

Lubbock Police Department

PROBATIONARY POLICE OFFICER
APPLICANT

PERSONAL HISTORY STATEMENT WORKBOOK

Last Name	First Name	Middle Name

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Instructions to the Applicant

This is not the personal history statement (PHS). You will be sent an e-mail invite to access and fill out the PHS on-line from a company called Background Solutions. You will not be sent and e-mail invite until you have passed both the written examination and the Physical Fitness test. The information you provide on the Personal History Statement (PHS) will be used in the background investigation to assist in determining your suitability for the position of Probationary Peace Officer, in accordance with Texas Commission on Law Enforcement (TCOLE), Texas Local Government Code Chapter 143, Local Civil Service Rules, and City of Lubbock Policy.

We provide you with this document, in which we label "Personal History Statement Workbook," to assist you in getting a head start in obtaining all the necessary information and documents you will need when filling out the on-line Personal History Statement.

This workbook will contain all the same information and documents you will need to obtain for the on-line PHS. The PHS is due 2 weeks after you pass the written and PT tests. You will be given the due date during a PHS briefing after you pass the written and PT tests. Two weeks is not a vast amount of time to gather all the information and documents needed. We highly recommend you use this workbook to your advantage. If you fill out this workbook it will save you time and a ton of stress meeting the given due dates/times.

Attachments needed for the PHS

College transcripts must bear the seal of the institution. College and High School Transcripts must remain in the sealed envelope from the High School or University. If the envelope is opened they are no longer certified. The Birth Certificate has to be an original or new original obtained from the health department, hospital, state etc... This document will be returned to you.

You MUST obtain **READABLE** photocopies of the following documents:

Driver's License	
Proof of Vehicle Liability Insurance	
DD-214 (if applicaple)	
Marriage Certificate (if applicaple)	
Entire Dissolution of Marriage Decrees and all related court orders (if applicaple)	
If applicable Concealed Handgun License (CHL)	

You MUST obtain **CERTIFIED** copies of the following documents:

Birth Certificate	
Naturalization Papers (if applicaple)	
GED Certificate (if applicaple)	
High School Transcripts	
College Transcripts (if applicaple)	

^{**}YOU WILL BE GIVEN INSTRUCTIONS ON WHAT TO DO WITH THESE DOCUMENTS IN THE PHS BRIEFING AFTER
YOU PASS THE WRITTEN AND PT TESTS**

ACADEMY CONTACT INFORMATION:

Lubbock Police Academy	Reese Center 508 Davis Drive Lubbock, TX 79416		
Lubbock Police Academy PO Box	PO Box 2000 Lubbock, TX 79457		
Administrative Secretary	Joanna Vargas	806-775-2964	jvargas@mylubbock.us
Recruiter	Officer Michael Chavez	806-775-2965	mchavez@mylubbock.us
Recruiting Sergeant	Sergeant Thomas Mora	806-775-2961	tmora@mylubbock.us

Section 1: Personal Information

					1			
1. Your Full Name – L	ast		First		Middle	Middle		
2. Other names, inclu	ding nick	mames, y	ou have used or bee	n known by:	1			
3. Date of Birth (мм/DD	D/YEAR)	4. Birth P	lace – City	5. Birth Place – Cou	ıntv	6. State o	f Birth	
,	, ,		J		J			
7. Social Security Nun	nber	8. Driver'	's License Number	9. DL State of Issue	<u> </u>	10. DL Ex	piration Date	
,							r	
11. Physical address v	where vo	u recide -	Number / Street /	Ant				
11.1 Hysical address v	wiiere yo	u i eside -	- Number / Street /	Apt.				
au.					T. 0. 1			
City			State		Zip Code	!		
12. Mailing Address if	f differen	t from ab	ove					
City			State		Zip Code			
13. Contact Informati	on – Hon	ne	Cell Phone		Work Ph	one		
14. E-Mail Address #1	1		E-Mail Address #2		E-Mail Address #3			
Race S	Sex		Height (FT. IN.)	Weight (LBS)	Hair Color		Eye Color	
Race	JCX		ficigite (1.114.)	Weight (LD3)	lian con	<i>J</i> 1	Lyc color	
- H.O. Citt			D :		0 1	177 1	T .	
15. U.S. Citizen □Yes □1	Ma		Dominant Hand		Conceale	ed Handgu □Yes	n License	
							□NO	
16. Scars / Tattoos / I	Body Pier	rcings / 0	ther Distinguishing	Marks <u>AND</u> all of th	eir locatio	ns		
INCLU	DE ALL	SOCIAL	MEDIA ACCOUN	NTS INCLUDING	INACTIV	E ACCOU	JNTS	
17. Facebook Account	t Log-In/	Usernam	e					
18. MySpace Account	Log-In/U	Jsername)					
	-							
19. All other social me	edia acco	unt log-ir	1/Username, includi	l ng but not limited to	o Twitter	Google + e	etc	
		108 11	-,		,			

Section 2: Residences

List of Residences

- List ALL residences since age 15 or during the last ten years if 26 years of age or older. Provide complete
 addresses (include markers such as Street, Drive, Place, Road, East, West, etc., and unit or apartment
 numbers). Do not use P.O. Boxes.
- If the residence is located on a military installation, identify name of the installation in address, nearest city, state, and zip code. DO NOT LIST military barracks roommates unless you shared individual quarters.

A) Address where you live now – Number / Street / Apt.				From		To Present
						1 1 CSCIIL
City		State		Zip		
Own / Lease / Guardian / Other			Complex Name			
City	State		Zip	Zip		mber(s)
Landlord's Name	Landlor	d's Fax Number	Landlord's E-mail		Landlord'	s current address
City	State		Zip		Phone Nu	mber(s)
Roommate's Name Roommate's D		Roommate's Date	of Birth	Roomma	ite's Currer	nt Address
City	State		Zip		Phone Nu	mber(s)
B) Former Address – Number	r / Street ,	/ Apt.		From		То
City		State		Zip		
Own / Lease / Guardian / Ot	her	Complex Name				
City	State		Zip		Phone Nu	mber(s)
Landlord's Name	Landlor	d's Fax Number	Landlord's E-mail	Landlord's curr		s current address
City	State		Zip		Phone Number(s)	
Roommate's Name		Roommate's Date	of Birth	Roomma	ite's Currer	nt Address
City	State		Zip		Phone Nu	mber(s)

Residences continued

List of residences continued

If more address blocks are needed make additional copies of <u>this</u> page and insert them in order within this section.

(C) Former Address – Number / Street / Apt.			From		То	
City		State		Zip		
Own / Lease / Guardian / Other			Complex Name			
City	State		Zip		Phone Number(s)	
Landlord's Name	Landlord's Fax Number		Landlord's E-mail		Landlord'	s current address
City	State		Zip P		Phone Nu	
Roommate's Name Roommate's Date		Roommate's Date of	of Birth	Roomma	ite's Currer	nt Address
City	State		Zip		Phone Nu	mber(s)
	1.0:			T 5		
(D) Former Address – Number / Street				From		То
City		State		Zip		
Own / Lease / Guardian / Ot	her	Complex Name				
City	State		Zip		Phone Nu	mber(s)
Landlord's Name	Landlord	l's Fax Number	Landlord's E-mail	Landlord's current address		s current address
City	State		Zip		Phone Number(s)	
Roommate's Name		Roommate's Date of	of Birth	Roomma	ite's Currer	nt Address
City	State		Zip		Phone Nu	mber(s)

Section 3: Experience and Employment

Job Experience

- List ALL jobs you have had since age 17, including part-time, temporary, self-employment, and volunteer. (Begin with your most current)
- If you were self-employed, provide names and contact numbers for at least two customers.
- If you have military experience, including reserve duty, enter your military installation, assignments, or unit of assignment.
- List <u>ALL</u> periods of unemployment in <u>excess of 30 days</u>.

(A) Name of Employer or Military Uni	t			From		То
Address	City		State		Zip	
Job Duties		□Full		□ Pa Employe	nrt Time	☐Temp]Volunteer
Current Work Schedule		1		•		
Supervisor's Full Name		Superv	risor's Phon	e Numbe	r	
Co-Worker's Full Name	ker's Full Name			e		
Reason for Leaving						
Would there be a problem if we contact your current employer?	If Yes, Explain:					
(B) Period of Unemployment ☐ Student ☐ Between Jobs ☐ Le	ave of Absonce	'ravol []N/A □0	ithor	From	То
(C) Name of Employer or Military Uni		iavei L		From		То
				TTOM		10
Address	City	State			Zip	
Job Duties		□Full		□ Par Employed	rt Time	☐Temp Volunteer
Supervisor's Name		Supervi	sor's Phone			
Co-Worker's Name		Co-Wor	ker's Phone	!		
Reason for Leaving						
(D) Period of Unemployment					From	То
Student Retween John II.	ave of Absonce T	ravel [thor		

Experience and Employment Continued

Job Experience Continued

(E) Name of Employer or Milit	ary Unit		From	То
Address	City	State	Zip	
Job Duties		☐ Full Time	 □Part Time Self-Employed	\Box Temp \Box Volunteer
Supervisor's Name		Supervisor's P		
Co-Worker's Name	Co-Worker's P	hone		
Reason for Leaving				
(F) Period of Unemployment			From	То
☐Student ☐Between Jobs	Leave of Absence	☐Travel ☐N/A	Other	
(G) Name of Employer or Milit	ary Unit		From	То
Address	City	State	Zip	
Job Duties		☐ Full Time	 □Part Tim]Self-Employed	e □Temp
Supervisor's Name		Supervisor's	Phone	
Co-Worker's Name		Co-Worker's	Phone	
Reason for Leaving				
(H) Period of Unemployment			From	То
☐Student ☐Between Jobs	☐ Leave of Absence	☐Travel ☐N/A	□Other	

Experience and Employment Supplemental Page Job Experience Continued

If more experience and employment blocks are needed make additional copies of this page and insert them in order within this section.

(I) Name of Employer or Military Unit			From		То		
Address	City	State		Zip			
Job Duties		☐ Full Time ☐ Part Time ☐ Ten☐ Self-Employed ☐ Volunteer					
Supervisor's Name Supervisor's Phone							
Co-Worker's Name		Co-Worker's Phone					
Reason for Leaving							
				T			
(J)Period of Unemployment				From	То		
□Student □Between Jobs □Leave of Absence □Travel □N/A □Other							
(K) Name of Employer or Military Unit		From To					
Address	City	State		Zip			
Job Duties		☐Full Time	□Pa	rt Time	□Temp		
		□ Self-Employed □ Volunteer					
Supervisor's Name		Supervisor's Phone	!				
Co-Worker's Name		Co-Worker's Phone					
Reason for Leaving							
(L) Poriod of Unamplement				From	То		
(L)Period of Unemployment				1.10111	10		
□Student □Between Jobs □Leave of Absence □Travel □N/A □Other							

Experience and Employment Continued

20. Have you ever been disciplined at work? (This includes	written warnings, formal letters of			
counseling, reprimands, suspensions, reductions in pay	, reassignments, or demotions)	□Yes	□No	
21. Have you ever been fired, released during probation, or	asked to resign from any place			
of employment?		□Yes	□No	
22. Have you ever been involved in a physical / verbal alter	rcation with a supervisor,	_		
co-worker, or customer?		□Yes	□No	
23. Have you ever quit without giving proper notice?		□Yes	□No	
24. Have you ever resigned in lieu of termination?		□Yes	\square No	
25. Have you ever been accused of discrimination (such as	sexual harassment, racial bias, etc.)			
by a co-worker, superior, subordinate, or customer?		□Yes	□No	
26. Have you ever been the subject of a written complaint a	at work?	□Yes	□No	
27. Have you ever been counseled at work due to tardiness	s or absences?	□Yes	□No	
28. Have you ever received an unsatisfactory performance	evaluation?	□Yes	□No	
29. Have you ever sold, released, or given away legally con	fidential information?	□Yes	□No	
30. Have you ever used sick leave when you were neither s	ick nor caring for a sick family member?	□Yes	□No	
If yes, how much sick leave have you used in the past fix	ve years, which was not due to an illness? _			
If you answered "Yes" to any of Questions 20-30, indicate t	he corresponding question number and ex	plain		
(include when, where, and circumstances):	. 0.	•		
31. In the past five years, have you missed days or been lat	a to supply due to due on alaskal			
consumption?	e to work due to drug or alcohol	∐Yes	∐No	
If yes, how often?				
32. Has your work performance ever been affected by your	use of alcohol or drugs?	□Yes	□No	
If yes, when?	Name of Employer			
33. In the past five years, have you been warned by an employer about your drinking or drug habits				
and their impact on your performance?	[12]	<u> </u>		
If yes, when?	Name of Employer			

section 4: Law Enforcement Applications and Experience - If additional space is needed make copies of this page and insert them in order within this section

- If additional space is fleeded flake copies of this page and firself them in order within this section.						
34. Have you ever applied to any law enforcement agency (city, county, state, or federal)?						
If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.						
(A) Name of Law Enforcement Agency Date Applied Position Requested						
Address		<u> </u>				
City	State		Zip			
Contact Number	Fax Number		Backgro	und Investig	gator (if k	nown)
Status and Reason if not hired						
(B) Name of Law Enforcement Agency	Date Applied Position Requ		equested			
Address				1		
City	State		Zip			
Contact Number	Fax Number		Background Investigator (if known)			nown)
Status and Reason if not hired						
(C) Name of Law Enforcement Agency	Date Applied Position Requested					
Address						
City	State		Zip			
Contact Number	Fax Number		Backgro	und Investig	gator (if k	nown)
Status and Reason if not hired						

Section 5: Military Experience

35. Are you registered	for the Selective Service	e?				
If no, explain:				□Yes □	□No	□ Not Required
36. Branch of Service				From:		То
37. Type of Discharge		_				
☐ Entry Level ☐ Ho	onorable General	□OTH (Other than Hon	orable) \square	Bad Condu	ct [□Dishonorable
Re-entry Code (1-4) if	applicable – refer to you	ır DD-214		_		
Highest Rank / Pay Gra	ade Attained:	Rank / Pay Gra	de at time of	f Discharge:		
	participating in one of th			ary Reserve		National Guard
Unit	Supervisor Name	Location	Phone Num	ıber	Date	Obligation Ends
		cial or non-judicial discip primand, counseling, etc		n (such as c	ourt	□Yes □No
40. Were you ever den downgraded?	ied a security clearance,	, had a clearance revoked	d, suspended	, or		□Yes □No
		xplain (include dates, cha l at the time, circumstan			k of co	mmanding
	•					

Section 6: Marital History						
41 Charlas II shaharasasa						
41. Check all that apply:	د.	□Married	□ C			
	□ Engaged		☐ Separated			
☐ Divorced	□Widowed	Li	ving with someone			
If currently married, whether separated or not, list spouse information below						
	I nu		Lacian			
Spouse's Full Name – Last (Maiden)	First		Middle			
Date of Birth (MM/DD/YEAR) Address if currently different from your own						
	_					
City	State		Zip			
Place of Employment		Occupation				
Work Address						
City	State		Zip			
Contact Number(s)		E-Mail Address				
Social Security Number		Date of Marriage (MM/DD/YEAR)			
Location of Marriage (City, County, and	d State)	<u> </u>				
If currently engaged or living with son	neone, list their info	rmation below				
Full Name – Last	First		Middle			
Date of Birth (MM/DD/YEAR)	•	Address if current	ly different from your own			
City	State		Zip			
			•			
Place of Employment		Occupation				
		•				
Work Address		1				
City	State		Zip			
			•			
Contact Number(s)	1	E-Mail Address	1			

Marital History

- If ever divorced, annulled, or widowed, list the information below. For each additional case, make copies of this page and insert them in this section.

Ex-Spouse's Full Name – Last (Maiden	and Current)	First Middle			
Date of Birth (MM/DD/YEAR)		Address	Address		
City	State		Zip		
Place of Employment		Occupation			
Work Address					
City	State		Zip		
Contact Number(s)		E-Mail Address			
Date of Marriage (MM/DD/YEAR)		Date of Order, Dec	cree, or Death (MM _/	/DD/YEAR)	
Location of Marriage (City, County, and	d State)				
Location of Order or Decree Issued (Co	ourt, City, County,	, and State)			
Reason(s) for Marriage being Dissolved					
42. Have you ever paid child support o	or alimony either	ordered by the court o	r voluntarily?	□Yes □No	
If yes, to Whom: Name, Address & Phone Number			Amount Paid Monthly \$		
☐ Directly ☐ Court Clerk ☐ Oth	er, Explain				
Complete Name and Mailing Address of	of the Office if paid	d through the county c	lerk		
(Second Case if Applicable) If yes, to W	Amount Paid Mon	Amount Paid Monthly \$			
☐ Directly ☐ Court Clerk ☐ Othe	er, Explain				
Complete Name and Mailing Address of	of the Office if paid	d through the county c	lerk		
43. Are you currently receiving child s	upport or alimon	y?		□Yes □No	
If yes, by Whom Amount Received \$					
☐ Directly ☐ Court Clerk ☐ Other, Explain					

Section 7: Relatives

- List all of the following family members: Parents, brothers, sisters, and children. This includes all actual, half, step, and adopted. Indicate if deceased.
- Children under 17 years of age will not normally be contacted for references. However, they do need to be listed.

(A) Full Name - Last	First		Middle	
What name do they commonly go by	Age if Under 17		Date of Birth (MM/DD/YEAR)	
Address (Number/Street/Apt.)				
City	State		Zip	
Place of Employment				
Occupation		Relation to Applicant		
Contact Number(s)		E-Mail Address		
(B) Full Name - Last	First		Middle	
What name do they commonly go by	Age if Under 17		Date of Birth (MM/DD/YEAR)	
Address (Number/Street/Apt.)				
City	State		Zip	
Place of Employment				
Occupation		Relation to Applic	ant	
Contact Number(s)		E-Mail Address		
(C) Full Name - Last	First		Middle	
What name do they commonly go by	Age if Under 17		Date of Birth (MM/DD/YEAR)	
Address (Number/Street/Apt.)				
City	State		Zip	
Place of Employment				
Occupation		Relation to Applic	ant	
Contact Number(s)		E-Mail Address		

Relatives Continued

- If more space is needed make additional copies of this page and insert them in this section.

(D) Full Name - Last	First		Middle		
What name do they commonly go by	Age if Under 17		Date of Birth (MM/DD/YEAR)		
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment					
Occupation		Relation to Applic	licant		
Contact Number(s)		E-Mail Address			
(E) Full Name - Last	First		Middle		
What name do they commonly go by	Age if Under 17		Date of Birth (MM/DD/YEAR)		
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment	l				
Occupation		Relation to Applic	ant		
Contact Number(s)		E-Mail Address	ddress		
(F) Full Name - Last	First		Middle		
What name do they commonly go by	Age if Under 17		Date of Birth (MM/DD/YEAR)		
Address (Number/Street/Apt.)		I			
City	State		Zip		
Place of Employment					
Occupation		Relation to Applic	ant		
Contact Number(s)		E-Mail Address	ldress		

Section 8: References

- List 6 People who know you well enough to provide current information about you. DO NOT duplicate references listed as relatives, employers, roommates, or co-workers.

(A) Full Name – Last	First		Middle		
What name do they commonly go by					
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment		Occupation			
Relationship to the applicant		Length of time kno	nown		
Contact Number(s)		E-Mail Address			
(B) Full Name – Last	First		Middle		
What name do they commonly go by					
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment	Occupation				
Relationship to the applicant		Length of time known			
Contact Number(s)		E-Mail Address	ess		
(C) Full Name – Last	First		Middle		
What name do they commonly go by					
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment		Occupation			
Relationship to the applicant		Length of time kno	gth of time known		
Contact Number(s)		E-Mail Address			

References Continued

(D) Full Name – Last	First		Middle		
What name do they commonly go by					
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment		Occupation			
Relationship to the applicant		Length of time kno	wn		
Contact Number(s)		E-Mail Address			
(E) Full Name – Last	First		Middle		
What name do they commonly go by					
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment	Occupation				
Relationship to the applicant	pplicant		wn		
Contact Number(s)		E-Mail Address			
(F) Full Name – Last	First		Middle		
What name do they commonly go by					
Address (Number/Street/Apt.)					
City	State		Zip		
Place of Employment	I	Occupation			
Relationship to the applicant		Length of time known			
Contact Number(s)		E-Mail Address			

Section 9: Education

 If you need additional High School and College / University information spaces, copy this page and insert it in order within this section.

List all high schools that you have att	ended				
Check Applicable					
☐ High School	Diploma	□GED		Home School I	Diploma To
A) Name of High School				From	10
Grades attended even if just in part (Graduated?			
				□Yes□	□No □N/A
Address (Number, Street)					
City	State		Zip		
Contact Number(s)	1				
B) Name of High School				From	То
Grades attended even if just in part (9 th , 10 th , 11 th , and/or	12 th)		Gradu	lated?
				□Yes □No	o □N/A
Address (Number, Street)					
City	State		Zip		
Contact Number(s)					
List all Colleges or Universities that y	ou have attended				
A) Name of College or University				From	То
Type of degree earned				Credits Comp	oleted
Address (Number, Street)					
City	State		Zip		
Contact Number(s)					
B) Name of College or University				From	То
Type of degree earned Credits Completed					oleted
Address (Number, Street)				l	
City	State		Zip		
Contact Number(s)	L				

Education Continued

 If you need additional Trade, Vocational, Business School / institute, or Law Enforcement Academy information blocks, copy this page and insert it in order within this section.

List all trade, vocational, or business s (Attach copies of certificates received		that you have attend	led.		
A) Name of School or Institute				From	То
Course of Study Additional Pertinent			ent Inform	nation	L
Address (Number / Street)					
City	State		Zip		
Contact Number(s)			l		
B) Name of School or Institute				From	То
Course of Study		Additional Pertine	ent Inform	l nation	
Address (Number / Street)					
City	State		Zip		
Contact Number(s)					
List all TCOLE or other law enforcement basic academies you have ever attended					
A) Name of Agency				From	То
Name of Training Officer / Academy (Coordinator			Gradı □Yes	iated?
Address (Number / Street)					
City	State		Zip		
Contact Number(s)					
B) Name of Agency From To					То
Name of Training Officer / Academy Coordinator Graduated? □Yes □No					ıated? □No
Address (Number / Street)					
City	State		Zip		
Contact Number(s)	l		1		

Section 10: Motor Vehicle Operation

44. List all driver's license you have possessed A) Issuing State D.L. Number C) Issuing State D.L. Number 45. Has your driver's license ever been placed on probation, suspended, revoked, or in danger of suspension or revocation? If yes, give date, location, and details.
A) Issuing State D.L. Number D.L. Number C) Issuing State D.L. Number D.L. Number D.L. Number
C) Issuing State D.L. Number 45. Has your driver's license ever been placed on probation, suspended, revoked, or in danger of Yes No
45. Has your driver's license ever been placed on probation, suspended, revoked, or in danger of Yes No
45. Has your driver's license ever been placed on probation, suspended, revoked, or in danger of suspension or revocation? If yes, give date, location, and details.
45. Has your driver's license ever been placed on probation, suspended, revoked, or in danger of suspension or revocation? If yes, give date, location, and details.
Suspension of revocation? If yes, give date, location, and details.
46. List your current motor vehicle insurance information.
Motor Vehicle Insurance Company Agent
Address (Number / Street)
City State Zip
Contact Number(s) E-Mail Address
Policy Number Fax Number Expiration Date
Is the policy in someone else's name? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
If yes, what name is it under and why?

Motor Vehicle Operation Continued

List ALL traffic citations, ex	cluding parking citations, you	have ever received: TO IN	CLUDE ALL MILITARY STOPS
A) Change (a)			I avy Enfoyeem ont Agongy
A) Charge(s)			Law Enforcement Agency
Date citation was issued	Final Disposition		'
	\square Not Guilty \square Fined	\square Defensive Driving	\square Deferred \square
	Dismissed		
B) Charge(s)			Law Enforcement Agency
Date citation was issued	Final Disposition		
	\square Not Guilty \square Fined	\square Defensive Driving	\square Deferred \square
	Dismissed		
c) Charge(s)			Law Enforcement Agency
Date citation was issued	Final Disposition		'
	\square Not Guilty \square Fined	\square Defensive Driving	\square Deferred \square
	Dismissed		
D) Charge(s)			Law Enforcement Agency
Date citation was issued	Final Disposition		
	\square Not Guilty \square Fined	\square Defensive Driving	☐ Deferred ☐
	Dismissed		
E) Charge(s)			Law Enforcement Agency
Date citation was issued	Final Disposition		
	☐ Not Guilty ☐ Fined	\square Defensive Driving	\square Deferred \square
	Dismissed		
G) Charge(s)			Law Enforcement Agency
Date citation was issued	Final Disposition		
	\square Not Guilty \square Fined	\square Defensive Driving	\square Deferred \square
	Dismissed		
	er resulted in a warrant, if yes	explain below	□Yes □No
48. Has a traffic citation eve		☐ Failure to Appear	\Box Other
appropriate box and explain		☐ Failure to pay or sati	sfy sentence \square N/A
		ı	

Motor Vehicle Operation C	ontinued			
		T		
49. Have you ever been the driver in a	n motor vehicle accident?	☐Yes ☐No		
	dent was reported or not. List ALL acci	dents regardless of who was at fault		
for the accident.				
A) Date	Injuries	Reported to Law Enforcement		
	☐ Yes ☐ No	☐ Yes ☐ No		
Location (City or County and State)	Law Enforcement	Agency (If Reported)		
Give complete details of the collision.	If not reported to law enforcement, giv	re reason(s) why.		
B) Date	Injuries	Reported to Law Enforcement		
	☐ Yes ☐ No	☐ Yes ☐ No		
Location (City or County and State)	Law Enforcement	Law Enforcement Agency (If Reported)		
Give complete details of the collision.	If not reported to law enforcement, giv	e reason(s) why.		
c) Date	Injuries	Reported to Law Enforcement		
1 (0 0	☐ Yes ☐ No	Yes No		
Location (City or County and State)	Law Enforcement	Agency (If Reported)		
Give complete details of the collision.	If not reported to law enforcement, giv	re reason(s) why.		
D) Date	Injuries	Reported to Law Enforcement		
	☐ Yes ☐ No	☐ Yes ☐ No		
Location (City or County and State)	Law Enforcement	Agency (If Reported)		
Give complete details of the collision.	If not reported to law enforcement, giv	re reason(s) why.		

Motor Vehicle Operation Continued

50 Hayo you over driven a vehicle wi	thout auto incuranc	o as required by law	,7	
50. Have you ever driven a vehicle without auto insurance as required by law? If yes, explain each incident			□Yes □No	
A) Date(s)		Location(s)		
A) Date(S)		Location(s)		
Explanation:				
B) Date(s)		Location(s)		
Explanation:		I		
51. Have you ever been refused auton cancelled?	nobile liability insur	ance or a bond, or h	ad them	□Yes □No
If yes, explain each incident.				
A) Date	Insurance Company			
Address (Number/ Street)				
City	State		Zip	
Contact Number(s)	E-Mail Address			
Explanation		I		
		1		
B) Date		Insurance Compa	ny	
Address (Number/ Street)				
City	State		Zip	
Contact Number(s)	E-Mail Address			
Explanation				
52. Use this space for additional information that you would like to include regarding your driving record to include any warnings received for additional traffic related incidents/violations.				

Section 11:	
Section 11:	

<u>3</u>		
53. Have you EVER been detained for investigation, held of indicted, criminally charged, convicted of any misdemean probation or parole in this state or any other legal jurisdic under the Uniform Code of Military Justice)? Do not include	or or felony offense, or been on ction (including offenses punishable	□Yes □No
If Yes, explain each incident.		
A) Approximate Date	Arresting or Detaining Agency	
Location (City or County and State)	Charge(s)	
Disposition or Penalty		
B) Approximate Date	Arresting or Detaining Agency	
Location (City or County and State)	Charge(s)	
Disposition or Penalty		
54. Have you ever been fingerprinted for any reason?		□Yes □No
55. Have you ever been a party in a civil lawsuit? (Example: small claims actions, dissolutions, child custody, paternity, support, etc.?)		□Yes □No
56. Have the police ever been called to your home for any reason?		□Yes □No
57. Have you or your spouse/partner ever been referred to Child Protective Services?		□Yes □No
58. Have you ever been the subject of an emergency protective order / restraining order / stayaway order?		□Yes □No
59. Have you settled any civil suit in which you, your insuryour behalf was required to make payments to the other page 15.		□Yes □No
60. Have you ever fraudulently received welfare, unemplo compensation, or other state or federal assistance?	yment compensation, workers'	□Yes □No
61. Have you filed a false insurance or workers' compensa	ition claim?	□Yes □No
62. Have you ever applied for and been denied a handgun permit?		□Yes □No
63. Have you ever been listed in any police report in any capacity; if yes where? (Do not include accident reports in this section)		□Yes □No
If you answered yes to any of Questions 53-63, explain. (In indicate the corresponding number with your explanation needed.		

	<u> </u>
I AAAI	Continued

64. Undetected Acts - Part 1

- Within the past seven years OR at any time you were employed in law enforcement, have you ever committed any of the following misdemeanors?

A) Annoying / obscene phone calls?	□Yes	□No
B) Assault	□Yes	□No
C) Displaying a weapon (any type of weapon)	□Yes	□No
D) Carrying an illegal weapon (illegal knife, club, or handgun)	□Yes	□No
E) Contributing to the delinquency of a minor	□Yes	□No
F) Theft	□Yes	□No
G) Theft of service	□Yes	□No
H) Public Intoxication	□Yes	□No
I) Driving while under the influence of alcohol and/or drugs	□Yes	□No
J) Hit and run (no injuries)	□Yes	□No
K) Hunting / Fishing without a license	□Yes	□No
L) Illegal gambling	□Yes	□No
M) Impersonating a peace officer	□Yes	□No
N) Possession of alcohol as a minor	□Yes	□No
O) Possession of falsified or altered identification, including use of another person's ID (for any reason)	□Yes	□No
P) Possession of stolen property	□Yes	□No
Q) Prostitution or soliciting a prostitute	□Yes	□No
R) Resisting arrest (including evading or eluding the police)	□Yes	□No
S) Trespassing	□Yes	□No
T) Criminal Mischief	□Yes	□No
U) Intentionally writing a bad check	□Yes	□No
V) Filing a false police report	□Yes	□No
W) Any other misdemeanor	□Yes	□No
X) Have you EVER viewed or downloaded child pornography?	□Yes	□No
Y) As an adult (17 or older) have you EVER committed any type of sexual act with a person that was under the age of 17?	□Yes	□No
If you answered yes to any items in Question 64 (Undetected Acts Part 1), fully explain circumstandate(s), names or individuals involved, and resolution. Indicate the corresponding letter (A, B, etc. explanation.		

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65. Undetected Acts - Part 2

- At any time in your life have you EVER committed any of the following?

A) Arson	□Yes □No
B) Assault with a deadly weapon	□Yes □No
C) Assault with serious injury	□Yes □No
D) Assault, abuse or neglect of a child	□Yes □No
E) Assault, abuse or neglect of the elderly	□Yes □No
F) Sexual Assault	□Yes □No
G) Murder, Homicide, or Attempted Murder	□Yes □No
H) Robbery	□Yes □No
I) Felony Theft (including theft of a motor vehicle or theft from a person)	□Yes □No
J) Burglary (entering a building or a vehicle to commit theft or other crime)	□Yes □No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□Yes □No
L) Insurance Fraud	□Yes □No
M) Blackmail or extortion	□Yes □No
N) Accessing and/or possessing child pornography	□Yes □No
0) Perjury (lying under oath)	□Yes □No
P) Possession of an explosive / destructive device	□Yes □No
Q) Stalking	□Yes □No
R) Hit and run (with injuries)	□Yes □No
S) Any other felony	□Yes □No
If you answered yes to any items in Question 65 (Undetected Acts Part 2), fully explain circumstandate(s), names or individuals involved, and resolution. Indicate the corresponding letter (A, B, C, explanation.	

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66. Undetected Acts - Part 3

- At any time in your life have you EVER engaged in any of the activities listed below for drugs, narcotics, or illegal substances including but not limited to marijuana, cocaine, methamphetamine, opiates, heroin, hallucinogens, stimulants, depressants, steroids, bath salts or synthetic marijuana. Common street names for some of the most abused drugs include but are not limited to the following: Coke, Crack, LSD, Ecstasy, H, steroids, Juice, Ice, Crank or Speed.

A) Sold	□Yes	□No
B) Purchased	□Yes	□No
C) Cultivated	□Yes	□No
D) Manufactured	□Yes	□No
E) Furnished	□Yes	□No
F) Possessed (using is considered possessing)	□Yes	□No
	·	
If you answered yes to any items in Question 66 (Undetected Acts Part 3), fully explain circumstar date(s), names, individuals involved, and the resolution. Indicate the corresponding letter (A,B, etc explanation.	ices, includes.) for each	ding า

Section 12: Personal Declarations

67. In the last five years, have you consumed an alcoholic beverage to the extent you were not in control of your mental or physical capacities? If YES, give details and dates (month and year).	□Yes	□No
68. In the last five years, has the consumption of alcohol interfered with your work? If YES, give details and dates (month and year).	□Yes	□No
69. In the last five years, have you used marijuana or any other drug not prescribed to you by a physician? If YES, list each date (month and year), exact drug, and full details for each incident.	□Yes	□No
70. If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs prevent you from doing so? If YES, give details.	□Yes	□No
71. Is there anything that would prevent you from fully performing your duties including weekends, evenings, nights, and holidays? If YES, give details.	□Yes	□No
72. Have you ever falsified any information on an employment application? If YES, give details.	□Yes	□No
73. Are there any incidents in your life or details not mentioned herein which may influence this agency's evaluation of your suitability for employment? If YES, give details.	□Yes	□No
74. Have you ever been under administrative investigation as a peace officer, jailer, or prison guard for an internal affairs complaint and/or civil rights violations? If YES, give details.	□Yes	□No

Section 13: Memberships

 List all past or present memberships in social, fraternal, professional organizations, groups, or clubs.

A) Name of Organization		From	То	
Type of Organization Address		1		
City	State		Zip	
Contact Number(s)	1	E-mail address	1	
			_	
B) Name of Organization			From	То
Type of Organization		Address		
City	State	-	Zip	
Contact Number(s)	1	E-mail address		
			1	1
c) Name of Organization			From	То
Type of Organization Address		Address		
City	State		Zip	
Contact Number(s) E-mail address		E-mail address		
D) Name of Organization			From	То
Type of Organization		Address		
City	State		Zip	
Contact Number(s)	umber(s) E-mail address			
		•	1	1
E) Name of Organization			From	То
Type of Organization Address				
City	State		Zip	
Contact Number(s) E-mail address		·		

Section 14:		

75. Income

- For each of the following questions fill in the amounts to the nearest dollar.

A) What is your gross monthly income from your employer(s)?			\$ month	per	
B) What is your spouse's gross monthly income?				month \$	per
c) What is the monthly am	ount of any additional inco	ome? (Explain source(s) be	elow)	month \$	per
Source:				month	
What is your total gross m	onthly income? (Total from	n A, B, and C)		\$ month	per
76. Ownership					
A) Real Estate Ownership A	Address			Value \$	
City	State		Zip	Ψ	
Mortgager		Mortgager Address			
City	State		Zip		
Mortgager Contact Number	er(s)	s) Mortgager E-mail Address			
B) Real Estate Ownership A	Address			Value \$	
City	State		Zip	Ψ	
Mortgager		Mortgager Address			
City	State		Zip		
Mortgager Contact Number(s)		Mortgager E-mail A	Mortgager E-mail Address		
77. Bonds and Stocks					
Bond Ownership / Type o	f Bond			Value \$	
				ψ	

Value

Value

Value \$

Bond Ownership / Type of Bond

Corporate Stock Ownership / Name of Corporation

Corporate Stock Ownership / Name of Corporation

Financial Continued

78. Accounts

- Include active and past accounts during the last three years despite the status.

		I m
A) Bank or Credit Union Name	Account Number	Type of Account
		\square Checking \square Savings
Address		Active From To
City	State	Zip
Contact Number(s)	E-mail Address	Fax Number
B) Bank or Credit Union Name	Account Number	Type of Account
		☐ Checking ☐ Savings
Address		Active From To
City	State	Zip
Contact Number(s)	E-mail Address	Fax Number
c) Bank or Credit Union Name	Account Number	Type of Account
		\square Checking \square Savings
Address		Active From To
City	State	Zip
Contact Number(s)	E-mail Address	Fax Number
L		
D) Bank or Credit Union Name	Account Number	Type of Account
		\square Checking \square Savings
Address		Active From To
City	State	Zip
Contact Number(s)	E-mail Address	Fax Number

Financial Continued

79. Obligations / Debts

- For each of the following questions fill in the amounts to the nearest dollar.
- Include current obligations and debts for all loans, rent, contracted services, memberships, phones, utilities, credit cards, child support payments, alimony, tuition payments, insurance payments, and any other debts or payments.

A) Name of Creditor		Account Number			
Address				Active From	То
City	State		Zip		
Contact Number(s)	E-Mail Address		Fax Nun	nber	
Type of account or obligation		Reason for debt or	item pur	chased	
High Balance \$	Current Balance \$		Monthly \$	Payment	
B) Name of Creditor		Account Number			
Address				Active From	То
City	State		Zip	l	I
Contact Number(s)	E-Mail Address		Fax Nun	nber	
Type of account or obligation	1	Reason for debt or	item pur	chased	
High Balance \$	Current Balance		Monthly \$	Payment	
C) Name of Creditor		Account Number			
Address		l		Active From	То
City	State		Zip	l	
Contact Number(s)	E-Mail Address		Fax Nun	nber	
Type of account or obligation		Reason for debt or item purchased			
High Balance	Current Balance	<u>'</u>	Monthly	Payment	

Financial Continued

Obligations / Debts
- If more blocks are needed make additional copies of this page and insert in this section.

D) Name of Creditor		Account Number			
Address				Active From	То
City	State		Zip		
Contact Number(s)	E-Mail Address		Fax Num	iber	
Type of account or obligation		Reason for debt or	item pur	chased	
High Balance	Current Balance		Monthly	Payment	
\$	\$		\$		
E) Name of Creditor		Account Number			
Address				Active From	То
City	State		Zip		
Contact Number(s)	E-Mail Address		Fax Nun	iber	
Type of account or obligation		Reason for debt or	item pur	chased	
High Balance	Current Balance		Monthly	Payment	
\$	\$		\$		
F) Name of Creditor		Account Number			
Address				Active From	То
City	State		Zip		
Contact Number(s)	E-Mail Address		Fax Nun	iber	
Type of account or obligation		Reason for debt or	item pur	chased	
High Balance	Current Balance			Payment	
\$	\$		\$		
G) Name of Creditor		Account Number			
Address				Active From	То
City	State		Zip		
Contact Number(s)	E-Mail Address		Fax Nun	nber	
Type of account or obligation	Type of account or obligation		Reason for debt or item purchased		
High Balance	Current Balance		Monthly	Payment	

Financial Continued			
80. What is your total balance of indebtedness?	\$		
81. What is your total monthly payments and obligations?	\$ month	pe	r
	IIIOIILII		
82. Have any of your bills ever been turned over to a collection agency?		□Yes	□No
83. Have you ever had purchased goods repossessed?		□Yes	□No
84. Have your wages ever been garnished?		□Yes	□No
85. Have you ever been delinquent on income or other tax payments?		□Yes	□No
86. Have you ever failed to file income tax or cheated / lied on an income tax form?		□Yes	□No
87. Have you ever avoided paying any lawful debt by moving away?		□Yes	
88. Have you ever defaulted on (failed to pay) a loan		□Yes	
89. Have you ever borrowed money to pay for a gambling debt?		□Yes	
90. Do you currently have any outstanding debts as a result of gambling?		□Yes	
91. Have you ever spent money for illegal purposes?		□Yes	
(Example: illegal drugs, prostitution, purchase of fraudulent documents, etc.)			
92. Have you ever failed to make or been late on a court ordered payment? (Example: child support, alimony, restitution, etc.)		□Yes	□No
93. Have you ever written an/any insufficient funds check(s)?		□Yes	□No
(This includes debit overdraft and overdraft-protected checks.)		☐ 1 C3	
If you answered YES to any of Questions 82-93, explain. Use the corresponding number	r for your ex	xplanatio	ns.
Include when, where, and why on all explanations.			

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If you need more space on any narrative portion of this Personal History Statement (PHS), write "SEE SUPPLEMENT PAGE" in the narrative and use this page for the narrative portion. Indicate the corresponding section number and question number or letter and insert this supplement page immediately after the page with the question. Make and insert as many copies of this page as necessary.

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