

TEXAS DEPARTMENT OF PUBLIC SAFETY

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SUBJECT: Texas Department of Public Safety Academic Internship Program

Dear Prospective Intern:

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

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

Good Luck in your endeavors,

Sergeant Wesley Rodriguez
Academic Internship Coordinator
Texas Department of Public Safety
Education, Training and Research

FORMS TO BE SUBMITTED BY APPLICANT:

1. Human Resources Forms:

- A. **RC-99** (Rev 04/15)
- B. **HR-99a** (Rev 4/11)
- C. **HR-99b** (Rev 4/11)
- D. **HR-99c** (Rev 9/13)
- E. **RC-4a** (Rev 01/2015)

2. All College Transcripts (CERTIFIED)

3. A Letter from your Collegiate Advisor stating that you are currently enrolled in an accredited collegiate institution and that your involvement with the internship program is a vital component in your degree plan.

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

SUBMIT ALL DOCUMENTS TO YOUR ON CAMPUS COLLEGIATE INTERNSHIP MANAGER TO PROCESS WITH DPS COORDINATOR BY SCAN IN AND EMAIL to Wesley.Rodriguez@dps.texas.gov

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

UPON APPROVAL OR DENIAL YOU WILL BE CONTACTED BY THE DPS COORDINATOR AND or your COLLEGIATE ADVISOR.

We look forward to serving with you,

**Respectfully,
Wesley Rodriguez, Sergeant
Education, Training & Research Division
5805 North Lamar Blvd.
Building C
Austin, Texas 78752**



THE STATE OF TEXAS:

COUNTY OF _____:

KNOW ALL MEN BY THESE PRESENTS:

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

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

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

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

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

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

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

Signature (include maiden name)

Date of Birth

Address

Last Four SSN

City, State, Zip

Phone#

Witness

Witness Signature

THE STATE OF TEXAS:

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

COUNTY OF TRAVIS:

KNOW ALL MEN BY THESE PRESENTS:

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

Signature (include maiden name)

Address

Last four Social Security Number

Phone

Witness

THE STATE OF TEXAS:

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

COUNTY OF TRAVIS:

KNOW ALL MEN BY THESE PRESENTS:

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

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

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

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

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

Signature (include maiden name)

Date of Birth

Address

Last four Social Security Number

Phone

Witness

THE STATE OF TEXAS:

MEDICAL RELEASE

COUNTY OF TRAVIS:

KNOW ALL MEN BY THESE PRESENTS:

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

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

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

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

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

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

Signature (include maiden name)

Date of Birth

Mailing Address

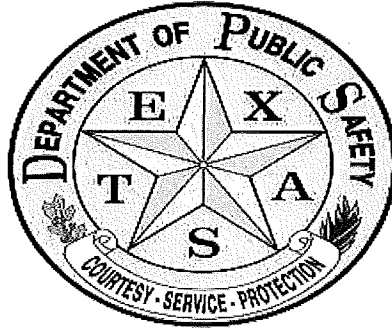
City, State, Zip

Last 4-digits of Social Security Number

Phone Number

Witness (print name)

Witness Signature & Date



TEXAS DEPARTMENT OF PUBLIC SAFETY

APPLICANT

PERSONAL HISTORY STATEMENT

NAME _____

DATE _____

Personal History Statement Instructions

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

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

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach 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 and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
 - **Original certified** copy of your birth certificate.
 - High School diploma or GED certificate.
 - Copy of Social Security Card (original will be verified during testing)
 - Copy of Driver License (original will be verified during testing)
 - **Original certified** copy of your college transcripts. (No photo copy)
 - Copy of all DD-214(s) or NGB-22(s) from any military branch, National Guard, Coast Guard etc... if applicable. Must possess an honorable discharge.
 - Military discharge letter from chain of command. (Active military, if applicable)
 - **Original certified** copy of your Naturalization papers, if applicable.
 - A current copy of your credit report from **one** credit reporting agency.
 - HR-99 Form
 - Official Court copy on any court orders for expunged criminal records, if applicable.
 - Official Court copy of final deposition for any criminal charges, even if the case was dismissed, if applicable.
 - Individual Retirement Point Report for US Military/National Guard Reserve time. (if applicable)

10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

Applicant Qualification Section

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

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

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

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

Please note your TCOLE PID Number _____ (if applicable)

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.

APPLICANT IDENTIFICATION

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

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

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

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

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

Height_____ Weight_____ Eye Color_____ Hair Color_____

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

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

List ALL E-Mail Addresses (S) _____

MARITAL & FAMILY HISTORY

Single Married Engaged Co-habiting

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

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

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

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

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

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

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

Relation	Name	Address

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

Relationship	Name	Complete Address	Phone Number

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____ Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____

Alternate Telephone _____

Nature of Relationship _____

Email Address _____

Name _____ Years known _____

Address _____

Home Telephone _____

Alternate Telephone _____

Nature of Relationship _____

Email Address _____

Identify below any employees of the Texas Department of Public Safety with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____

Expires: _____

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

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

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

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

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

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

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

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

ARRESTS, DETENTIONS, AND LITIGATION

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

Yes No If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

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

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

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

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

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

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

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

FAMILY AND RELATIVES' ARRESTS

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

Yes No If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

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

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

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

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

CREDIT INFORMATION

Have you ever filed bankruptcy personally or on behalf of a business? Yes No

If "Yes" to above, indicate type _____

Have you ever had any personal or real property repossessed or foreclosed? Yes No

Have you ever failed to pay Federal, state, or other taxes? Yes No

Have you ever failed to file a tax return, when required by law? Yes No

Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes No

Have you ever had a judgment entered against you? Yes No

Have you ever defaulted on any type of loan? Yes No

Have you ever had bills or debts turned over to a collection agency? Yes No

Have you ever had any credit account suspended, charged off, or cancelled for failure to pay? Yes No

Have you ever written a check that was later returned for Non Sufficient Funds (NSF)? Yes No

Have you ever been delinquent on court-imposed alimony or child support payments? Yes No

Have you ever been disciplined regarding the use of a travel/credit card provided by an employer? Yes No

Are you currently more than sixty (60) days delinquent on any debts? Yes No

Have you ever applied for unemployment compensation? Yes No When? _____

Have you ever received unemployment compensation? Yes No When? _____

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

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

EMPLOYMENT HISTORY

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

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

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

6. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

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

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

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

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

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

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

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

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

MILITARY OBLIGATION

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

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

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

Type of discharge _____ Last Duty Station: _____

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

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

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

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

SPECIAL QUALIFICATIONS & SKILLS

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

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

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes No

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

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

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

PERSONAL DECLARATIONS

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

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

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

Yes No If yes how often _____ When last used _____

Provide explanation: _____

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

If yes, give details: _____

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

If yes, explain:

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

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

Agency Name & Address	Date Applied or Hired	Result

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

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

Signature of applicant

Date

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

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

SEAL

Signature of Notary
My Commission Expires: _____