



WOODWAY PUBLIC SAFETY DEPARTMENT

OFFICER APPLICATION B

PERSONAL HISTORY STATEMENT

Name: _____

Date Issued: _____

Complete and Return By: October 10, 2015 _____

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. All documents requested must be submitted with the application (photocopies are acceptable in most cases).
 - Color photo taken in the last year
 - Birth certificate
 - High school transcript
 - High school diploma / GED
 - College transcripts
 - College diploma
 - Police certificate
 - Police license
 - Marriage license
 - Divorce decree
 - Military forms DD214
 - Naturalization certificate
 - Social security card
 - Current drivers' license
 - Current automobile liability insurance
10. If you have any questions, please contact Woodway Public Safety Administration at (254)-772-4470.
11. 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 addresse(s): _____

APPLICANT MARITAL, FAMILY & MILITARY HISTORY:

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

14. Marriage(s):

Spouses/Co-Habitants Name: First and Maiden	Date of Marriage	Place of Marriage	Contact Number(s) – 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 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: 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 / safety letter? Yes No If yes, when: _____ State: _____

Reason: _____

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

Date:	Location:	Agency Investigating / Police Report (Yes or No):	Cause and Charge:	Disposition:

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. Your current net monthly income: _____ Source: _____ Frequency: _____

42. Spouses net monthly income (if applicable): _____ Source: _____ Frequency: _____

43. Have you ever had unsatisfactory credit? Yes No If yes, explain: _____

44. 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 -

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

APPLICANT DETENTIONS & LITIGATIONS:

- 60. 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:

- 61. Have you **ever** been fingerprinted? Yes No If yes, what agency: _____
Reason: _____
- 62. Have you **ever** been involved in any court action, civil or criminal? Yes No
If yes, what court: _____ Type of action: _____
Reason: _____

63. Have you **ever** committed an act of family violence? Yes No If yes, explain: _____

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

65. Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____
66. Have you **ever** been in an incident that law enforcement was called (do not include vehicular accidents)?
 Yes No If yes, explain: _____
67. 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: _____

68. 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: _____
69. 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, brother in laws, and sister in laws. Even though a relative may be deceased. If a relative is deceased, give all the information requested and indicate last residence of the year 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:

70. 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: (From / To)	Street Address:	City:	State / County:

71. 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:

72. Hobbies and Sports:

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

APPLICANT REFERENCES:

73. 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 name 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: _____

74. 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 _____

75. 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 _____

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

77. 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 _____

78. 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.**

79. 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

- 80. 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
- 81. 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
- 82. 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
- 83. 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.
- 84. 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

- 85. 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: _____

- 86. What do you feel is the major attraction to you becoming a Public Safety Officer or Telecommunicator, if applicable? _____

- 87. What do you feel is the major drawback or hindrance to you becoming a Public Safety Officer or Telecommunicator, if applicable? _____

- 88. 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.

89. If applicable, how familiar are you with duties of a Telecommunicator / Records clerk?

_____ 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.

90. 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: _____

91. 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? _____

92. 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: _____