



**CASTLE HILLS POLICE DEPARTMENT
POLICE OFFICER / DISPATCHER
PERSONAL HISTORY STATEMENT**

Position Applying For: [] Police Officer [] Dispatcher

Applicant Name: _____ **TCOLE PID#** _____

Phone No: _____ **Email:** _____

Complete & Return By: _____

Date Available If Hired: _____

DO NOT WRITE IN THIS SPACE

Date Application Picked Up: _____ **Date Application Returned:** _____

Received By: _____ **Authorization Page Notarized:** [] Yes [] No

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CITY OF CASTLE HILLS POLICE DEPARTMENT
Personal History Statement Instructions

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information is accurate in all respects. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably.
ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach an additional sheet(s) as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite our investigation. Deliberate omissions or falsifications may result in disqualification for employment or immediate dismissal or termination after employment.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any applicant submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. Attach **Photo Copies** Of The Following:
 - Copy of your valid Texas driver license or other state. License must be valid.
 - Copy of your Social Security card.
 - Copy of your Birth Certificate.
 - Copy of your High School Diploma / GED Certificate
 - Copy of your Peace Officer's License
 - Copy of your Credit History Report (Any one of the 3 Bureaus, within the last 30 days)
 - DD214 - Must Possess An Honorable Discharge.

CITY OF CASTLE HILLS POLICE DEPARTMENT

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all four of these requirements to qualify for licensure as a police officer in Texas.

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Felony or Assault Family Violence.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrest are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a government document. Be truthful, as there are criminal consequences for lying on a governmental document.

CITY OF CASTLE HILLS POLICE DEPARTMENT

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden / Suffix
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
		Pager No.	
Date of Birth	Social Security No.	Driver's License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country)_____

Are you a U.S. Citizen by Birth?_____ Are you a Naturalized Citizen?_____

Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars, Tattoos (description and location) or other distinguishing marks_____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)._____

List ALL E-Mail Addresses _____

MARITAL & FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitants name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage _____
 City & State _____
 Separated _____ Date _____
 Divorced _____ Date _____
 Widowed _____ Date _____
 Annulled _____ Date _____
 Court or State issued _____
 Ex-spouse's Name _____
 Date of Birth _____
 Telephone No. _____

Date of Marriage _____
 City & State _____
 Separated _____ Date _____
 Divorced _____ Date _____
 Widowed _____ Date _____
 Annulled _____ Date _____
 Court or State issued _____
 Ex-spouse's Name _____
 Date of Birth _____
 Telephone No. _____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes _____ No _____ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Mon/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

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

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: _____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes _____ No _____

FAMILY AND RELATIVES' ARRESTS

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

Yes _____ No _____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Your current net monthly income _____ Spouse's current net monthly income _____

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes ___ No ___

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

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

CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes_____ No_____

If “Yes” to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed? Yes_____ No_____

Have you **ever** failed to pay Federal, state, or other taxes? Yes_____ No_____

Have you **ever** failed to file a tax return, when required by law? Yes_____ No_____

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes_____ No_____

Have you **ever** had a judgment entered against you? Yes_____ No_____

Have you **ever** defaulted on any type of loan? Yes_____ No_____

Have you **ever** had bills or debts turned over to a collection agency? Yes_____ No_____

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes_____ No_____

Have you **ever** written a check that was later returned for Non-Sufficient Funds (NSF)? Yes_____ No_____

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes_____ No_____

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes_____ No_____

Are you currently more than sixty (60) days delinquent on any debts? Yes_____ No_____

Have you **ever** applied for unemployment compensation? Yes_____ No_____ When? _____

Have you **ever** received unemployment compensation? Yes_____ No_____ When? _____

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

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ____ No ____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____ Job Title _____

Beginning and Ending Salary _____/_____ Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

6. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools or academies you have attended or are attending:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

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

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

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

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

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

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

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

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law? Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes _____ No _____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, _____

SEAL

Signature of Notary
My Commission Expires: _____

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Castle Hills Police Department any and all information that you may have concerning me, or my reputation. Please include the following information:

- Employment Record (attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Records and Reports
- Educational Records
- Financial Records
- Military Records (disciplinary action)
- Any information designated confidential or privileged.

This information is to be used to assist the Castle Hills Police Department in determining my qualifications and fitness for employment with the Castle Hills Police Department.

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

Printed name

Signature of Applicant

Alias/Maiden Name

Date

Address

City, State & zip code

Date of Birth Social Security Number

Race Sex DL# & State

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public _____

**A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.
This form may be retained for your files.**

“An Equal Opportunity Employer”

209 Lemonwood Drive San Antonio, Texas 78213-2410 (210) 342-2341

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CONFIDENTIAL INFORMATION AGREEMENT

I understand that the City may require applicants for certain positions to satisfactorily complete additional mental tests, physical agility tests, and/or specific skill tests for job related functions prior to employment. I understand that the City requires all persons receiving an offer of employment with the City to take a urinalysis and/or blood test for drug and alcohol screening as part of an employment physical examination, and that any offer of employment with the City of Castle Hills is conditional upon the results. If I am involved in an on the job accident, or if the City has reasonable suspicion that I am under the influence of drugs or alcohol, I hereby authorize the release of the results of any physical examinations or drug and/or alcohol tests required herein to the City of Castle Hills. I further understand that the City may inspect all desks, lockers, and any bags, including purses or briefcase or parcels brought into or taken out of the work place, and that my refusal to submit to a urinalysis and or blood tests or search, when requested to do so, may result in the termination of my employment.

I understand and agree that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City of Castle Hills. The City of Castle Hills is an employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Mayor of the City. Both the undersigned and the City of Castle Hills, may end the employment relationship at any time, without specific notice or reason, and without liability by the City of Castle Hills to the undersigned except for earned wages or salary.

A THOROUGH INVESTIGATION WILL BE CONDUCTED TO DETERMINE YOUR QUALIFICATIONS FOR THE POSITION OF POLICE OFFICER, OR TELECOMMUNICATOR. TO A GREAT EXTENT, YOUR EMPLOYMENT WILL DEPEND ON INFORMATION OBTAINED IN CONFIDENTIAL INTERVIEWS WITH PERSONS WITH WHOM YOU HAVE BEEN ASSOCIATED. THEREFORE, SUCH INFORMATION IS CONFIDENTIAL AND THE POLICE DEPARTMENT CANNOT REVEAL THE REASON FOR REJECTION FOR THOSE APPLICANTS WHO ARE NOT ACCEPTED FOR EMPLOYMENT. IF THE REASONS FOR YOUR NON-ACCEPTANCE ARE OF A TEMPORARY NATURE WHEREBY YOU COULD BE ACCEPTED AT A LATER DATE, YOU WILL BE NOTIFIED.

I HEREBY STATE THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE IN ALL RESPECTS. I UNDERSTAND THAT IF EMPLOYED BY THE CITY OF CASTLE HILLS AND THE INFORMATION IS FOUND TO BE FALSE IN ANY RESPECT, I WILL BE SUBJECT TO DISMISSAL WITHOUT NOTICE AT ANY TIME.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL

Notary Public

My Commission Expires: _____