



HALLSVILLE

POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

***The Hallsville Police Department is an Equal Opportunity Employer. The Hallsville Police Department does not discriminate on the basis of race, color, sex, creed, religious affiliation, or national origin.**

**PERSONAL HISTORY STATEMENT
for TEXAS Appointment/Employment**

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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 or jailer in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma or a GED.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a 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 bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis 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 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 more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

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.

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY			STATE ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			8. BIRTHDATE
			9. SOCIAL SECURITY #
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HT. WT. HAIR COLOR EYE COLOR

12. Have you ever attended a basic licensing course? Yes No
 If yes, provide the following information: PID:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY 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 OFFICER / ACADEMY 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 more space is needed, continue your response on page 27.

A) NAME OF AGENCY			DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STAT	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			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

STATUS: Hired On List Withdrawn Disqualified

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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13. Have you ever applied to any other law enforcement agency? *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STAT	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STAT	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> 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 more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	A. Father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	B. Step-father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

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**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 2: RELATIVES AND REFERENCES *continued*

14 IMMEDIATE FAMILY *(continued)*

<input type="checkbox"/> N/A C. Mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A D. Step-mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL 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"/> N/A F. Father-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A G. Mother-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A H. Former Spouse(s) / Cohabitant				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL 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			

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**PERSONAL HISTORY STATEMENT
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2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL 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				

N/A **I. Brothers and Sisters** -- list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

2) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

3) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

4) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

5) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

6) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

N/A **J. Children**

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"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	

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**PERSONAL HISTORY STATEMENT
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2) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE CONTACT NUMBER () EMAIL
3) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE CONTACT NUMBER () EMAIL
4) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE CONTACT NUMBER () EMAIL
5) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE CONTACT NUMBER () EMAIL
6) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE CONTACT NUMBER () EMAIL

15 REFERENCES
 List 7-10 people who know you well, such as social and family contacts, coworkers, military acquaintances. (Do not include relatives, employers or housemates, or other individuals listed elsewhere.)

A) NAME	HOME PHONE ()	HOME ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE WORK ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE WORK PHONE () CELL PHONE () EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME	HOME PHONE ()	HOME ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE WORK ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE WORK PHONE () CELL PHONE () EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME	HOME PHONE ()	HOME ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE WORK ADDRESS (NUMBER / STREET / APT) ZIP CITY STATE WORK PHONE () CELL PHONE () EMAIL

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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

D) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

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**PERSONAL HISTORY STATEMENT
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SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts of other programs upon all of your educational claims.

16. Check applicable: High School Diploma GED

17. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE			
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE			

18. List all colleges or universities attended:

A) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE				
B) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE				
C) NAME		FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE				

19. List any trade, vocational, or business schools/institutes attended:

A) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes
TYPE OF SCHOOL OR TRAINING	CITY	STATE		
B) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes
TYPE OF SCHOOL OR TRAINING	CITY	STATE		
C) NAME		FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes
TYPE OF SCHOOL OR TRAINING	CITY	STATE		

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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? Yes 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 15. 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 more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 4: RESIDENCE *continued*

21. HISTORICAL RESIDENCES

D) FORMER ADDRESS (NUMBER / STREET / APT)

CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()		
CITY			STATE	ZIP	EMAIL
Names of those with whom you lived:					
Reason for moving:					

E) FORMER ADDRESS (NUMBER / STREET / APT)

CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()		
CITY			STATE	ZIP	EMAIL
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER / STREET / APT)

CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()		
CITY			STATE	ZIP	EMAIL
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER / STREET / APT)

CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()		
CITY			STATE	ZIP	EMAIL
Names of those with whom you lived:					
Reason for moving:					

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 4: RESIDENCE *continued*

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 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
B) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
C) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
D) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
E) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	
F) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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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): Yes No

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. **JOB EXPERIENCE**
- List **ALL** jobs you have had in the last five years, including military, part-time, self-employment and volunteer. (Begin with your most current. If more space is needed, continue on another page.)
 - If you have military experience, include reserve duty, active duty, military base assignments, or unit of assignment.
 - List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT

ADDRESS (NUMBER / STREET OR BASE)				FROM	TO
CITY			STATE	ZIP	SUPERVISOR
JOB TITLE			CONTACT NUMBER ()		EXT
DUTIES / ASSIGNMENTS			EMAIL		
NAMES OF CO-WORKERS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
1)	2)	REASON FOR WANTING TO LEAVE			
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

Check applicable: Student Between jobs Leave of absence Travel Other

FROM	TO
------	----

C) NAME OF EMPLOYER OR MILITARY UNIT

ADDRESS (NUMBER / STREET OR BASE)				FROM	TO
CITY			STATE	ZIP	SUPERVISOR
JOB TITLE			CONTACT NUMBER ()		EXT
DUTIES / ASSIGNMENTS			EMAIL		
NAMES OF CO-WORKERS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
1)	2)	REASON FOR LEAVING			

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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D) PERIOD OF UNEMPLOYMENT 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					FROM	TO
--	--	--	--	--	------	----

E) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE			EMAIL			
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 1)		2)		REASON FOR LEAVING		

F) PERIOD OF UNEMPLOYMENT 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					FROM	TO
--	--	--	--	--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE			EMAIL			
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 1)		2)		REASON FOR LEAVING		

H) PERIOD OF UNEMPLOYMENT 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					FROM	TO
--	--	--	--	--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT	
JOB TITLE			EMAIL			
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 1)		2)		REASON FOR LEAVING		

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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J) PERIOD OF UNEMPLOYMENT
Check applicable: Student Between jobs Leave of absence Travel Other

FROM	TO
------	----

K) NAME OF EMPLOYER OR MILITARY UNIT

ADDRESS (NUMBER / STREET OR BASE)	FROM	TO
CITY	SUPERVISOR	
JOB TITLE	STATE	ZIP
DUTIES / ASSIGNMENTS	CONTACT NUMBER ()	EXT
NAMES OF CO-WORKERS		EMAIL
1)	2)	REASON FOR LEAVING
		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer

L) PERIOD OF UNEMPLOYMENT
Check applicable: Student Between jobs Leave of absence Travel Other

FROM	TO
------	----

M) NAME OF EMPLOYER OR MILITARY UNIT

ADDRESS (NUMBER / STREET OR BASE)	FROM	TO
CITY	SUPERVISOR	
JOB TITLE	STATE	ZIP
DUTIES / ASSIGNMENTS	CONTACT NUMBER ()	EXT
NAMES OF CO-WORKERS		EMAIL
1)	2)	REASON FOR LEAVING
		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer

N) PERIOD OF UNEMPLOYMENT
Check applicable: Student Between jobs Leave of absence Travel Other

FROM	TO
------	----

O) NAME OF EMPLOYER OR MILITARY UNIT

ADDRESS (NUMBER / STREET OR BASE)	FROM	TO
CITY	SUPERVISOR	
JOB TITLE	STATE	ZIP
DUTIES / ASSIGNMENTS	CONTACT NUMBER ()	EXT
NAMES OF CO-WORKERS		EMAIL
1)	2)	REASON FOR LEAVING
		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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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 (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE			EMAIL		
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 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, 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 quit 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

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

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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38. Has your work performance ever been affected by your use of alcohol or drugs? Yes 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? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service? Yes No
If yes, have you registered? Yes No
If no, explain:

41. BRANCH OF SERVICE

42. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable)
Re-entry Code (1-4) if applicable - refer to your DD-214:

43. DATES OF SERVICE To

43. Are you currently participating in one of the following?
 Military Reserve 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)? Yes 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? Yes 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? \$ _____ per month

B) Do you have income other than from your salary or wages? Yes No
If yes, fill in amount: \$ _____ per month
Explain:

C) How much do you spend each month? \$ _____ per 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 obligation(s) you may have.

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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/lie 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 (failed to pay) 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? <input type="checkbox"/> No	<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"/> No	<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 any of Questions 47–60, explain (include when, where, and why; indicate corresponding number):

.....

.....

.....

.....

.....

.....

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, dismissed or pardoned

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

61. Either as an adult or a juvenile, 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

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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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. 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
64. 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
65. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 8: LEGAL *continued*

67. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No
68. 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?..... Yes No
69. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
70. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered yes to any of **Questions 62–70**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

71. 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 Yes No
- B) Assault (use of force or violence upon another)..... Yes No
- C) Assault (use of force or violence upon a family member)..... Yes No
- D) Brandishing a weapon (any type of weapon) Yes No
- E) Carrying a concealed weapon without a permit Yes No
- F) Contributing to the delinquency of a minor Yes No
- G) Defrauding an innkeeper (not paying for food or room at a hotel/motel)..... Yes No
- H). Driving under the influence of alcohol and/or drugs Yes No
- I) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... Yes No
- J) Hit & run collision (no injuries)..... Yes No
- K) Hunting/fishing without a license Yes No
- L) Illegal gambling Yes No
- M) Impersonating a peace officer (pretending to be a police officer) Yes No
- N). Indecent exposure (including flashing or mooning)..... Yes No
- O) Joyriding (using a car or other vehicle without owner's permission) Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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SECTION 8: LEGAL *continued*

71. UNDETECTED ACTS - PART 1 *continued*

- P). Theft (value up to \$500, including shoplifting/switching price tags)..... Yes No
- Q) Possession of alcohol as a minor Yes No
- R). Possession of falsified or altered identification, including use of another person's ID (for any reason) Yes No
- S) Possession of stolen property (including vehicles)..... Yes No
- T). Prostitution or soliciting a prostitute..... Yes No
- U) Resisting arrest (including running from the police) Yes No
- V) Trespassing Yes No
- W) Vandalism (including "tagging," malicious mischief and/or property damage)..... Yes No
- X). Intentionally writing a bad check Yes No
- Y) Filing a false police report Yes No
- Z) Any other act amounting to a misdemeanor within the past seven years..... Yes No

If you answered yes to any item(s) in Question 71, fully explain all instances including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (A-Z) for each explanation.

72. UNDETECTED ACTS - PART 2

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

- A) Arson (intentionally destroying property by setting a fire)..... Yes No
- B) Assault with a deadly weapon..... Yes No
- C) Theft of a vehicle and/or vehicle parts..... Yes No
- D) Burglary (entering a structure or vehicle to commit theft or other crime)..... Yes No

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**PERSONAL HISTORY STATEMENT
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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	<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 & 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

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

If you answered yes to **any** item(s) in Question 72, fully explain all instances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter, (A, B, or C) for each explanation.

SECTION 8: LEGAL *continued*

Questions 73 and 74 ask about legal or illegal use of prescription drugs or other controlled substances. This covers the use of **any** drug, including the unauthorized use of prescription drugs or other controlled substances. Answers should include **but not be limited to** your use of any of the following drugs:

- | | | |
|---|---|------------------------------|
| - Amphetamines / Methamphetamine
(Uppers, Speed, Crank, etc) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

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

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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74. **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, 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.

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

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

76. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

77. 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, if

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

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

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

79. Has your driver's license ever been suspended or revoked?..... Yes No
If yes, explain (include when, where, and circumstances):

80. List your current liability insurance on your vehicle/s

A) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured	<input type="checkbox"/> Bonded	<input type="checkbox"/> Cash Deposit	INSURANCE COMPANY	POLICY NUMBER	EXPIRES	CONTACT NUMBER ()
ADDRESS (NUMBER / STREET CITY			STATE	ZIP	VEHICLE LICENSE	
B) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured	<input type="checkbox"/> Bonded	<input type="checkbox"/> Cash Deposit	INSURANCE COMPANY	POLICY NUMBER	EXPIRES	CONTACT NUMBER ()
ADDRESS (NUMBER / STREET CITY			STATE	ZIP	VEHICLE LICENSE	
C) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured	<input type="checkbox"/> Bonded	<input type="checkbox"/> Cash Deposit	INSURANCE COMPANY	POLICY NUMBER	EXPIRES	CONTACT NUMBER ()
ADDRESS (NUMBER / STREET CITY			STATE	ZIP	VEHICLE LICENSE	
D) TYPE OF COVERAGE				VEHICLE MAKE	YEAR	VEHICLE LICENSE
<input type="checkbox"/> Insured	<input type="checkbox"/> Bonded	<input type="checkbox"/> Cash Deposit	INSURANCE COMPANY	POLICY NUMBER	EXPIRES	CONTACT NUMBER ()
ADDRESS (NUMBER / STREET CITY			STATE	ZIP	VEHICLE LICENSE	

SECTION 9: MOTOR VEHICLE OPERATION *continued*

81. List all traffic citations, excluding parking citations, received within the past seven years.

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED	ACTION TAKEN			
Month Year	<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
DATE VIOLATION OCCURRED	ACTION TAKEN			
Month Year	<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
DATE VIOLATION OCCURRED	ACTION TAKEN			
Month Year	<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				

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**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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If checked, explain circumstances:

82. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
If yes, give details.

A)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY INJURY	<input type="checkbox"/> NON- INJURY
B)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY INJURY	<input type="checkbox"/> NON- INJURY
C)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY INJURY	<input type="checkbox"/> NON- INJURY

83. Have you ever driven a vehicle without auto insurance, as required by law?..... Yes No

IF YES, GIVE REASON:

DATE Month	Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE
---------------	------	----------------------------------	------	-------

84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY				
DATE Month	Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT

for TEXAS LICENSURE

SECTION 10: OTHER TOPICS

85. Have you ever been refused a permit to carry a concealed weapon?..... Yes No
86. 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
87. 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
88. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
89. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of questions 85-89, provide details of the incidents and circumstances and indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

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

91. List all social media sites and/or blogs or web sites created by you. Provide website (URL) and your username.

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 12: CERTIFICATION

92. 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 IN FULL

DATE

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.

Initial this page to indicate that you have provided complete and accurate information: _____

DOCUMENTS REQUIRED

APPLICANTS WILL BE REQUIRED TO PROVIDE A COPY OF THE FOLLOWING DOCUMENTS WHEN SUBMITTING THEIR APPLICATION:

BIRTH CERTIFICATE_____

DRIVER'S LICENSE_____

HIGH SCHOOL DIPLOMA OR GED_____

COLLEGE DEGREE_____

MILITARY DISCHARGE RECORDS_____

|
