Iowa Park Police Department

104 E. Highway
Iowa Park, TX 76367
www.iowapark.com/dept/police

Personal History Statement

Due to the unique requirements of a position in law enforcement, an extensive investigation of an applicant's background is necessary. It is important that you complete this Personal History Statement as thoroughly as possible. There are very few ***automatic*** reasons for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your applications being rejected, regardless of the nature of 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.

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

For Police Department Use Only:

Applicant:_____

Position:
- Police Officer
- Dispatch

Upon initial review:
- PHS appears complete, continue in process
- PHS incomplete, action taken:_____
- Rejected, action taken: _____

Reviewer:_____ Date:_____

Applicant's Name:_____

PERSONAL HISTORY STATEMENT
*****ATTENTION*****

DO NOT MISSTATE OR OMIT FACTS WHEN COMPLETING YOUR PERSONAL HISTORY STATEMENT. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT.

NO STATEMENT CONTAINED HEREIN SHALL CONSTITUTE AN OFFER OR CONDITION OF EMPLOYEMENT.

PLEASE READ CAREFULLY"
INCOMPLETE PERSONAL HISTORY STATEMENTS WILL NOT BE ACCEPTED.

Your Personal History Statement (PHS) is subject to a complete background investigation of family, personal, financial, education, and employment history. Questions relating to age, height, weight, and physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatements of fact or omission of material information reported in this PHS, or withholding new information that may affect your qualifying for employment may disqualify you from employment with the Iowa Park Police Department for the next 2 years. If more space is needed to answer any question, use a separate piece of paper, 8.5"x11", lined notebook paper, being sure to number the question to which you are responding. All responses will be held in confidence to the extent allowed by the law. **REMEMBER:** the ability to make legible, accurate, and complete reports is an important part of law enforcement work.

INSTRUCTIONS

1. **PRINT** all answers in **BLUE** or **BLACK** ink. **DO NOT TYPE.** This statement must be completed by **YOU** and no one else. If someone other than you completes your PHS and information is omitted or incorrect, your application may be rejected for employment with the Iowa Park Police Department. Therefore, be sure that you fill it out correctly and completely.

2. Answer **EVERY** question.
   If the information requested does not apply to you, print "N/A" in the space provided.

3. If you cannot remember or do not know the requested information, print "I can't remember" or " I don't know" in the space. However, make all attempts to gather the information that you are lacking. Check the phone book for number and addresses or research on the internet.

4. Once you have completed this PHS, you **MUST** have the **Authorization for Release of Personal Information** notarized. If both of these pages are not notarized **BEFORE** the Personal History Statement is turned in, it will not be accepted.

5. This statement must be returned to the Iowa Park Police Department. **NOTE: The PHS must be hand delivered by "YOU ONLY", unless advised otherwise.**

6. **You must submit copies of the following documents that apply to you** at the time the PHS is completed:
   - High School Diploma, High School transcript, or GED
   - College transcripts and degree (OFFICIAL COPIES)
   - DD-214 (Member 4)
   - Any training certifications which pertain to law enforcement.
   - Dispositions of any arrest(s).
   - Birth Certificate (Bring original, copy will be made by IPPD staff.)
   - Drivers License and Social Security Card
   - Any name change records

7. In the Employment History Section of the pHS, when asked the aname and title of your immediate supervisor, **DO NOT** list the owner of the company. We want the name and title of the person who is/was directly in charge of you and knows your work habits. Example: John Doe, Supervisor, Shipping and Receiving.

8. When listing references, DO NOT list family members. It is preferred that all references have a local address and phone number. However, out-of-town references will be accepted provided that complete address and phone numbers are listed.

9. If you were the subject of any form of military discipline while serving in the Armed Forces (Article 15, etc.), you will be required to provide official documentation of the incident(s).

10. Finally, please be as thorough as possible. If information is missing, incorrect, or unreadable, **we cannot and will not** continue your background investigation. Once the PHS is completed, review your responses to guarantee that all are **CORRECT AND COMPLETE** before returning it to our office.

Applicant's Name:_____

11. If you have any problems while filling out the statement or you are not sure what information you should list, do not hesitate to call the police department and ask for assistance. The phone number is (940)592-2181.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AND WILL COMPLY WITH ALL INSTRUCTION HEREIN.

_____

Signature **Date**

ALL INFORMATION OBTAINED DURING THE INVESTIGATION OF YOUR PERSONAL HISTORY MAY BE USED AS A BASIS OF QUESTIONING DURING THE ORAL INTERVIEW EXAMINATION.

_____

Print Name **Date**

_____

Signature

Applicant's Name:_____

Background/Qualification Information Agreement

A comprehensive review and investigation will be conducted to determine your qualifications for the position.

To a great extent, your employment with the Iowa Park Police Department will depend on the information obtained from you and from your interviews. Information will also be obtained through correspondence with persons whom you have been associated with in various stages of your life. The information we obtain from you references, both personal and professional, is strictly confidential.

Therefore, it is the practice and policy of the Iowa Park Police Department to not discuss the reason(s) for rejection for those applicants who are not accepted for employment.

"I have read and agree to the above statement."

"I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers. All entries are made by me and are true, complete, and correct. I understand that if hired I may be discharged if the information provided by me contains any misrepresentations, falsifications, or if any material information has been omitted."

_____

Applicant's Name (printed)

_____ _____

Applicant's Signature Date

Applicant's Name_____

I. Applicant Identification

DATE OF APPLICATION:		POSITION APPLIED FOR:		
LEGAL NAME: *MUST MATCH NAME ON SOCIAL SECURITY CARD*	LAST	FIRST	MIDDLE	
ALIASES, NICKNAMES, MAIDEN NAME:		☐ U.S. CITIZEN		
		☐ NATURALIZED	DATE:	STATE:
		☐ LEGAL ALIEN		
DATE OF BIRTH:	PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY):	MOTHER'S MAIDEN NAME:		
DRIVER'S LICENSE NUMBER:	STATE ISSUED	EXPIRATION DATE:		
TATTOOS OR DISTINGUISHING SCARS OR MARKS:				
IN CASE OF EMERGENCY NOTIFY: LAST	FIRST	MIDDLE		
ADDRESS: NUMBER STREET APT. # CITY STATE ZIP CODE			☐ OWN ☐ RENT ☐ VISITING	
Is your "Application for Employment" complete and truthful to the best of your knowledge?		**Yes** ☐	**No** ☐	
Home phone number				
Cell phone number				
E-mail address:				

Applicant's Name_____

II. RESIDENCES

[redacted]**PEACE OFFICER APPLICANTS:** LIST ALL RESIDENCES SINCE AGE 15, STARTING WITH YOUR PRESENT RESIDENCE.
ALL OTHER APPLICANTS: LIST ALL RESIDENCES FOR LAST FIVE (5) YEARS, STARTING WITH YOUR PRESENT RESIDENCE

FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS >		IF YOU WERE RENTING, PROVIDE YOUR LANDLORDS NAME, ADDRESS AND PHONE #

BELOW, LIST ALL THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 5 YEARS, EXCLUDE FAMILY MEMBERS. (ALL APPLICANTS)

NAME: LAST FIRST MIDDLE AGE		HOME TELEPHONE	BUSINESS TELEPHONE
ADDRESS: NUMBER STREET CITY STATE ZIP		OCCUPATION	YEARS KNOWN
NAME: LAST FIRST MIDDLE AGE		HOME TELEPHONE	BUSINESS TELEPHONE
ADDRESS: NUMBER STREET CITY STATE ZIP		OCCUPATION	YEARS KNOWN
NAME: LAST FIRST MIDDLE AGE		HOME TELEPHONE	BUSINESS TELEPHONE
ADDRESS: NUMBER STREET CITY STATE ZIP		OCCUPATION	YEARS KNOWN

Applicant's Name_____

III. EMPLOYMENT INFORMATION

JAILER/PEACE OFFICER APPLICANTS: BEGIN WITH YOUR MOST CURRENT EMPLOYMENT, PLEASE LIST ALL JOBS (INCLUDING PART-TIME, TEMPORARY, MILITARY, AND VOLUNTARY POSITIONS) YOU HAVE HELD IN THE PAST FIFTEEN (15) YEARS.

ALL OTHER APPLICANTS: LIST ALL JOBS HELD FOR PAST TEN (10) YEARS, BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT.

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME			(AREA CODE) TELEPHONE NUMBER
	ADDRESS: NUMBER STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST FIRST		(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER STREET	CITY	STATE ZIP	
SALARY	CO-WORKER'S NAME: LAST FIRST		(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER STREET	CITY	STATE ZIP	

IF CONTACT WERE MADE AT THIS TIME WITH YOUR PRESENT EMPLOYER, WOULD IT JEOPARDIZE YOUR POSITION? ☐ YES ☐ NO IF YES, PLEASE PROVIDE COMMENTS IN THE BOX >>>	COMMENTS:

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME			(AREA CODE) TELEPHONE NUMBER
	ADDRESS: NUMBER STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST FIRST		(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER STREET	CITY	STATE ZIP	
SALARY	CO-WORKER'S NAME: LAST FIRST		(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER STREET	CITY	STATE ZIP	

Applicant's Name_____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME			(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME			(AREA CODE) TELEPHONE NUMBER	
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
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TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP

Applicant's Name_____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME				(AREA CODE) TELEPHONE NUMBER
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
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	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME NUMBER				(AREA CODE) TELEPHONE
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	

Applicant's Name_____

ROM MONTH/YEAR	EMPLOYER/COMPANY NAME				(AREA CODE) TELEPHONE NUMBER
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
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FROM MONTH/YEAR	EMPLOYER/COMPANY NAME				(AREA CODE) TELEPHONE NUMBER
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TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
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	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME NUMBER				(AREA CODE) TELEPHONE
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE ZIP	
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
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Applicant's Name_____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME				(AREA CODE) TELEPHONE NUMBER
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	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
SALARY	CO-WORKER'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME NUMBER				(AREA CODE) TELEPHONE
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
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	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP

Applicant's Name_____

FROM MONTH/YEAR	EMPLOYER/COMPANY NAME				(AREA CODE) TELEPHONE NUMBER
	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
TO MONTH/YEAR	JOB TITLE:	DUTIES:	REASON FOR LEAVING:		
TOTAL TIME: YEARS/MONTHS	SUPERVISOR'S NAME: LAST	FIRST	(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
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	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
FROM MONTH/YEAR	EMPLOYER/COMPANY NAME NUMBER				(AREA CODE) TELEPHONE
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	ADDRESS: NUMBER	STREET	CITY	STATE	ZIP

Applicant's Name_____

A. Have you ever resigned or been asked to resign from any job in lieu of being fired or terminated? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

_____

B. Have you ever been fired from a job? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

_____

C. Have you ever quit a job without giving at least two weeks notice? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

D. Have you ever taken (stolen) anything – including but not limited to money, office supplies, uniforms, food, merchandise, etc. – regardless of value, from an employer? If yes, explain. **Yes** ☐ **No** ☐

_____

Employer/Year Item(s)

_____

Employer/Year Item(s)

E. Without consent, have you ever converted an employer's property for personal use? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

F. Have you ever witnessed a co-worker steal from an employer? If yes, did you report it to a supervisor? If no, explain. **Yes** ☐ **No** ☐

_____

_____

G. Have you ever intentionally or knowingly damaged an employer's or customer's property? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

H. The work schedule for this position may require you to work day, evening, or midnight shifts. Are there any specific times that you are unable to work? If yes, list the times. **Yes** ☐ **No** ☐

_____

_____

I. Have you ever violated a rule, regulation or policy of an employer? If yes, list all violations and disciplinary actions you have received from employers. **Yes** ☐ **No** ☐

Employer	Date	Violation/Action
Employer	Date	Violation/Action
Employer	Date	Violation/Action

IV. MILITARY RECORD

A. When did you register with the Selective Service? _____
(This question does not apply to female applicants.)

B. Were you ever in the ROTC or any similar program in High School or College? If yes, explain. **Yes** ☐ **No** ☐

C. Have you ever served in any branch of the US Armed Services? **(If no,skip questions D through J.)** **Yes** ☐ **No** ☐

D. Your military service branch(es):

Branch	Enlistment Date	Discharge Date	Character of Service (honorable, etc.)
Branch	Enlistment Date	Discharge Date	Character of Service (honorable, etc.)
Branch	Enlistment Date	Discharge Date	Character of Service (honorable, etc.)

E. What is/was your primary assignment? _____

F. Were you ever A.W.O.L? If yes, explain. **Yes** ☐ **No** ☐

G. Were you ever reduced in rank? If yes, explain. **Yes** ☐ **No** ☐

H. Were charges ever preferred or referred against you to a court martial? If yes, explain. **Yes** ☐ **No** ☐

Applicant's Name_____

I. Did you have any other disciplinary actions taken against you? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

J. Were you discharged before the scheduled end of your tour of duty? If so, explain: **Yes** ☐ **No** ☐

_____

_____

V. EDUCATION INFORMATION

1. LIST HIGH SCHOOL GRADUATED FROM OR LAST ATTENDED

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		DID YOU GRADUATE	TEXAS PROFICIENCY TEST OR GED? YES ☐ WHEN AND WHERE TAKEN?
		FROM	TO		

2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (START WITH MOST RECENT COLLEGE AND UNIVERSITY ATTENDED)

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		DID YOU GRADUATE	MAJOR TAKEN/ DEGREE EARNED	UNITS EARNED
		FROM	TO			

HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL OR DISCIPLINED BY ANY SCHOOL OFFICIAL? ☐ YES ☐ NO IF YES, EXPLAIN BELOW.

VI. ARRESTS, DETENTIONS, CITATIONS

A. Have you ever been contacted, questioned, detained, fingerprinted, arrested, or charged with any crime by any law enforcement agency (civilian or military) – whether or not you were arrested? If yes, list. **Yes** ☐ **No** ☐

Agency	Date	Reason
Agency	Date	Reason
Agency	Date	Reason

B. Have you ever committed a crime that went undetected? If yes, explain. **Yes** ☐ **No** ☐

C. Are you now or have you ever been a member of a street gang or a militant organization that advocates the use of violence? If yes, explain. **Yes** ☐ **No** ☐

D. Have you ever appeared before a grand jury as a suspect in any offense? **Yes** ☐ **No** ☐

E. Have you ever been indicted by a grand jury? ☐ ☐

F. Have you ever confessed to a felony offense? ☐ ☐

G. List all states where you currently possess a driver's license or have in the past possessed a driver's license. Include the state and license number if known. Begin with your current license.

State	License No.	Appx. Date Issued
State	License No.	Appx. Date Issued

H. List all traffic citations issued to you in the last five years (speeding, stop sign, parking, no insurance, expired registration, etc.), regardless of disposition.

Date	Violation	Location	Disposition
Date	Violation	Location	Disposition
Date	Violation	Location	Disposition
Date	Violation	Location	Disposition
Date	Violation	Location	Disposition

I. List all traffic accidents you have been involved in, as the driver, in the last five years. Indicate if officers responded or a state accident report was filed. Also, describe what happened and list who was at fault.

Date	Location	Description
Date	Location	Description
Date	Location	Description

J. Has your driver's license ever been suspended or revoked for any reason? If yes, explain. **Yes** ☐ **No** ☐

_____

VII. Law Enforcement/Security/Military Police/Jailer History

A. Have you every applied with the Iowa Park Police Department before this date or any other law enforcement agency for any position? If so provide the below requested information. Under heading "Position" identify the application as: police officer, jailer, dispatcher, etc. Under the heading "Status" explain where you are in that agencies hiring process, i.e. "awaiting test date", "failed physical agility", "hired", etc. **Yes** ☐ **No** ☐

Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status

B. Have you ever taken part in a police ride-along program? If yes, what department and when? **Yes** ☐ **No** ☐

_____

_____

C. Have you ever taken part in a police/fire cadet or explorer program? If so, what department and when? **Yes** ☐ **No** ☐

_____

_____

Applicant's Name_____

D. Do you have, or have you ever applied for any of the following licenses from the Texas Commission on Law Enforcement Officer Standards and Education: **Yes** ☐ **No** ☐

☐ Temporary Jailer ☐ Peace Officer ☐ Firearms Instructor
☐ Jailer ☐ Instructor ☐ Telecommunicator

If yes, what is your TCLEOSE PID #:_____

VIII. FAMILY HISTORY

1. LIST RELATIVES IN THE FOLLOWING ORDER: MOTHER (MAIDEN NAME), STEP MOTHER, FOSTER-MOTHER, FATHER, STEPFATHER, FOSTER-FATHER, LEGAL GUARDIAN, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW, BROTHERS-IN-LAW, SISTERS-IN-LAW, EX-MOTHER-IN-LAW, EX-FATHER-IN-LAW.

RELATIONSHIP	LAST NAME		FIRST	MIDDLE		NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME		FIRST	MIDDLE		NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME		FIRST	MIDDLE		NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME		FIRST	MIDDLE		NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE

Applicant's Name_____

RELATIONSHIP	LAST NAME	FIRST	MIDDLE			NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME	FIRST	MIDDLE			NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME	FIRST	MIDDLE			NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE
RELATIONSHIP	LAST NAME	FIRST	MIDDLE			NICKNAME/MAIDEN NAME
ADDRESS: NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) HOME PHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION		
WORK: : ADDRESS NUMBER	STREET	APT.#	CITY	STATE	ZIP CODE	(AREA CODE) WORK PHONE

2. MARITIAL INFORMATION:

MARTIAL STATUS	☐ SINGLE ☐ MARRIED	☐ SEPERATED ☐ DIVORCED	☐ WIDOWED ☐ ANNULLED
SPOUSES NAME: LAST	FIRST MIDDLE	AGE	DATE OF BIRTH
SPOUSES MAIDEN NAME:			
(AREA CODE) DAYTIME PHONE NUMBER		(AREA CODE) WORK/OTHER PHONE NUMBER	

Applicant's Name_____

3. LIST ALL OF YOUR CHILDREN (INCLUDE STEPCHILDREN, ADOPTED CHILDREN, FOSTER CHILDREN, ETC.)

NAME: LAST, FIRST, MIDDLE	SEX	RELATIONSHIP				PRESENTLY LIVING WITH YOU? YES	NO
	☐ MALE ☐ FEMALE	☐ NATURAL ☐ FOSTER		☐ STEP ☐ ADOPTED		☐	☐
	☐ MALE ☐ FEMALE	☐ NATURAL ☐ FOSTER		☐ STEP ☐ ADOPTED		☐	☐
	☐ MALE ☐ FEMALE	☐ NATURAL ☐ FOSTER		☐ STEP ☐ ADOPTED		☐	☐
	☐ MALE ☐ FEMALE	☐ NATURAL ☐ FOSTER		☐ STEP ☐ ADOPTED		☐	☐
	☐ MALE ☐ FEMALE	☐ NATURAL ☐ FOSTER		☐ STEP ☐ ADOPTED		☐	☐

4. IF DIVORCED, WIDOWED OR ANNULLED, LIST PRIOR MARRIAGES IN ORDER OF OCCURRENCE:

FORMER SPOUSES NAME: LAST	FIRST	MIDDLE				DATE FILED/DIVORCE FINAL
FORMER SPOUSE'S: NUMBER STREET ADDRESS:	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE	
FORMER SPOUSES NAME: LAST	FIRST	MIDDLE				DATE FILED/DIVORCE FINAL
FORMER SPOUSE'S: NUMBER STREET ADDRESS:	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE	
FORMER SPOUSES NAME: LAST	FIRST	MIDDLE				DATE FILED/DIVORCE FINAL
FORMER SPOUSE'S: NUMBER STREET ADDRESS:	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE	
FORMER SPOUSES NAME: LAST	FIRST	MIDDLE				DATE FILED/DIVORCE FINAL
FORMER SPOUSE'S: NUMBER STREET ADDRESS:	APT.#	CITY	STATE	ZIP CODE	DAYTIME PHONE	

5. IF UNMARRIED, COMPLETE THE FOLLOWING:

NAME OF SIGNIFICANT OTHER: LAST	FIRST	MIDDLE	DATE OF BIRTH	
ADDRESS: NUMBER STREET	CITY	STATE	ZIP CODE	
(AREA CODE) HOME TELEPHONE	(AREA CODE) BUSINESS TELEPHONE			

Applicant's Name_____

IX. REFERENCES

1. LIST FIVE (5) REFERENCES, OTHER THAN RELATIVES, EMPLOYERS, OR LAW ENFORCEMENT PERSONNEL WHO KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU. INCLUDE TWO (2) REFERENCES APPROXIMATELY YOUR AGE.

NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION / YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION / YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION / YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION / YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION / YEARS KNOWN

2. LIST MEMBERS OF LAW ENFORCEMENT AGENCIES YOU ARE ACQUAINTED WITH, TYPE OF RELATIONSHIP (RELATIVE, CLOSE FRIEND, NEIGHBOR, CASUAL ACQUAINTANCE, CO-WORKER) AND YEARS KNOWN.

NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE / YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE / YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE / YEARS KNOWN

X. PERSONAL DECLARATIONS

		Yes	No
A.	To your knowledge, has any member of your family (including spouse's family) been a member of or associated with any subversive, militant organization or group that advocates the overthrow of the government by force or violence with intent to further its aims?	☐	☐
B.	Have you sold or attempted to sell government information?	☐	☐

C. Have you ever been a member or attended any meetings of a group of individuals that professed hatred or intense dislike for individuals based on their race, color, religious beliefs, gender, or sexual preference? **Yes** ☐ **No** ☐

This section covers the use of any controlled substance, dangerous drug, inhalant or marihuana. "Use" means the introduction into your body, by inhaling, smoking, ingesting, injecting, tasting, trying, experimenting, or by any other means.

D. Have you in the last two years used any of the following?

Yes	No		Yes	No	
☐	☐	Amphetamines (speed)	☐	☐	Methadone
☐	☐	Barbiturates	☐	☐	Methamphetamine
☐	☐	Cocaine	☐	☐	Methaqualone
☐	☐	Codeine (not prescribed)	☐	☐	Mescaline (peyote)
☐	☐	Crack cocaine	☐	☐	Morphine (not prescribed)
☐	☐	Ecstasy (XTC)	☐	☐	Opiates
☐	☐	Hashish	☐	☐	PCP (angel dust)
☐	☐	Heroin	☐	☐	Psilocybin (mushrooms)
☐	☐	LSD (acid)	☐	☐	Steroids (not prescribed)
☐	☐	Marihuana	☐	☐	Tranquilizers (not prescribed)
☐	☐	Any other illegal drug not listed above or not prescribed to you. If yes, list: _____			

E. Have you ever sold, bought, or provided any controlled substance or dangerous drug? If yes, explain. **Yes** ☐ **No** ☐

_____

F. Have you ever possessed, transported, or purchased any precursor chemicals or any chemical laboratory glassware or apparatus used in the manufacturing of any controlled substance or dangerous drug? If yes, explain. **Yes** ☐ **No** ☐

_____

G. Have you ever used a prescription medication that was prescribed for another person? If yes, explain. **Yes** ☐ **No** ☐

_____

H. Have you used any of the following products as inhalants?

Yes	No		Yes	No		Yes	No	
☐	☐	Glue	☐	☐	Paint	☐	☐	Beauty care
☐	☐	Office supplies	☐	☐	Petroleum based	☐	☐	Other (list) _____

Applicant's Name_____

XI. FINANCIAL INFORMATION

A. Have you ever filed an income tax statement that contained false information? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

B. Have you ever written a check on another person's account without that person's permission? If yes, explain. **Yes** ☐ **No** ☐

_____

_____

C. Have you ever issued an insufficient funds ("hot") check? If yes, explain and include the date, county where issued, and disposition. **Yes** ☐ **No** ☐

_____

_____

Applicant's Name_____

CITY OF IOWA PARK
POLICE DEPARTMENT

OFFICE: (940) 592-2181 **FAX: (940)-592-5542**
104 E. HIGHWAY - P.O. BOX 190 **IOWA PARK, TX. 76367- 0190**
E-Mail: rjohnson@iowaparkpd.com
Robert Johnson Chief of Police

I have applied for employment with the Iowa Park Police Department. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Police Department. For this specific reason, I authorize the release and full disclosure of any and all information of a confidential or privileged nature to a duly authorized agent of the Iowa Park Police Department.

The following are examples of the type of information being requested:

Criminal arrest records	Jail and custody information	Field interviews
Officer's notebook notations	Traffic accident	Booking information
Traffic citations	reports/records	District Attorney records
Court records/reports	Probation/parole	Laboratory reports/results
Performance evaluations	reports/records	Employment records
Polygraph results	Other reports or records	Credit History
School transcripts	Disciplinary reports	Psychological evaluations
Detentions, field citations	Medical information	

I authorize the Iowa Park Police Department to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Police Department.

I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, that his information will likely bar me from further consideration for this position and it will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

"I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested."

_____ _____
Print Name Social Security Number

_____ _____
Signature(MUST be notarized) Date

Before me, the undersigned, a Notary Public in and for the State of_____,County of _____, on this day personally appeared, _____, known to me to be the person whose name is subscribed to the forgoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration herein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this___day of _____, A.D. 20__.

Seal

_____
Notary Public Signature