



**WOODWAY PUBLIC SAFETY DEPARTMENT**  
**OFFICER APPLICATION B**  
**PERSONAL HISTORY STATEMENT**

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

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

Complete and Return By: 5:00pm October 17, 2018 \_\_\_\_\_

I am applying for:

- Peace Officer
- Telecommunicator

- **Please note: This application needs to be notarized; See page 17.**

**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 full addresses. If you are not sure of an address, personally verify before making that entry in 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 or 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 (such as address or telephone #) and/or updating your application as needed, 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. If you have any questions, please contact Woodway Public Safety Administration at (254)-772-4470.
10. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential; Attn: Woodway Public Safety Department Personnel.

**APPLICANT QUALIFICATION SECTION:**

Before you begin to fill out the 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 in Texas. If you are applying for a Telecommunication or civilian position, please answer the following questions as well.

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

\_\_\_\_\_ I have earned a High School Diploma or GED.

\_\_\_\_\_ I have never been convicted, pleaded guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten 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 bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic bias for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. 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 government document.

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

1. NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_
2. ALIAS(ES) , NICK NAME(S), MAIDEN NAME(S), OTHER NAME CHANGES, NAME YOU GO BY: \_\_\_\_\_  
\_\_\_\_\_
3. Current Address / Street / Route: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Permanent Address / Street / Route: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_
6. Cellular Phone No. \_\_\_\_\_ Pager No. (If Applicable) \_\_\_\_\_
7. Social Security Number: \_\_\_\_\_ Drivers License No. & State: \_\_\_\_\_
8. Date of birth: \_\_\_\_\_ Place of Birth/City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_
9. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Sex:  Male  Female - Scar(s), distinguished mark(s), Tattoos (description and location) \_\_\_\_\_  
\_\_\_\_\_
10. U.S. Citizen?  Yes  No Native Citizen?  Yes  No Naturalized Certificate #: \_\_\_\_\_  
If derived, parents certificate #. \_\_\_\_\_ Date, Place, Court where certificate was issued: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have a social networking, instant messaging, or other internet based profile? If Yes, please provide  
screen name(s) and service providers: \_\_\_\_\_  
\_\_\_\_\_
12. Please list all email address(es): \_\_\_\_\_

**APPLICANT MARITAL, FAMILY & MILITARY HISTORY:**

13. Currently, are you: Single: \_\_\_ Engaged: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Co-Habiting: \_\_\_

14. Marriage(s):

| Spouses/Co-Habitants Name:<br>First and Maiden | Date of Marriage | Place of Marriage | Contact Number(s) –<br>Work and Home | Date of birth of Spouse/ Co-Habitant | Employers Address & Phone Number |
|--|------------------|-------------------|--------------------------------------|--------------------------------------|----------------------------------|
|  |                  |                   |                                      |                                      |                                  |

15. Roommate(s): Do not include parents or cohabitants:

\_\_\_\_\_

Date(s) of Birth for roommates (if known): \_\_\_\_\_

16. If you have been divorced, separated, widowed, or marriage annulled; provide details below:

| Ex-Spouses/Co-Habitants Name: First and Maiden | Separated, Widowed or Annulled: | Place: | Date/Court & State Issued: | DOB of Spouse/ Co-Habitant: | Employers Address & Phone Number: |
|--|---------------------------------|--------|----------------------------|-----------------------------|-----------------------------------|
|  |                                 |        |                            |                             |                                   |
|  |                                 |        |                            |                             |                                   |
|  |                                 |        |                            |                             |                                   |
|  |                                 |        |                            |                             |                                   |

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

| Name: | Relation: | Date of Birth: | Address: |
|-------|-----------|----------------|----------|
|       |           |                |          |
|       |           |                |          |
|       |           |                |          |
|       |           |                |          |
|       |           |                |          |

18. Do you now pay child support?  Yes  No Amount: \_\_\_\_\_

Have you been delinquent in your payment(s)?  Yes  No Reason for delinquency:

\_\_\_\_\_

\_\_\_\_\_

19. Other Dependents – If you claim tax exemptions for support of dependents other than your spouse and children, provide the following (If you need additional room, please use a separate sheet of paper):

| Name(s): | Relationship: | Complete Address: | Phone Number: | Date of Birth: | Place of Birth: |
|----------|---------------|-------------------|---------------|----------------|-----------------|
|          |               |                   |               |                |                 |
|          |               |                   |               |                |                 |

20. Military Status: Selective Service No: \_\_\_\_\_ Last Classification: \_\_\_\_\_

Local Board: \_\_\_\_\_ Address: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Period of Service: \_\_\_\_\_ Court Martial:  Yes  No

Article 15's:  Yes  No If Yes to either, on a separate sheet of paper give date, place, charge, type of court martial, court findings, and action taken on each. Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Service No: \_\_\_\_\_ Reason: \_\_\_\_\_

Are you presently a member of reserve of National or State Guard Unit?  Yes  No If Yes, Grade & Service No. \_\_\_\_\_ Type Service: \_\_\_\_\_ Active: \_\_\_ Inactive: \_\_\_ Standby: \_\_\_

Unit & Location: \_\_\_\_\_ Service & Component: \_\_\_\_\_ Term of Obligation: \_\_\_\_\_

**APPLICANT EDUCATION, SKILLS & TRAINING:**

| TYPE SCHOOL:          | NAME AND LOCATION OF SCHOOL: | DATES ATTENDED FROM: | DATES ATTENDED TO: | YEARS COMPLETED: | GRADUATED: |
|-----------------------|------------------------------|----------------------|--------------------|------------------|------------|
| HIGH SCHOOL           |                              |                      |                    |                  |            |
| COLLEGE               |                              |                      |                    |                  |            |
| TRADE, BUSINESS, ETC. |                              |                      |                    |                  |            |
| Other:                |                              |                      |                    |                  |            |

21. Do you have a GED Certificate?  Yes  No

22. Major College Courses: \_\_\_\_\_

23. Minor College Courses: \_\_\_\_\_

24. Other School & Training (Vocational, Military, Etc.):

| NAME & LOCATION: | DATE ATTENDED FROM: | DATE ATTENDED TO: | CREDIT HOURS SEMESTER: | CREDIT HOURS QUARTER: | DEGREE RECEIVED: | YEAR RECEIVED: |
|------------------|---------------------|-------------------|------------------------|-----------------------|------------------|----------------|
|                  |                     |                   |                        |                       |                  |                |
|                  |                     |                   |                        |                       |                  |                |
|                  |                     |                   |                        |                       |                  |                |

25. Foreign Languages: Enter a language and indicate knowledge by placing an "X" in the proper column:

| TYPE:<br>LANGUAGE | Reading: |      |      | Speaking: |      |      | Understanding: |      |      | Writing: |      |      |
|-------------------|----------|------|------|-----------|------|------|----------------|------|------|----------|------|------|
|                   | EXCE     | GOOD | FAIR | EXCE      | GOOD | FAIR | EXCE           | GOOD | FAIR | EXCE     | GOOD | FAIR |
|                   |          |      |      |           |      |      |                |      |      |          |      |      |
|                   |          |      |      |           |      |      |                |      |      |          |      |      |

26. Special Qualifications and Skills:

A. Special Licenses: (Pilot, Radio Operator, Etc.,) Show License Number, Licensing Authority, Where First Issued, and Date Current License Expires, (Except Operator License): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Special skills you possess and machines and equipment you can use: \_\_\_\_\_

C. Approximate number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

D. Special qualifications not covered in application: (Publications, patents, inventions, public speaking, publication experience, professional memberships and honors): \_\_\_\_\_  
 \_\_\_\_\_

27. Past and present membership in organizations:

| NAME AND ADDRESS OF ORGANIZATION: | TYPE (SOCIAL, FRATERNAL, ETC): | OFFICE HELD: | MEMBERSHIP FROM /TO: |
|-----------------------------------|--------------------------------|--------------|----------------------|
|                                   |                                |              |                      |
|                                   |                                |              |                      |
|                                   |                                |              |                      |
|                                   |                                |              |                      |

28. Begin with your current job and list all of your work history, including part time, temporary, and seasonal and all periods of unemployment. May we contact your present employer?  Yes  No

1. Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

2. Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

3. Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

4. Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

29. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)?  Yes  No If yes, state full details: \_\_\_\_\_  
 \_\_\_\_\_

30. Have you ever resigned (quit) after being informed your employer intended to discharge (fired) you for any reason?  Yes  No If yes, state full details -including name and address of employer: \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT TRAFFIC RECORD, FINANCIAL HISTORY, & DRUG USE HISTORY:**

31. Drivers License No. \_\_\_\_\_ Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Address on License: \_\_\_\_\_  
 Please list your automobile insurance carrier: \_\_\_\_\_ Expires \_\_\_\_\_  
 Have you ever held another drivers license in another state?  Yes  No If yes, what state: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

32. Identify all vehicles that you currently own or operate:

| Year: | Make: | Model: | Color: | License Plate No. | Owner: |
|-------|-------|--------|--------|-------------------|--------|
|       |       |        |        |                   |        |
|       |       |        |        |                   |        |
|       |       |        |        |                   |        |



33. Have you ever had a license revoked?  Yes  No If yes, when: \_\_\_\_\_ State: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever had a warning letter? Yes  No  If yes, when: \_\_\_\_\_ State: \_\_\_\_\_

Reason: \_\_\_\_\_

List **ALL** citations received and **ALL** accidents investigated by Law Enforcement officers:

| Date: | Location: | Agency Investigating/<br>Police Report<br>(Yes or No): | Cause and Charge: | Disposition: |
|-------|-----------|--|-------------------|--------------|
|       |           |  |                   |              |
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|       |           |  |                   |              |

34. Do you use any type of tobacco products?  Yes  No If yes, what kind: \_\_\_\_\_

35. Have you ever smoked marijuana?  Yes  No

36. Do you currently smoke marijuana?  Yes  No

37. Do you use, or have you used, drugs illegally?  Yes  No If yes, what kind: \_\_\_\_\_

38. Do you use, or have you used, any habit forming drug?  Yes  No If yes, what kind: \_\_\_\_\_

Purpose for using: \_\_\_\_\_

39. Date of any drug, including marijuana, last used: \_\_\_\_\_ Type of drug: \_\_\_\_\_

40. Have you **ever** supplied any alcohol to a minor?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

41. When was the last time you drove while intoxicated? \_\_\_\_\_

42. Your current net monthly income: \_\_\_\_\_ Source: \_\_\_\_\_ Frequency: \_\_\_\_\_

43. Spouses net monthly income (if applicable): \_\_\_\_\_ Source: \_\_\_\_\_ Frequency: \_\_\_\_\_

44. Have you ever had unsatisfactory credit?  Yes  No If yes, explain: \_\_\_\_\_

45. Do you have any other accounts past due?  Yes  No If yes, please list any person or entity to whom you

are indebted, and the extent of your indebtedness. Include mortgage, vehicle payments, charge accounts,

credit cards, loans, and any other debts:

| Name of Creditor : | Type of Debt : | Monthly Payment : | Approx. Balance : |
|--------------------|----------------|-------------------|-------------------|
|                    |                |                   |                   |

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- 46. Have you **ever** had repossession or declared bankruptcy?  Yes  No
- 47. Have you **ever** had any personal or real property repossessed or foreclosed?  Yes  No
- 48. Have you **ever** failed to pay Federal, State, or other taxes?  Yes  No
- 49. Have you **ever** failed to file a tax return, when required by law?  Yes  No
- 50. Have you **ever** had a lien placed against your property for failing to pay taxes or other debts?  Yes  No
- 51. Have you **ever** had a judgment entered against you?  Yes  No
- 52. Have you **ever** defaulted on any type of loan?  Yes  No
- 53. Have you **ever** had bills or debts turned over to a collection agency?  Yes  No
- 54. Have you **ever** had a credit account suspended, charged off, or cancelled for failure to pay?  Yes  No
- 55. Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)?  Yes  No
- 56. Have you **ever** been lectured regarding the use of a travel/credit card provided by an employer?  Yes  No
- 57. Are you **currently** more than 60 days delinquent on any debts?  Yes  No
- 58. Have you **ever** applied for unemployment compensation?  Yes  No If yes, when: \_\_\_\_\_
- 59. Have you **ever** received unemployment compensation?  Yes  No If yes, when: \_\_\_\_\_
- 60. Do you anticipate **being** sued or named in any type of lawsuit or proceeding?  Yes  No

**APPLICANT DETENTIONS & LITIGATIONS:**

- 61. Have you **ever** been arrested or detained by law enforcement?  Yes  No

Show **ALL** arrests, *except* traffic violations, including juvenile below:

| Date: | Location: | Agency: | Charge: | Disposition: |
|-------|-----------|---------|---------|--------------|
|       |           |         |         |              |
|       |           |         |         |              |
|       |           |         |         |              |
|       |           |         |         |              |

- 62. Have you **ever** been fingerprinted?  Yes  No If yes, what agency: \_\_\_\_\_  
Reason: \_\_\_\_\_

- 63. Have you **ever** been involved in any court action, civil or criminal?  Yes  No  
If yes, what court: \_\_\_\_\_ Type of action: \_\_\_\_\_  
Reason: \_\_\_\_\_

64. Have you **ever** committed an act of family violence?  Yes  No If yes, explain: \_\_\_\_\_

65. Have you **ever** assaulted another person since the age of seventeen (17)?  Yes  No If yes, explain: \_\_\_\_\_

66. Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense?  Yes  No  
If yes, explain: \_\_\_\_\_

67. Have you **ever** been in an incident that law enforcement was called (do not include vehicular accidents)?  
 Yes  No If yes, explain: \_\_\_\_\_

68. 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?  Yes  No If yes, explain: \_\_\_\_\_

69. Has any member in your family or your spouse’s family **ever** been arrested?  Yes  No If yes, explain:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Agency: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

70. Give the information requested for all members of your and your spouse’s immediate families. List all parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, brothers-in-law, and sisters- in-law. If a relative is deceased, give all the information requested and indicate last residence at the time of death. Include any others you have resided with or with whom close (family type) relationship existed or exists.

**Father:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Step Father / Mother:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Brother/Sister:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Brother/Sister:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Brother/Sister:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Father in Law:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Mother in Law:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Brother/Sister in Law:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Brother/Sister in Law:** \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name and Address of business: \_\_\_\_\_ How long employed: \_\_\_\_\_

If any person listed above is not a U.S. Citizen by birth, give the date and place of birth, the date and port of entry, alien registration number, naturalization certificate number, and place of issuance.

**APPLICANT PAST / PRESENT RESIDENCES:**

71. List ALL residences for the past 10 years, **beginning with your present address, including duty stations if in the military (No TDY's) and dormitories when in college.**

| Month and Year<br>( From /To ): | Street Address: | City: | State/County: |
|---------------------------------|-----------------|-------|---------------|
|                                 |                 |       |               |
|                                 |                 |       |               |
|                                 |                 |       |               |
|                                 |                 |       |               |
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72. Foreign Travel: Exclude trips of less than 30 days to Canada or Mexico and Foreign Travel as a direct result of U.S. Military Duties:

| Month and Year From/To: | Country Visited: | Purpose of Travel: |
|-------------------------|------------------|--------------------|
|                         |                  |                    |
|                         |                  |                    |

73. Hobbies and Sports:

| Name or Type Activity: | Length of Participation: | Level of Proficiency: |
|------------------------|--------------------------|-----------------------|
|                        |                          |                       |
|                        |                          |                       |
|                        |                          |                       |
|                        |                          |                       |

**APPLICANT REFERENCES:**

74. List only five (5) character references that have definite knowledge of your qualifications and fitness (do not include relatives, former employers, or persons living outside the United States). Do not repeat names of supervisors or co-workers.

1) Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

4) Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

5) Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

75. Have you or any relative ever been employed by the City of Woodway?  Yes  No If yes, give name, position, approximate dates, and relationship to you \_\_\_\_\_

76. Do you or your spouse have any relatives serving on any elected or appointed boards, commissions, or councils of the City of Woodway?  YES  NO If yes, give name, position, and relationship: \_\_\_\_\_

77. Have you previously applied for any other position with the Woodway Public Safety Dept.?  Yes  No  
**If yes, give date and position applied for** \_\_\_\_\_

78. Do you currently have applications pending with other Law Enforcement or Fire Departments?  Yes  No  
If yes, give agency name and address and date of application: \_\_\_\_\_

79. Please list any other Law Enforcement or Fire Departments that you have applied with or tested for in last five (5) years – **also please list the actual year along with the department in which you applied/ tested for.**

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

80. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocate the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other

persons their right under the constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? Yes  No

81. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee? Yes  No

82. Are you now associating with, or have you associated with any individuals, including relatives, who you know or have reasons to believe are or have been members of any of the organizations identified above? Yes  No

83. Have you ever been engaged in any of the following activities or any organization of the type described above: contributions to, attendance at or participation in any organizational, social, or other activities of said organizations or any projects sponsored by them: the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?  Yes  No

84. If yes to any of the questions 77-81, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held. Also include dates, places, and credentials now or formally held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

85. If applying for an officer position: a Public Safety Officer position with this department involves Law Enforcement duties as well as fire suppression and prevention duties. If given training in correct procedures, do you have any reservations or hesitation about performing these duties?  Yes  No If yes, explain:

\_\_\_\_\_

86. Is there any reason that you could not perform any function listed on the job description that has been given to you?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

87. What do you feel is the major attraction to you becoming a Public Safety Officer or Telecommunicator?

\_\_\_\_\_

\_\_\_\_\_

88. What do you feel is the major drawback or hindrance to you becoming a Public Safety Officer or Telecommunicator? \_\_\_\_\_

\_\_\_\_\_

89. If applicable, how familiar are you with the duties of a Public Safety Officer?

\_\_\_\_\_ very familiar, know something about all aspects of police and fire duties.

\_\_\_\_\_ somewhat familiar, know a little about most aspects of police and fire duties.

\_\_\_\_\_ not very familiar, don't really know about the various aspects of police and fire duties.

90. If applicable, how familiar are you with duties of a Public Safety Officer or a Telecommunicator?

\_\_\_\_\_ Very familiar, know something about all aspects of police and fire duties.

\_\_\_\_\_ Somewhat familiar, know a little about most aspects of police and fire duties.

\_\_\_\_\_ Not very familiar, don't really know about the various aspects.

91. Are there any incidents in your life or facts about your background and training, not reported elsewhere, which may reflect upon your suitability or ability to perform the duties of a Public Safety Officer or a

Telecommunicator?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

92. Any remarks or comments you may wish to make which might affect your consideration for a position with this department and which have not been covered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

93. Copies of the following documents must be attached before consideration will be given to this application.

Only those documents which apply need to be attached:

- a. Color photo taken in the past year
- b. Birth certificate
- c. High school transcript
- d. High school diploma/GED
- e. College transcripts
- f. College diploma
- g. Police certificate
- h. Police license
- i. Marriage license
- j. Divorce decree
- k. Military forms DD214
- l. Naturalization certificate
- m. Social security card
- n. Copy of current drivers license
- o. Copy of current automobile insurance

The signatures on the following page **must** be witnessed and notarized by a notary public. **Do not** sign these statements until you are in the presence of the witnessing official and are asked to sign in the appropriate blanks. Unsigned applications or applications without signatures and seal of a notary as a witness to the signature **will not** be considered. **Proceed to the next page.**



I have completed the Woodway Public Safety Department officer and personal history consisting of 16 pages and I certify that there are not misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

In order that the officials of the City of Woodway may be fully informed as to my personal character and qualifications for employment, I specifically request that each of my former employers and any other persons who have information concerning me, release all information, including information concerning polygraphs, to the City of Woodway and the Woodway Public Safety Department. As this information is furnished at my express request; I do hereby release them from any and all liability for damage of whatsoever nature on account of furnishing such information.

I further agree and consent in advance to being summarily discharged without cause if any of the above information contains any misrepresentation or if any material information has been omitted.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and subscribed to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for

\_\_\_\_\_ County, Texas.

My commission expires: \_\_\_\_\_