

# TEXAS DEPARTMENT OF PUBLIC SAFETY

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[www.dps.texas.gov](http://www.dps.texas.gov)



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SUBJECT: Texas Department of Public Safety Academic Internship Program

Dear Prospective Intern:

Thank you for your interest in our Department. Our goal is to meet your academic needs and interest you as well in a career as a Commissioned Peace Officer with the Texas Highway Patrol. We know this opportunity will provide you an authentic insight into our mission as we serve the great State of Texas. With you determination and enthusiasm, you will walk away with a dynamic law enforcement experience that we hope will foster a future career decision for you to serve with the Texas Department of Public Safety.

The attached files provide the information and instructions for you to begin the application process.

Good luck in your endeavors,

Marvin Maiten, Sergeant  
Academic Internship Coordinator  
Texas Department of Public Safety  
Training Operation Division

## **FORMS TO BE SUBMITTED BY APPLICANT:**

### **1. Human Resources Forms:**

- A. RC-99 (Rev)**
- B. HR-99a (Rev)**
- B. HR-99b**
- D. HR-99c**
- E. RC-4a**

### **2. High school diploma and all college transcripts (Photo Copy)**

**3. A letter from you Collegiate Advisor stating that you are currently enrolled in An accredited collegiate institution and that your involvement with the internship is vital component in your degree plan.**

**4. A letter from you as the Applicant stating the location you would like to serve at and the semester/date you would like to begin pending approval from the Department**

### **5. Photo ID and Birth Certificate**

**SUBMIT ALL DOCUMENTS TO YOUR ON CAMPUS COLLEGIATE INTERNSHIP MANAGER TO PROCESS WITH DPS COORDINATOR BY SCAN IN AND EMAIL TO:**

[Marvin.Maiten@dps.texas.gov](mailto:Marvin.Maiten@dps.texas.gov)

**THE BACKGROUND INVESTIGATION CAN TAKE UP TO EIGHT WEEKS (PLEASE ALLOW YOURSELF TIME TO MEET YOUR ACADEMIC OBLIGATIONS)**

**UPON APPROVAL OR DENIAL YOU WILL BE CONTACTED BY THE DPS COORNINATOR AND/OR YOUR COLLEGIATE ADVISOR.**



THE STATE OF TEXAS:

COUNTY OF \_\_\_\_\_:

**Assumption of Risks, Covenant Not To Sue,  
Authorization for Release of Personal  
Information, and Agreement of Assignment**

**KNOW ALL MEN BY THESE PRESENTS:**

That I, the undersigned \_\_\_\_\_ for and in consideration of being extended the opportunity of undergoing physical agility testing and firearms qualification, when required, for the purpose of establishing my suitability for a position with the Texas Department of Public Safety hereby do assume all risks of injury to my person arising out of or in any way incident to the above-mentioned physical agility tests and firearms qualification; that each of the agility tests and firearms qualification have been described and explained to me and I understand clearly what I will be called upon to do, and with this knowledge I assume whatever risk such test or tests may entail to or accrue to my person; and that I, the undersigned, for the above-mentioned consideration have covenanted and hereby do covenant never to sue or bring any legal or equitable action in any court whatsoever against the State of Texas or any officer or employee of the State of Texas for any such injury.

Further, I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Texas Department of Public Safety, including private vendors contracted by the Department for the purpose of conducting a background investigation to determine hiring eligibility; whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; employment and pre-employment records, including background reports and polygraph examination (s), efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Texas Department of Public Safety. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree that I may be assigned to any duty assignment upon initial employment or reinstatement or may be transferred as the needs of the Department may require while employed with the Texas Department of Public Safety.

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

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Last Four SSN

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness Signature

**THE STATE OF TEXAS:**

**Assumption of Risks, and Covenant  
Not to Sue**

**COUNTY OF TRAVIS:**

**KNOW ALL MEN BY THESE PRESENTS:**

That I, the undersigned \_\_\_\_\_ for and in consideration of being extended the opportunity of undergoing applicable job-related practical skill tests, when required for establishing my suitability for a position with the Texas Department of Public Safety hereby do assume all risks of injury to my person arising out of or in any way incident to the above-mentioned job-related practical skill tests; that each of the job related practical skills test have been described and explained to me and I understand clearly what I will be called upon to do, and with this knowledge I assume whatever risk such test or tests may entail to or accrue to my person; and that I, the undersigned, for the above-mentioned consideration have covenanted and hereby do covenant never to sue or bring any legal or equitable action in any court whatsoever against the State of Texas or any officer or employee of the State of Texas for any such injury.

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Last four Social Security Number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Witness

**THE STATE OF TEXAS:**

**Assumption of Risks, and Covenant Not to Sue,  
Authorization for Release of Personal  
Information, and Agreement of Assignment**

**COUNTY OF TRAVIS:**

**KNOW ALL MEN BY THESE PRESENTS:**

That I, the undersigned \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Texas Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; employment and Preemployment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Texas Department of Public Safety. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree that I may be assigned to any duty assignment upon initial employment or reinstatement or may be transferred as the needs of the Department may require while employed with the Texas Department of Public Safety.

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

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Last four Social Security Number

**THE STATE OF TEXAS:**

**MEDICAL RELEASE**

**COUNTY OF TRAVIS:**

**KNOW ALL MEN BY THESE PRESENTS:**

That I, the undersigned \_\_\_\_\_ do hereby authorize a review of and full disclosure of all medical records concerning myself to any duly authorized agent of the Texas Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this release is to give my consent for full and complete disclosure of the medical records of medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners. I also authorize representatives of the Texas Department of Public Safety to speak with my physicians and therapists concerning my medical and psychological condition.

The reason and purpose for this release is to enable the Texas Department of Public Safety to evaluate the effect my physical, drug usage, and mental condition my have on my position and job assignment within the agency.

This written statement consenting to the release of confidential information is made pursuant to the Medical Practice Act, Article 4495b, Section 5.08(j), (1), V.T.C.S.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon part upon this release, authorization will be considered in determining my suitability for employment by the Texas Department of Public Safety. I also certify that any person(s) who may furnish information concerning my physical or mental conditions shall not be held legally accountable for giving this information in anyway; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Last 4-digits of Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Witness Signature & Date

# TEXAS DEPARTMENT OF PUBLIC SAFETY



## APPLICANT'S PERSONAL HISTORY STATEMENT

### PERSONAL HISTORY STATEMENT

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

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

Complete and Return by: \_\_\_\_\_

I am applying for the position of a Texas Trooper Trainee. I currently hold the license below in Texas.

Peace Officer PID#: \_\_\_\_\_

County Jailer PID#: \_\_\_\_\_

Telecommunicator PID#: \_\_\_\_\_

Employed as a State/Private Correction Officer.

None of the Above

Check the box that applies and enter PID # if applicable.

## Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

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 so please read all instructions carefully before proceeding. 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** by the applicant 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 and full 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 additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in disqualification.
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 candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted within 30 days from the date of contact with your recruiter.**
10. You have 30 days from the date of contact with your recruiter to complete the required testing.
  - a. Completed DPS Personal History Statement RC-4a
  - b. Copy of your Social Security card. (Original verified during testing)
  - c. Original certified copy of your birth certificate or Passport. (Notarize Copy Accepted)
  - d. Copy of your valid issued state driver license. (Original verified during testing)
  - e. Certified copy of your High School Transcripts/GED or certified copy of college transcripts from a Regional Accrediting Organization.
  - f. Military DD-214 or NGB-22 or DPS Military Discharge Form with an honorable discharge from the Armed Forces of the United States after at least twenty four months of active service and/or Military Reserve documents . Members of the Military Armed Forces must provide all copies of M-214's, if more than one has been awarded.
  - g. All in/out of state Peace Officers need a Law Enforcement Agency Verification Letter to verify two years of full-time patrol service with current or previous agencies.
  - h. Copy of your Texas Peace Officer Certificate/License, TCOLE training records and certificates awarded. (Texas Peace Officer Applicants Only)
  - i. Copy of your Performance Evaluations for the past three years from your current/previous employer, if applicable.
  - j. Original certified copy of your Naturalization papers, if applicable. (Original verified during testing)
  - k. Copy of current proof of automobile liability insurance.
  - l. Complete Credit Report from one credit reporting agency. (Summaries with credit score are not accepted)
  - m. Certified/Official Copy of final court's disposition for any criminal charges regardless if case was dismissed.
  - n. Certified/Official Copy of court orders for any expunged criminal records.
  - o. If qualifying with military reserve time a copy of retirement points or service can be verified with a copy of the individual's Retirement Points Accounting Management (RPAM), NGB Form 23, Retirement Points Accounting System (RPAS) or AHRC Form 249-2-E.
  - p. Out of State Peace Officers must provide a copy of their license and training records from their state Peace Officer Licensing Commission.



## Instructions to the Applicant

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

- I am a citizen of the United States of America.
- I have earned a high school diploma, home school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

Automatic bases for rejection are listed on our website at [www.join dps.com](http://www.join dps.com). However, deliberate misstatements or omissions can and often will 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 governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, **write "N/A"** (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

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

### Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

**SECTION 1: PERSONAL**

1. Last Name		First	MI	Suffix
2. Other Names, including nicknames, you have used or been known by.				
3. Street Address, (Apt, Unit)		City	State	Zip
4. Address if different from above.				
5. Phone #. Home	Cell	Work	Ext.	Fax
6. Email: Home		Business		Other
7. Birth Place (City / County / State / Country)			8. DOB	9. Social Security #
10. Driver License #		11. Physical description		
State:	Exp:	HT.	WT.	Hair Color
				Eye Color

12. Have you ever attended a basic Police licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the PID you were assigned: _____				
A. Academy Name		From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)		Name of Training Coordinator		Contact Number
B. Academy Name		From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)		Name of Training Coordinator		Contact Number

**13. Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?**  Yes  No

- If yes, list ALL agencies 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.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if know)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

**Steps:**  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  
 Conditional job offer  Psychological Examination Date \_\_\_\_\_  Medical Date: \_\_\_\_\_

**Status:**  Hired  On List  Withdrawn  Disqualified

B. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

**Steps:**  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  
 Conditional job offer  Psychological Examination Date \_\_\_\_\_  Medical Date: \_\_\_\_\_

**Status:**  Hired  On List  Withdrawn  Disqualified

C. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

**Steps:**  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  
 Conditional job offer  Psychological Examination Date \_\_\_\_\_  Medical Date: \_\_\_\_\_

**Status:**  Hired  On List  Withdrawn  Disqualified

**SECTION 2: RELATIVES AND REFERENCES**

**14. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	B. Step-Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	C. Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	D. Step-Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	E. Spouse / Domestic Partner	DOB		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Years of Marriage	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> NA	F. Father-in-Law Name	DOB		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	G. Mother-in-Law Name	DOB		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	H. Former Spouse(s) Cohabitant	1. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> NA	I. Former Spouse(s) Cohabitant	2. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N A	J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.			
1. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

2. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

3. Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

4. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

5. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

6. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

<input type="checkbox"/> N A	<b>K. CHILDREN</b> List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.				
1. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

2. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

3. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

4. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

5. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

6. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City		State	Zip
DOB	Contact Number		Email		

<b>15. REFERENCES</b>						
List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.						
A. Name		Address		City	State	Zip
Company / Work address			City		State	Zip
Home Phone		Work Phone		Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	



B. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

C. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

D. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

E. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

F. Name		Address		City	State	Zip
Company / Work address				City	State	Zip
Home Phone	Work Phone	Cell	Email			
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

G. Name		Address		City	State	Zip
Company / Work address				City	State	Zip
Home Phone	Work Phone	Cell	Email			
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

**SECTION 3: EDUCATION**

<b>NOTE:</b> You will be required to furnish transcripts or other proof to support all of your educational claims.						
16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty						
17. List High Schools Attended or where you obtained your GED.						
A. Name				City	State	
From	To			Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Name				City	State	
From	To			Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18 List all colleges or universities attended:						
A. Name				City	State	
From	To	Type of Degree Earned			Total Units Earned	

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

19. List any trade, vocational, or business schools / institutes attended.			
A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

**SECTION 3: EDUCATION** *continued.*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE**

**21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Current residence Street		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you live				

B. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

C. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

D. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

E. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

F. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

G. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

**22.** Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

23. Have you ever been evicted or asked to leave a residence?  Yes  No

24. Have you ever left a residence owing rent?  Yes  No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**25. JOB EXPERIENCE**

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?  
 Yes  No  
 If YES, list below
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

A. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number	Ext.	Email	
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.			

B. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

C. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

D. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

E. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

F. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				



G. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

H. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

I. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

J. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

K. Name of employer or military unit.			From	To
Address or Base		City		State
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

L. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

M. Name of employer or military unit.			From	To
Address or Base		City		State
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

N. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

O. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

P. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

Q. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

**SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)**

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no explain: _____		
41. Branch of Service	Date of Service From	To:
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i>		
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard		If checked, date obligation ends:
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to questions 44 and or 45, Explain ( Include dates and circumstances)

**SECTION 7 FINANCIAL**

**46. INCOME AND EXPENSES**

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

A. From your employer(s), what is your take home monthly income? \$\_\_\_\_\_

B. Do you have income other than from your salary or wages?  Yes  No

If yes, fill in amount: \$\_\_\_\_\_per month Explain:\_\_\_\_\_

C. Approximately how much do you spend each month? \$\_\_\_\_\_

Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lied on an income tax form	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

**SECTION 8: LEGAL**

**Disclosure of Citations, Arrests, and Convictions**

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) May have been detained and or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**61. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?**  Yes  No

If yes, explain each incident.	
A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

62. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

**72. UNDETECTED ACTS – PART 1**  
 Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A. Annoying / obscene phone calls	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>73. UNDETECTED ACTS - PART 2</b> At any time in your life have you <b>ever</b> committed any of the following?	
A. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault with a deadly weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Accessing, producing, or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Hit and run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No



M. Hate crime	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q. Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. Possession of an explosive / destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T. Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
U. Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to **any** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs. Check boxes below that apply.

- |   |                            |                |
|---|----------------------------|----------------|
| Amphetamines / Methamphetamine Uppers, Speed, Crank, etc. | Heroin / Opium             | Glue           |
| Barbiturates (Downers)                                    | Marijuana                  | Pain Pills     |
| Cocaine / Crack Cocaine                                   | Mescaline                  | N/A            |
| Designer Drugs (Ecstasy, Synthetic Heroin, etc.)          | Morphine                   | Medicine not   |
| GHB (Date Rape Drug)                                      | PCP / Angel Dust           | Prescribed by  |
| Other: _____  | Quaaludes                  | a doctor to me |
| Hallucinogens (Peyote, LSD, Mushrooms)                    | Steroids                   |                |
| Hashish / Hashish Oil                                     | Tetrahydrocannabinol (THC) |                |

**74. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?  Yes  No  
 If yes, give details, including drug(s) used and circumstances:

**75.** Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).  
If checked, give details including drug(s) used, most recent date used, and circumstances.

**76.** Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

Sold  Manufactured  Purchased  Furnished  Cultivated  Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

**SECTION 9: MOTOR VEHICLE OPERATION**

77. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
------------------------------	----------------	-----------------	--------------------------------------

78. List other states where you have been licensed to operate a motor vehicle.

State of issue	Type of license	Name under which license was granted and license number

79. Have you ever been refused a driver's license by any state  Yes  No

If yes, explain ( include when, where and circumstances):

80. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain ( include when, where and circumstances):	

81. List your current liability insurance on your vehicle(s)					
A. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company			Policy number		Expires
Address	City	State	Zip	Contact Number	
B. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company			Policy Number		Expires
Address	City	State	Zip	Contact Number	
C. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company			Policy Number		Expires
Address	City	State	Zip	Contact Number	
D. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company			Policy Number		Expires
Address	City	State	Zip	Contact Number	

82. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

B. Nature of Violation		Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
C. Nature of Violation		Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine		
If checked, explain circumstances:		

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.		
A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury
A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury
A. Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury

84. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason		
Date	Location Street, City, State, Zip	
85. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give reason:		
		Insurance Company
Date	Location Street, City, State, Zip	

86. Use this space for additional information you would like to include regarding your driving record.

87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability  Yes  No

89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  No

90. Have you ever hit or physically overpowered a spouse, romantic partner or family members?  Yes  No

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

**SECTION 11: SOCIAL MEDIA SITES**

91. Have you ever had a social media site (i.e. Facebook, My Space, etc.)?  Yes  No

92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

**SECTION 12: CERTIFICATION**

93. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

_____ Signature of Applicant		_____/_____/_____ Date
Sworn to and subscribed before me, this the _____ day of _____, _____		
Notary public in and for, State of _____ My commission expires _____/_____/_____		
Notary Seal or Stamp	_____ Printed Name of Notary	_____ Signature of Notary
		Check if Notary is a TX Peace Officer <input type="checkbox"/>

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific item being referenced.