



# APPLICANT PERSONAL HISTORY STATEMENT

## CITY OF PFLUGERVILLE/PFLUGERVILLE POLICE DEPARTMENT

1611 E. PFENNIG LN., P.O. BOX 679  
PFLUGERVILLE, TEXAS 78691-0679



### INSTRUCTIONS

#### **READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist in properly completing the Personal History Statement. It is essential the information be accurate in all respects. It will be used as the basis for a background investigation to determine your eligibility for employment. **Some of the questions may not apply to the position you applied for.** Reasonable accommodations will be made for applicants with disability if a request for such an accommodation is made in advance by contacting Recruiting at (512) 990-6736.

1. Your Personal History Statement should be printed in ink or typed by you and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading all directions carefully before making entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses, email addresses, fax numbers and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification.
5. If there is insufficient space on the form to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the attached sheets.
6. An accurate and complete form will help expedite your investigation. Deliberate omissions or falsifications will result in disqualification.
7. Upon completing the form, review each section to ensure that all information requested has been provided, or N/A entered if appropriate.
8. You are required to furnish copies of the following documents when the application is returned.
  - (a) Birth Certificate (Certified Copy), Driver license and Social Security Card (photo copy)
  - (b) Military Discharge (DD 214) – if applicable – long form (may request original to view)
  - (c) Photo Copy of High School Diploma with sealed official copy of high school transcript or a Copy of GED Certificate with sealed official copy of high school transcript.
  - (d) Sealed College Transcripts (Official Copy) or digital copy from school and College Diploma (Photo Copy)
  - (e) Marriage License (Photo Copy) if applicable
  - (f) Complete (Photo Copy) of Divorce Decree and Complete Certified Copy of Original Petition
  - (g) Naturalization Papers (Certified Copy) if applicable
  - (h) Automobile Insurance (Photo Copy)
  - (i) Bank Statement (past 2 months) Photo Copy ,Current Experian Credit Report and Credit Score
  - (j) Texas Commission on Law Enforcement Officer Standards & Education Basic Peace Officer Certificate (Photo Copy)
  - (k) Current Photograph – Professional appearance
9. The “Authorization of Release” must be signed, notarized and returned along with the Personal History Statement.
10. Please contact Sgt. Mike De La Rosa with Recruiting at [mdelarosa@pflugervilletx.gov](mailto:mdelarosa@pflugervilletx.gov) with any questions.



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Applicant Initials: \_\_\_\_\_

Background Investigator: \_\_\_\_\_

## VERIFICATION OF DOCUMENTS

\_\_\_\_\_ Certified Copy of Birth Certificate, Photocopy of Driver license, and Social Security Card \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Naturalization Papers (if applicable) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Certified Copy of High School Transcript(s) (Digital Copy from Institution accepted) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copy of High School Diploma or G.E.D. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Certified or Digital Copy of College or University Transcript (from each school attended) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copy of College Diploma(s) (if applicable) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copy of Marriage Certificate (if applicable) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copy of Divorce Decree(s) and **Final Dispositions Class B Misdemeanor or higher** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copy of Military Discharge Paper (DD-214) (if applicable) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copy of Proof of Liability Insurance \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Current **EXPERIAN** Credit Report/Credit Score \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Photo Copies of Last Two Months of Bank Statements \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ TLETS Inquiry (Performed by Background Evaluator) \_\_\_\_\_

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

\_\_\_\_\_ Copy of TCLEOSE License \_\_\_\_\_

\_\_\_\_\_ Current Photo of Applicant \_\_\_\_\_



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## AUTHORIZATION TO RELEASE INFORMATION

### To Whom It May Concern:

I hereby authorize the CITY OF PFLUGERVILLE/PLUGERVILLE 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, 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, any school, college, university, or other educations 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:

**A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.**

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: \_\_\_\_\_



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**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

3. MAILING ADDRESS – IF DIFFERENT: \_\_\_\_\_

CITY

STATE

ZIP CODE

4. TELEPHONE  
NUMBER/EMAIL: \_\_\_\_\_

5. DATE OF BIRTH: \_\_\_\_\_

6. MAIDEN NAME, NICKNAMES, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

7. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. PLACE OF BIRTH: \_\_\_\_\_

9. DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

10. HEIGHT: \_\_\_\_\_

11. WEIGHT: \_\_\_\_\_

12. COLOR OF EYES: \_\_\_\_\_

13. COLOR OF HAIR: \_\_\_\_\_

14. TCOLE PID: \_\_\_\_\_



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**B. RESIDENCES** –List all addresses where you have lived since age 17, beginning with your present address.

List date by month and year. Attach extra sheets if needed. **(SEE LAST PAGE A MUST)**

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all roommates you resided with since age 17.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**C. WORK HISTORY** – Beginning with your current or most recent job, list employment since the age of 17, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra sheets if needed.

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



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## WORK HISTORY - CONTINUED

4. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

6. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



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**D. EDUCATIONAL HISTORY** – List all schools attended or enrolled in. Use the bottom of this page for additional space if needed.

HIGH SCHOOLS ATTENDED	CITY/STATE/ZIP CODE	FROM	TO	GRADUATED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ DATES: \_\_\_\_\_

HOURS COMPLETED: \_\_\_\_\_ MAJOR/MINOR: \_\_\_\_\_

DEGREE(S) RECEIVED: \_\_\_\_\_

2. COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ DATES: \_\_\_\_\_

HOURS COMPLETED: \_\_\_\_\_ MAJOR/MINOR: \_\_\_\_\_

DEGREE(S) RECEIVED: \_\_\_\_\_

3. COLLEGE/UNIVERSITY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ DATES: \_\_\_\_\_

HOURS COMPLETED: \_\_\_\_\_ MAJOR/MINOR: \_\_\_\_\_

DEGREE(S) RECEIVED: \_\_\_\_\_

4. OTHER SCHOOLS ATTENDED (Trade, Vocational, Business, etc.)

SCHOOL NAME: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUBJECT MATTER: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

DIPLOMAS/CERTIFICATES RECEIVED: \_\_\_\_\_





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**E. MILITARY RECORD** – Use the bottom of this page or back of this page for additional space if needed.

BRANCH: \_\_\_\_\_ DATES: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_ RANK: \_\_\_\_\_

TYPE DISCHARGE: \_\_\_\_\_

DISCIPLINARY ACTIONS RECEIVED (Describe in full):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. REFERENCES** – List three persons that served with you in the military.

1. NAME: \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_



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**G. SPECIAL QUALIFICATIONS AND SKILLS** – Use the bottom of this page or back of this page for additional space if needed.

LIST ANY SPECIAL LICENSES YOU HOLD (Pilots, Radio Operator, Scuba, etc.)  
Show licensing authority, date of issue, and date of expiration.

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INDICATE YOUR DEGREE OF FLUENCY IN ANY FOREIGN LANGUAGE (Excellent, good, fair)

LANGUAGE	READING	WRITING	SPEAKING	UNDERSTANDING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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**H. ARRESTS, DETENTIONS, LITIGATIONS** – Include **all** felonies, misdemeanors, and **any** detentions.

CHARGE	AGENCY	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST **ALL** CIVIL LITIGATIONS IN WHICH YOU HAVE BEEN INVOLVED AS A PARTY OR WITNESS (Except those involving Worker’s Compensation).

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

**TRAFFIC RECORD** – List **all** traffic citations you have received.

CITY/STATE	MONTH/YEAR	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN.

CITY/STATE	MONTH/YEAR	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTO INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

If your driver’s license has ever been suspended or revoked, attach extra page and give date, state, and reason for action.

\_\_\_\_\_



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**I. MARITAL AND FAMILY HISTORY** – Indicate single, engaged, married, separated, divorced, or widowed. Use the back of this page for additional space if needed.

\_\_\_ SINGLE \_\_\_ ENGAGED \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED

NAME OF SPOUSE: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY STATE ZIP CODE

**IF EVER SEPERATED, DIVORCED, OR WIDOWED:**

DATE MARRIED	CITY/STATE	SPOUSE'S NAME	PRESENT ADDRESS/PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (Natural, adopted, step-children, and foster children).

NAME	DOB	RELATIONSHIP	CITY/STATE/ZIP	SUPPORTED BY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL OTHER DEPENDANTS

NAME	CITY/STATE/ZIP	RELATIONSHIP
_____	_____	_____
_____	_____	_____



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## MARITAL AND FAMILY HISTORY CONTINUED

LIST RELATIVES INCLUDING FATHER, MOTHER, BROTHER(S) AND SISTER(S).

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

5. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

6. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_



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**J. REFERENCES** – List three persons, other than relatives, former or current employers, who know you well enough to give information about you. Use the bottom or back of this page for additional space, if needed.

1. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP CODE  
 PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP CODE  
 PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP CODE  
 PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_



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**K. FINANCIAL HISTORY** – List all sources of income including wages, tips, interest, and commissions including spouse’s income. Use the back of this page for additional space, if needed.

SOURCE	AMOUNT	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REAL ESTATE OWNED:	VALUE:	LOCATION:
_____	_____	_____
_____	_____	_____
_____	_____	_____

VALUE OF STOCKS, BONDS OWNED: \_\_\_\_\_

BANKING INSTITUTIONS IN WHICH YOU MAINTAIN ACCOUNTS, INCLUDING SPOUSE’S  
\_\_\_\_\_

NAME/LOCATION	TYPE OF ACCOUNT	AVG. BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

AVERAGE MONTHLY COST OF UTILITIES (Electric, Water, Gas, Telephone)  
\_\_\_\_\_

GIVE DATE, TYPE AND LOCATION OF ANY BANKRUPTICIES FILED, INCLUDING SPOUSE’S/**delinquent accounts**  
\_\_\_\_\_

LIST ANY ALIMONY OR CHILD SUPPORT PAYMENTS, INCLUDING SPOUSE’S (Include name to whom paid, frequency and whether payment is current or in arrears).  
\_\_\_\_\_

FINANCIAL OBLIGATIONS, INCLUDING SPOUSE’S (include mortgage or rent payments in this section).

CREDITOR/LOCATION	BALANCE	MO. PAYMENT	<b>30 OR MORE DAYS IN ARREARS? EXPLAIN</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**L. MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS** – List Name, Address, type of organization (Professional, Fraternal, Social, etc.) Use the bottom of this page for additional space if needed.

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TYPE OF ORGANIZATION: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TYPE OF ORGANIZATION: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TYPE OF ORGANIZATION: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TYPE OF ORGANIZATION: \_\_\_\_\_





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## M. PERSONAL DECLARATIONS

DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

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DESCRIBE THE LEVEL, FREQUENCY, AND CIRCUMSTANCES SURROUNDING ANY USE OF NATURAL OR SYNTHETIC MARIJUANA OR ILLEGAL USE OF DRUGS NOT PRESCRIBED BY A PHYSICIAN. INCLUDE THE LAST TIME YOU WERE AROUND ANYONE USING ILLEGAL DRUGS AND THE TYPES OF DRUGS IN USE.

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DESCRIBE, IN DETAIL ANY INCIDENT IN WHICH YOU SOLD OR FURNISHED ANY NATURAL OR SYNTHETIC MARIJUANA, ILLEGAL DRUGS, OR NARCOTICS TO ANYONE.

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DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM TAKING A HUMAN LIFE IN THE COURSE OF YOUR LAW ENFORCEMENT DUTIES IF REQUIRED TO DO SO.

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DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS, OR AT NIGHT.

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# APPLICANT PERSONAL HISTORY STATEMENT

CITY OF PFLUGERVILLE/PFLUGERVILLE POLICE DEPARTMENT

1611 E. PFENNIG LN., P.O. BOX 679  
PFLUGERVILLE, TEXAS 78691-0679



**N. LIST ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE EVER APPLIED** – Use the back of this page for additional space if needed.

AGENCY	DATE	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DRUG FREE WORK PLACE

The City of Pflugerville is committed in assuring for a safe and productive workplace for all City employees. While on City property or during the conduct of City business, the use, possession, manufacture, sale or transfer of an illegal drug or alcohol is strictly prohibited.

All applicants selected for a position will be required to comply with the City of Pflugerville Drug Free Workplace Policy. Offers of employment will be conditioned upon applicants successfully passing a drug test.

The City of Pflugerville conducts pre-employment qualifications testing for certain jobs. The tests vary based on the required qualifications for particular jobs.

Reasonable accommodations will be made for applicants with disability if a request for such an accommodation is made in advance of a test.

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 \_\_\_\_\_ .

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

NOTARY SEAL

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

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



# APPLICANT PERSONAL HISTORY STATEMENT

CITY OF PFLUGERVILLE/PFLUGERVILLE POLICE DEPARTMENT

1611 E. PFENNIG LN., P.O. BOX 679  
PFLUGERVILLE, TEXAS 78691-0679



**O. Social Media** – List all social media accounts you are affiliated with or have a user profile.

1. Social Media Account  
Username

2. Social Media Account  
Username

3. Social Media Account  
Username

4. Social Media Account  
Username

5. Social Media Account  
Username

6. Social Media Account  
Username

7. Social Media Account  
Username

8. Social Media Account  
Username

9. Social Media Account  
Username

10. Social Media Account  
Username

11. Additional Information



# APPLICANT PERSONAL HISTORY STATEMENT

CITY OF PFLUGERVILLE/PFLUGERVILLE POLICE DEPARTMENT

1611 E. PFENNIG LN., P.O. BOX 679  
PFLUGERVILLE, TEXAS 78691-0679



This last page is to be used from your listed Residences. For each Residence you have listed, **you must obtain the name, complete address, fax number of the respective law enforcement agency associated to your address that would have responded for calls for service.** For example, you may have a City of Austin address although Travis County Sheriff's Office may be the ones responding to your residence.

From	To	Law Enforcement Agency Name, Address, Fax Number
_____	_____	_____
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