or any other law enforcement agency as a peace officer, jailer, or telecommunicator or made application with a fire fighting agency? If yes, complete the following. Do not fail to list any agency regardless of the status.

LE Agency/City & State	Date <i>(Month/Year)</i>	Disposition

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have NEVER applied with another law enforcement or fire agency.

Have you ever been licensed by TCOLE as a peace officer, jailer, or telecommunicator?

Yes  No

If yes, what is your TCOLE PID number? \_\_\_\_\_

**\*\*\* Before going to the next section, be sure that you have not forgotten or failed to list and describe any of the information requested about your employment history and applicant history with law enforcement/fire agencies. \*\*\***

## MARITAL & FAMILY HISTORY

- (1) Marital Status:       Married                                       Single  
                                  Engaged                                       Separated  
                                  Divorced (if ever)                                       Widowed  
                                  Relationship

(2) If Married or Engaged:

Spouse/Fiancée Name: \_\_\_\_\_

Date of Marriage/Engagement: \_\_\_\_\_

City & State of Marriage: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

(3) If in a Relationship:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_



**MARITAL & FAMILY HISTORY (continued)**

(4) If you have ever been divorced, separated, or widowed, complete the following:

Spouse's Name (Maiden): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check One:  Separated  Divorced  Annulled  Deceased

Date of Order or Decree: \_\_\_\_\_

Court Where Issued: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Name (Maiden): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check One:  Separated  Divorced  Annulled  Deceased

Date of Order or Decree: \_\_\_\_\_

Court Where Issued: \_\_\_\_\_ State: \_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

**\*\* HAVE YOU ATTACHED A COPY OF YOUR MARRIAGE CERTIFICATE OR YOUR DIVORCE DECREE? \*\***

## MARITAL & FAMILY HISTORY (continued)

List ALL CHILDREN related to you or your spouse. This would include natural children, step-children, and foster children.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supported by Whom: \_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

## MARITAL & FAMILY HISTORY (continued)

List ALL OTHER RELATIVES in the following order: Father/Step Father, Mother (*include maiden name*)/Step Mother (*include maiden name*), brothers and sisters, and step brothers or sisters. If deceased, so indicate.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_

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

Check this box if you need additional space and continue on the back of the previous page.

## FINANCIAL HISTORY

(1) What is your present salary or wages? \_\_\_\_\_

(2) Do you have income from any source other than your principle occupation? \_\_\_\_\_

If yes, How much: \_\_\_\_\_ How often: \_\_\_\_\_ Source: \_\_\_\_\_

(3) Do you have a bank account?  Yes  No

(4) Name and address of banks in which you have an account (please indicate if checking or savings account).

Bank: \_\_\_\_\_  Checking  Savings

Address: \_\_\_\_\_ Account # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank: \_\_\_\_\_  Checking  Savings

Address: \_\_\_\_\_ Account # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank: \_\_\_\_\_  Checking  Savings

Address: \_\_\_\_\_ Account # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(5) What is your total family income annually? \_\_\_\_\_

## FINANCIAL OBLIGATIONS

Give names and addresses of the individual companies or others to whom you are indebted. List the extent of your debt. Include rent, mortgages, vehicle payments, charge account(s), credit card(s), loan(s), child support, and any other debt(s) and payment(s). *(Include account numbers where applicable).*

<b>Type of Account</b>	<b>Creditor Name &amp; Address</b>	<b>Type of Debt</b>	<b>Account Number</b>	<b>Total Balance</b>	<b>Monthly Payment</b>

Check this box if you need additional space and continue on the back of the previous page.

## PERSONAL, CREDIT & MARITAL INFORMATION

### Personal History

- (1) Print your true legal name: \_\_\_\_\_
- (2) Have you ever used another name, other than a nickname?  Yes  No  
If yes, \_\_\_\_\_
- (3) Have you deliberately falsified any information on the Personal History Form?  Yes  No
- (4) Have you intentionally left any information off of your Personal History Form?  Yes  No
- (5) Have you intentionally left any relatives information off of your Personal History Form?  Yes  No

### Marital Information

- (1) Have you ever been married?  
If so, number of marriages: \_\_\_\_\_  Yes  No
- (2) Are you now married?  Yes  No
- (3) Are you now or have you ever been divorced or separated?  Yes  No
- (4) Are you now paying alimony or child support?  Yes  No
- (5) Are you behind on any required payments to your former spouse or children?  Yes  No
- (6) Have you ever been filed against for nonpayment of alimony or child support?  Yes  No

## PERSONAL, CREDIT & MARITAL INFORMATION (continued)

### Credit Information

- (1) Do you have bad credit?  Yes  No
- (2) Have you ever filed for bankruptcy?  Yes  No
- (3) Have you ever had a bill turned over for collection?  Yes  No
- (4) Have you ever been sued because of unpaid bills?  Yes  No
- (5) Do you have any suits or claims pending against any city, state, or federal institution?  Yes  No
- (6) Do you owe more money per month than you make per month?  Yes  No
- (7) Are there any debts or bills you deliberately did not list on your Personal History Form?  Yes  No
- (8) Have you ever been evicted from a place of residence?  Yes  No

## CUSTOMER REPORT AUTHORIZATION

I, \_\_\_\_\_, authorize the City  
*(Print Name)*  
of Wichita Falls to obtain a customer report (credit check) for employment  
purposes, and certifies to the agency that it has made this disclosure. I also  
understand, upon request, that a copy of the customer report will be made available  
to me.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MILITARY RECORD

1. Have you ever applied to serve in any branch of the armed forces?  
Yes  No

2. Have you ever served in the armed forces? Yes  No   
If your answer is yes, complete the following questions in this section.  
If your answer is No, proceed to the next page.

If you served multiple enlistments or in different branches, photocopy this page and complete it for each branch.

3. Enlistment date or date applied: \_\_\_\_\_ Discharge date: \_\_\_\_\_  
Monthly salary at enlistment: \_\_\_\_\_ Monthly salary at discharge: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_ Unit Designation: \_\_\_\_\_  
Highest rank held: \_\_\_\_\_ Nature of Discharge: \_\_\_\_\_

**If you originally received a discharge other than “Honorable”, give complete details:**

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*(Attach additional pages, if necessary.)*

4. Did you ever receive any of the following, regardless of the final disposition?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Article XV
<input type="checkbox"/>	<input type="checkbox"/>	Court-martial
<input type="checkbox"/>	<input type="checkbox"/>	Captain’s Mast
<input type="checkbox"/>	<input type="checkbox"/>	Company Punishment
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Reprimand/Page 11/Other written reprimands
<input type="checkbox"/>	<input type="checkbox"/>	Reduction in rank, or any other disciplinary action
<input type="checkbox"/>	<input type="checkbox"/>	Confinement

If you answered yes to any of the above, give complete details *(including date, charge, circumstances, etc.)* for each disciplinary incident:

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*(Attach additional pages, if necessary.)*

Check the appropriate box:

- I did not receive any disciplinary action in the military.  
 I have listed all disciplinary action I received in the military.

5. Are you currently a member of a U.S. Reserve, National or State Guard Organization?  
Yes  No

Check the appropriate box:

- I have listed my entire military history, including all reserve duties.  
 I have served in more than one branch of the military and have continued to list the remainder of my military history on an attached page. I have included ALL information requested for each branch of service.

## EDUCATIONAL HISTORY

(1) High School Attended: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Graduated? Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Graduated? Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List extracurricular activities engaged in while in high school.

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List honors and awards received while in high school.

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(2) College or University Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduated? Yes  No

Credits Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, and date: \_\_\_\_\_

**EDUCATIONAL HISTORY (continued)**

College or University Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduated? Yes  No

Credits Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, and date: \_\_\_\_\_

Were you employed on a part-time basis while in college? Yes  No

If so, list the following:

Employer: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

List extracurricular activities engaged in while in college.

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List awards received, and offices held while in college.

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List other schools attended (trade, vocational, business, etc...) Give name and complete address of schools, dates attended, course of study, certificates and other pertinent information.

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Check this box if additional space is needed and continue on the back side of the Previous page.

**HAVE YOU ORDERED YOUR HIGH SCHOOL AND COLLEGE TRANSCRIPTS?**

**Make sure you have followed the instructions on page two for delivery of transcripts.**

## SPECIAL QUALIFICATIONS AND SKILLS

- (1) List any special license you hold (such as pilot, radio operator, CPR, etc.). Show license authority, original date of issue, and date of expiration.

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- (2) List any specialized machinery or equipment which you can operate.

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- (3) If you are fluent in any foreign language, indicate in each area your degree of fluency.  
(**E = Excellent, G = Good, F = Fair, P = Poor**)

Language	Reading	Speaking	Comprehension	Writing

## THEFT FROM EMPLOYERS

Many people have taken things from a place where they worked which they did not have permission to take. These items may have been cash, merchandise, or items borrowed and not returned. The item(s) may have been given to another person or padding of your expense account. The City of Wichita Falls is interested in any incidents of theft or misappropriation from any employer that you may have committed or been involved in.

In addition, we are interested in any other thefts of property that you have been involved in while employed. This could include, but is not limited to, shoplifting, switching price tags, giving or receiving unauthorized discounts, and receiving stolen property. Do not leave anything out, no matter how insignificant you believe it is.

In the space provided below, list everything you have ever taken which you did not have permission to take. Please include any items taken such as cash, merchandise, or property. Also include the value, the date items were taken, and the location where the property was taken from.

Item(s) Taken	Value	Date Taken <i>(Month/Year)</i>	Employer

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have NEVER taken any item from any employer.

**\*\*\* Before going on to the next section, be sure that you have not failed to list any theft from an employer that you might have committed. \*\*\***

## ARREST, DETENTION, AND LITIGATIONS

### READ THESE DEFINITIONS THOROUGHLY!

“Law Enforcement Agency” includes not only municipal departments, state police, and sheriff’s departments, but also transit police, college campus security/police, airport security/police, hospital security/police, Coast Guard, constable officers, local or national police in any foreign country, military police and any other local, state or federal entity whose purpose is to enforce the law and investigate violations (ex. Child Protective Services, etc.).

A person is “detained” or “arrested” when his liberty is suspended for any amount of time, such as being “held for questioning”. The Texas Code of Criminal Procedure states a person has been arrested “*when he has been actually placed under restraint or taken into custody by an officer or other person executing a warrant of arrest, or by an officer or person arresting without a warrant.*” The following circumstances DO NOT DISQUALIFY an incident as an actual arrest: the person being arrested was not handcuffed, the person was allowed to be escorted to the jail facility rather than being taken in a squad car, the person was not physically placed in a cell, or the person was released with no formal charges filed.

**A “conviction” not only includes being actually tried and found guilty in a court of law, but also includes pleading guilty or no contest to receive deferred adjudication, or non-adjudicated probation, or any other such disposition, which required probation or payment of fines, even if the charges were eventually dropped or expunged.**

## ARREST, DETENTION, AND LITIGATIONS

(1) Have you ever been arrested, detained by police, or summoned into court?    Yes  No

Have you ever been questioned by any local, state or federal entity whose purpose is to enforce the law and investigate violations?

Yes  No

If yes, complete the following:

<b>Offense Charged</b>	<b>LE Agency or Other Agency</b> <small><i>(City &amp; State)</i></small>	<b>Date</b> <small><i>(Month/Day/Year)</i></small>	<b>Disposition</b>

(2) Have you ever been involved as a party in any civil suits or litigation, to include divorce, bankruptcy, eviction or child support?

Yes  No

If yes, give details:

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Check this box if you need additional space and continue on the back of the previous page.

## CRIMINAL ACTIVITY

You are applying for a position that requires the trust of the citizens in our Community. Consequently the Wichita Falls Police Dept. is interested in your participation in or commission of any crime listed below. We realize that it would be a rarity for any applicant to answer “no” to all of these questions, so we place a high degree of value on a person’s **honesty** and **integrity** in answering the following questions truthfully. **If you have committed or participated in any acts listed below in your lifetime, juvenile or adult, you must check the box indicating participation in the act.** Obviously, there are some acts of criminal penalty that may preclude your selection for employment. Again, be sure to acknowledge participation, commission, arrest, conviction or questioning by police or any local, state or federal investigative entity for any of the following acts which occurred.

**\*\* When you check YES, explain any involvement on the back of the previous page. List question number, approximate age, circumstances, and any values. \*\***

(1) Any act of unlawfully taking the life of another human being. Yes  No

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(2) Any act of unlawfully abducting another person. Yes  No

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(3) Any sexual act after you were age seventeen (17) with another person who was less than seventeen (17) years of age at the time of the act. (Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts or anus of another person.) Yes  No

---

(4) Any act of exposing your anus or genitals in public. Yes  No

---

(5) Any act, of assault by physically striking another person, stranger, family member, or others. Yes  No

---

(6) Any act of cruelty to any creature or animal which results in harm, injury or death, other than legally licensed sport hunting or fishing. Yes  No

---

(7) Any act of rape or sexual assault against any person by force or threats of injury. Yes  No

---

(8) Any act involving hurting, harming or attempting to hurt or harm another person using a firearm, knife, club or any other deadly weapon. Yes  No

---



## CRIMINAL ACTIVITY (continued)

(9) Any act involving hurting, harming, abusing, striking, or injuring any person under the age of fifteen (15) years.

Yes  No

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(10) Being married to two persons at the same time.

Yes  No

---

(11) Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, step grandchild or grandchild by adoption, sister or stepsister or brother or stepbrother, niece or nephew, or other family member.

Yes  No

---

(11) Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment or order of a court disposing of the child's custody.

Yes  No

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(13) Any act of causing, planning or starting a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to another person, or a building, habitation, vehicle or property belonging to you which was insured.

Yes  No

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(14) Any act involving the intentional damage or destruction of any property belonging to another person.

Yes  No

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(15) Any act involving the use of a firearm, knife, club, deadly weapon, physical threats or intimidation in order to steal or take property from another person.

Yes  No

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(16) Any act involving breaking into a building, habitation or any portion of a habitation or building in order to take or steal cash, property or merchandise, or with the intent of committing any other criminal act.

Yes  No

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(17) Any act involving breaking into a coin-operated device in order to steal property merchandise, cash or to obtain services.

Yes  No

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## CRIMINAL ACTIVITY (continued)

- (18) Any act involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, boxcars, vans or motor homes, in order to steal any cash, property or merchandise.

Yes  No

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- (19) Any act involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so.

Yes  No

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- (20) Any act which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, theft by false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft-including making a false claim to an insurance company.  
This does not include previously mentioned thefts from employers.

Yes  No

---

- (21) Any act, involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will deed, or any deed of trust with the intent to defraud or harm any person or business.

Yes  No

---

- (22) Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently; using a credit card without the consent of the person to whom the credit card was issued; using an expired credit card; using a fictitious credit card or number; using a stolen credit card; any involvement in the manufacture of a counterfeit credit cards; buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting to commit theft or to steal from anyone by using a credit card.

Yes  No

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- (23) Any act involving theft of a vehicle, use of a vehicle without the owner's consent or joy-riding in a stolen vehicle.

Yes  No

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- (24) Any act involving bribing or attempting to bribe any governmental officer or employee.

Yes  No

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- (25) Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document.

Yes  No

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## CRIMINAL ACTIVITY (continued)

- (26) Any act as an adult related to filing a false report to any peace officer. Yes  No
- 
- (27) Any act involving impersonating a peace officer, police officer, law enforcement official or other governmental official. Yes  No
- 
- (28) Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself. Yes  No
- 
- (29) Any act involving fleeing from, running from or evading by any means, including on foot or by vehicle, a peace officer who is attempting to arrest, detain or question you or any other person. Yes  No
- 
- (30) Any act involving disturbing the peace, including using abusive, profane or vulgar language to incite a breach of the peace, fighting in a public place, threatening another in a public place or looking into a window or any opening of a building for lewd purposes. Yes  No
- 
- (31) Any act involving the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, device, tape, book or any other item which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretion functions, sadism, masochism, or lewd exhibition. Yes  No
- 
- (32) Any act involving engaging in any sexual act, including intercourse, oral intercourse, anal intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value. Yes  No
- 
- (33) Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution. Yes  No
- 
- (34) Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer. Yes  No
-

## CRIMINAL ACTIVITY (continued)

(35) Any act of carrying a pistol, switchblade knife, or other illegal weapons.

Yes  No

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(36) Any act involving gambling, except for gambling in a private place in which all persons engaged in gambling have an equal chance of winning or losing and no person receives anything other than his own winnings, including promotion of a gambling house or possessing a gambling device, excluding dice or cards.

Yes  No

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(37) Any act involving any participation in any criminal enterprise or organized activity, which seems to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or any other criminal act.

Yes  No

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(38) Any act of involvement and/or participation in any type activity which resulted in police investigation, arrest, and/or incarceration (other than traffic). This includes any instance where charges were filed, warrants issued and/ or bond posted.

Yes  No

---

(39) Any act involving making or participation in making any lewd, obscene, or harassing phone calls since the age of seventeen (17).

Yes  No

---

(40) Any act of participation or act that resulted in you being in possession of, receiving, buying, or selling any property that was stolen or that you had reason to believe was stolen.

Yes  No

---

(41) Have you ever failed to file or filed a fraudulent income tax return or statement?

Yes  No

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(42) Have you ever converted government property to your own use or sold it?

Yes  No

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(43) Have you ever failed to pay any local, state or federal taxes?

Yes  No

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## CRIMINAL ACTIVITY (continued)

(44) Have you ever been indicted by a grand jury? Yes  No

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(45) Have you ever been tried or convicted in court for any criminal offense? Yes  No

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(46) Have you ever received a probated sentence or non-adjudicated sentence? Yes  No

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(47) Have you ever received a final conviction or non-adjudicated probation? Yes  No

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(48) Have you ever been sentenced or confined in a city, county, state or federal penal institution or institution for the criminal insane? Yes  No

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(49) Have you ever been arrested for any reason? Yes  No

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(50) Have you ever been questioned by the police for a suspected offense? Yes  No

---

(51) Do you currently live, reside or associate with any relatives, friends or personal contacts involved in any criminal activity? Yes  No

---

(52) Have you ever stolen or taken part in a theft of state, city or commercial utilities: i.e. water, gas, electric, cable television? Yes  No

---

(53) Do you currently associate or live with anyone who uses marijuana, drugs or narcotics illegally? Yes  No

---

(54) Have you or any member of your family (spouse's family) been a member of or associated with:

- a) Any criminal organization Yes  No
- b) Any association that has as its purpose the overthrow of the federal government Yes  No
- c) Any street gang or paramilitary organization Yes  No

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## **CRIMINAL ACTIVITY (continued)**

BEFORE GOING ANY FUTHER, BE SURE YOU HAVE CHECKED "YES" IN ALL AREAS THAT YOU RECALL HAVING PARTICIPATED IN BY COMMISSION, ARREST, CONVICTION, OR BEING QUESTIONED BY POLICE.

- Check this box if you have NEVER been involved in any of the above listed categories of criminal activity.

**BEFORE CONTINUING ON IN THE BOOKLET, BE SURE THAT YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU HAVE BEEN INVOLVED.**

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE AGENCY TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED, OCCURRED, SUSPECTED, ARRESTED, OR CONVICTED.**

# CRIMINAL ACTIVITY

## ILLEGAL DRUG/SALES

The sale/purchase of illegal drugs may occur in our society. For the purposes of employment, the City of Wichita Falls treats the sale or purchase of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (with or without profit to you), delivery of illegal drugs to another person, transporting illegal drugs to be sold, trading illegal drugs for anything of value, manufacturing illegal drugs, the purchase of illegal drugs, and the cultivation of illegal drug plants or any other way being involved in a transaction involving illegal drugs.

In the space provided below, list the number of times you sold or purchased any illegal drug(s), the type of illegal drug(s) sold or purchased, the amount of the illegal drug(s) sold or purchased, and your age at the time of the incident.

Number of Times SOLD	Type of Drug	Amount of Drug	Date <i>(Month/Year)</i>

Number of Times PURCHASED / TRANSPORTED / CULTIVATED	Type of Drug	Amount of Drug	Date <i>(Month/Year)</i>

- Check this box if you need additional space and continue on the back of the previous page.
- Check this box if you have NEVER sold or delivered any drug for any reason at all.

**BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES AND/OR PURCHASES IN WHICH YOU EVER RECALL BEING INVOLVED.**

**The Polygraph Examiner is authorized by this agency to ask questions regarding the truthfulness about the sale and/or purchase of illegal drugs.**

## CRIMINAL ACTIVITY DRUG USE/POSSESSION

In recent years, some drug usage has become common in our society. Some states have even legalized the personal use of marijuana. The City of Wichita Falls recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the City be aware of all your past and current drug usage, whether it is legal or illegal.

Let's discuss what we mean by usage. With drugs such as prescription medication(s), we are interested in the number of times you have taken a medication when they were not prescribed to you. With drugs such as cocaine, we are interested in the number of times that you have snorted, smoked, or ingested the drug. With marijuana, we are interested in the number of times you have smoked marijuana. This includes a hit, puff, or toke from a joint of marijuana, or eating marijuana brownies. For example, each separate instance of usage, regardless of quantity used or consumed, constitutes "ONE TIME USED".

**\*\* Note about marijuana use in states where it has been legalized.** When a question is asked about any use or possession of marijuana, your answer should include the total amount of times, regardless of what state you were in and/or whether or not it was legal at the time of your use/possession.

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

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

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

Complete the following chart, explaining if you have used each of the drugs mentioned: the first time (month/year) you used the drug, the last time (month/year) you used the drug, the maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate "NEVER USED" area. Please list only drugs not prescribed to you that you have used. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.



## DRUG USAGE

Type of Drug	Period of Usage		Max Times Used	Method of Use <i>(Pill / snorted / smoked / injected / oral ingestion)</i>	Never Used
	First Time <i>(Month/Year)</i>	Last Time <i>(Month/Year)</i>			
<b>Marijuana</b>					
<b>Hashish</b>					
<b>Peyote</b>					
<b>Synthetic Cannabinoid</b> <i>(K2 / Spice)</i>					
<b>Methamphetamine</b> <i>(Speed / Crank)</i>					
<b>MDMA / Ecstasy</b>					
<b>Cocaine</b> <i>(Powder / Crack / Freebase)</i>					
<b>Heroin</b>					
<b>PCP</b> <i>(Angel Dust)</i>					
<b>Inhalants</b> <i>(Paint / Freon)</i>					
<b>Bath Salts</b>					
<b>LSD</b> <i>(Acid)</i>					
<b>Psilocybin</b> <i>(Mushrooms / Shrooms)</i>					
<b>Steroids</b>					
<b>Prescription Medication</b> <b>**<u>Not prescribed to you</u></b>  <u><b>Pain Killers</b></u> Hydrocodone Lortab Vicodin Oxycodone/Oxycontin Dilaudid Codeine <i>(Cough Syrup)</i> Morphine  <u><b>Sedatives/Depressants</b></u> Barbiturates <i>(Benzos)</i> Benzodiazepines <i>(Xanax, Valium, Ativan)</i> Ambien Downers Tranquilizers					

<b>Stimulants</b> Amphetamine (Adderall, Ritalin) Uppers					
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If there are any other drug(s) and/or substance(s) that you have used that are not listed above, list below.

<b>Name of Drug</b>	<b>First Use</b> <i>(Month/Year)</i>	<b>Last Use</b> <i>(Month/Year)</i>	<b>Times Used</b>	<b>Method(s) of Use</b>
	/	/		
	/	/		
	/	/		
	/	/		

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have NEVER used any of the above listed drugs or any other drug.

***BEFORE CONTINUING, THINK CAREFULLY TO ENSURE THAT YOU HAVE NOT FORGOTTEN TO LIST ANY ILLEGAL DRUG USAGE, WHICH YOU CAN RECALL.***

**CRIMINAL ACTIVITY  
ALCOHOL**

While it is not a violation of the law for an adult to possess and use alcohol, it is against the law to operate a motor vehicle (car, truck, motorcycle, boat, and airplane) under the influence of alcohol. Furthermore, it is also unlawful to be intoxicated in public. **Normally, 3 or 4 beers, mixed drinks or glasses of wine within an hour of operation of a motor vehicle can/will result in a person meeting the legal criteria for intoxication.**

(1) Based on the above criteria, how many times in the last 24 months have you operated any motor vehicle while intoxicated?

Number of Times: \_\_\_\_\_

(2) How many times have you been intoxicated in public in the last 24 months?

Number of Times: \_\_\_\_\_

(3) When was the last time you were intoxicated in public?

Location: \_\_\_\_\_

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

(4) Has your drinking ever affected your job performance?

Yes  No

If yes, please explain below:

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## TRAFFIC RECORD

(1) Do you have a valid Texas operator's license? Yes  No

(2) Current Driver's License:

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(3) Has your driver's license ever been suspended? Yes  No

(4) With what company do you carry auto insurance?

\_\_\_\_\_ Policy #: \_\_\_\_\_

Agent's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(5) List all traffic citations you have received, including parking tickets.

Date <small>(Month/Year)</small>	Charge	Agency	City/State	Disposition

(6) Describe in a brief narrative any traffic accident in which you have been involved, include approximate dates and locations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(7) Have you ever held a driver's license in another state? Yes  No   
If yes, what state? \_\_\_\_\_

(8) Have you ever been arrested for DWI or DUI in this state or any other state or county? Yes  No

If yes, give details of the arrest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives, former employers, or others already listed in the packet.

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Cell/Business: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

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(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Cell/Business: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

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(3) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Cell/Business: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

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(4) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Cell/Business: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

---

(5) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
Cell/Business: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

## PRIOR LAW ENFORCEMENT SERVICE

Check this box if you have NEVER served in a position as a sworn or commissioned law enforcement officer, sheriff's deputy, State or Federal Agent, commissioned reserved, Jailer, or any other position charged and sworn to uphold the law. If you check this box, go to the next section of the booklet.

Check this box if you have had prior law enforcement service and complete the following questions. These questions deal only with your employment as a law enforcement officer or Jailer.

(1) While employed as a law enforcement officer or Jailer, did you ever commit a felony or misdemeanor which would have been punishable by incarceration?

Yes  No

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(2) While employed as a law enforcement officer or Jailer, have you ever abused a prisoner or violated a prisoner's civil rights?

Yes  No

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(3) Have you ever been terminated or asked to resign from a position as a law enforcement Officer or Jailer as a result of an internal investigation or allegation of misconduct?

Yes  No

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**PRIOR LAW ENFORCEMENT (continued)**

(4) While employed as a law enforcement officer or Jailer, have you ever used any illegal drug or illegally obtained illegal drug?

Yes  No

If yes, explain below:

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(5) While employed as a law enforcement officer or Jailer, have you ever confiscated a prisoner's property and made personal use of it?

Yes  No

If yes, explain below:

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(6) While employed as a law enforcement officer or Jailer, have you ever received any disciplinary action?

Yes  No

Have you ever been formally investigated for misconduct?

Yes  No

Have you ever received a suspension or any written reprimands?

Yes  No

If yes, explain below: Attach additional sheet if necessary

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(7) While employed as a law enforcement officer or Jailer, have you ever falsified anything in a police report?

Yes  No

If yes, explain below: Attach additional sheet if necessary

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Yes  No  Check this box if you need additional space, and continue on the back of the previous page.

Yes  No  Check this box if you have NEVER been involved in any of the above listed acts as a law enforcement officer.

**BEFORE CONTINUING, BE SURE THAT YOU HAVE NOT FAILED TO LIST ANY OF THE INFORMATION REQUESTED IN THE PROCEEDING QUESTIONS.**

## PAST OR PRESENT ORGANIZATION MEMBERSHIPS

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc.): \_\_\_\_\_

List your hobbies:

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## PERSONAL DECLARATIONS

- (1) If it became necessary to take a human life in the course of your duties as a Police Officer, would any belief or practice prevent you from doing so?

Yes  No

If yes, explain below:

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- (2) Do you have any practice or other belief which would prevent you from fully performing the duties of a Police Officer? Including working on weekends, evenings, night shift, or any holiday?

Yes  No

If yes, explain below:

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- (3) Are there any incidents in your life or details not mentioned herein which may influence this departments evaluation of your suitability for employment as a Police Officer?

Yes  No

If yes, explain below:

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I hereby certify that the information contained in this application is true and correct to the best of my KNOWLEDGE AND BELIEF. I am fully aware that any misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

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

\_\_\_\_\_  
Date

## READ, SIGN, AND DATE

All information contained in this booklet is subject to verification. **You should stop for a moment and think about your answers to ensure that you have accurately provided all of the information that was requested.** Should you now recall any information that was requested which you did not place in the booklet, go back now and add the information.

**Have you deliberately falsified any information on the Personal History Statement?**

Yes  No

**Have you intentionally left any information out of your Personal History Statement?**

Yes  No

All of the information that I have provided in this booklet is true, correct, and complete. I have not withheld, falsified, or misrepresented any information requested in this booklet.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Sworn to and subscribed before me on the \_\_\_\_\_ Day of \_\_\_\_\_,  
2015.

\_\_\_\_\_  
Notary Public

(SEAL)

**THIS BOOKLET MUST BE NOTORIZED BEFORE IT IS SENT BY MAIL OR WHEN YOU BRING IT BY THE POLICE DEPARTMENT TRAINING SECTION. WE WILL HAVE A NOTARY TO NOTARIZE THE BOOKLET FOR YOU.**

**CITY OF WICHITA FALLS  
POLICE DEPARTMENT**

**RELEASE OF INFORMATION AGREEMENT**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Wichita Falls Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department.

I hereby authorize any representative of the Wichita Falls Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Wichita Falls Police Department, whether said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data to the Wichita Falls Police Department to consider in determining my suitability of employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and my reputation, my military service records, educational records, my financial status, my criminal history, including any arrest records, any information containing investigator files, efficiency ratings, complaints or grievances, files by me or against me, the records or recollections of attorneys at law or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in, attendance records, polygraph records, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of \_\_\_\_\_ organization, 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 authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Wichita Falls Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For an in consideration of the Wichita Falls Police Department's acceptance and processing of my application for employment, I agree to hold the Wichita Falls Police Department, its agents and employees from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Wichita Falls Police Department. I understand that if information of serious criminal nature surfaces as a result of this investigation that information may be turned over to the proper authorities.

I understand my rights under Title V, United States Code, Section 552 a, the Privacy Act of 1974, with regards to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Wichita Falls Police Department in conjunction with employment procedures.

A photo copy or fax copy of this release form will be valid as an original thereof, even though the said copy or fax copy does not contain an original writing of my signature. This waiver is valid for a period of twelve (12) months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against any claims, damages, losses and expenses, including any reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

THE STATE OF TEXAS }  
COUNTY OF WICHITA }

Before me \_\_\_\_\_ on this date personally appeared \_\_\_\_\_

Known to me on the oath of \_\_\_\_\_ of through \_\_\_\_\_  
(Description of identity card or other document)

to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same for the purposes and consideration therein expressed.

(Seal) Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

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

**CITY OF WICHITA FALLS  
POLICE DEPARTMENT**

**RELEASE OF INFORMATION AGREEMENT**

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I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and my reputation, my military service records, educational records, my financial status, my criminal history, including any arrest records, any information containing investigator files, efficiency ratings, complaints or grievances, files by me or against me, the records or recollections of attorneys at law or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in, attendance records, polygraph records, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of \_\_\_\_\_ organization, 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 authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Wichita Falls Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For an in consideration of the Wichita Falls Police Department's acceptance and processing of my application for employment, I agree to hold the Wichita Falls Police Department, its agents and employees from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Wichita Falls Police Department. I understand that if information of serious criminal nature surfaces as a result of this investigation that information may be turned over to the proper authorities.

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I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against any claims, damages, losses and expenses, including any reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

THE STATE OF TEXAS }  
COUNTY OF WICHITA }

Before me \_\_\_\_\_ on this date personally appeared \_\_\_\_\_

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