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:

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

______________________________
City, State, Zip

______________________________
Witness

______________________________
Witness Signature

RC-99 (Rev 04/15)
THE STATE OF TEXAS:  
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: 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

HR-99b (Rev 4/11)
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

HR-99c (Rev 9/13)
TEXAS DEPARTMENT OF PUBLIC SAFETY

APPLICANT

PERSONAL HISTORY STATEMENT

NAME ________________________________________________

DATE ____________________________________________

RC-4a (01/2015)  Texas Department of Public Safety
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.**

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<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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<th>Street Address</th>
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<th>City</th>
<th>State &amp; Zip Code</th>
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<th>Mailing Address (if different from residence)</th>
<th>State &amp; Zip Code</th>
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<th>Date of Birth</th>
<th>Social Security No.</th>
<th>Drivers License No. &amp; State</th>
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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 __________________________ Date of Marriage _____________
City & State __________ Date ____________
Separated □  Divorced □  Widowed □

Date ____________ Date ____________ Date ____________ Date ____________
City & State _________ Date _________ Date _________ Date _________
Separated □  Divorced □  Widowed □

Date ____________ Date ____________ Date ____________ Date ____________
Annulled □  Court or State issued ____________

Ex-spouse's Name __________________________ Ex-spouse's Name ___________
Telephone No. __________________ Telephone No. __________________

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

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<th>Relation</th>
<th>Name</th>
<th>Address</th>
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Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

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<th>Relationship</th>
<th>Name</th>
<th>Complete Address</th>
<th>Phone Number</th>
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**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address**. List date by month/year. **Include military assignments. (No TDY’s)**

<table>
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<tr>
<th>From</th>
<th>To</th>
<th>Address</th>
<th>City</th>
<th>State &amp; Zip code</th>
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**PERSONAL REFERENCES**

List ten (10) persons who know you well enough to provide current information about you. **Do not list relatives, former or present employers, or supervisors.**

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______________________________
<table>
<thead>
<tr>
<th>Name</th>
<th>Years known</th>
<th>Address</th>
<th>Home Telephone</th>
<th>Alternate Telephone</th>
<th>Nature of Relationship</th>
<th>Email Address</th>
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</table>
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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>License Plate No.</th>
<th>Owner</th>
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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.

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

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<tr>
<th>Date</th>
<th>Location</th>
<th>Police Report: Yes/No</th>
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Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

<table>
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<tr>
<th>Month/Year</th>
<th>Violation</th>
<th>City &amp; State</th>
<th>Disposition (e.g., defensive driving, dismissed)</th>
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ARRESTS, DETECTIONS, AND LITIGATION

Have you ever been arrested or detained by law enforcement?

Yes [ ] No [ ] If yes, complete the following table:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Offense</th>
<th>Date</th>
<th>Location</th>
<th>Outcome</th>
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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:

________________________________________________________________________________________________________________________________________________________________________________

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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:

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Charge/Offense</th>
<th>Outcome</th>
<th>Year</th>
<th>Agency</th>
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FINANCIAL HISTORY

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

Source ______________ Amount ______________ Frequency ______________

Source ______________ Amount ______________ Frequency ______________

Source ______________ Amount ______________ Frequency ______________

Source ______________ Amount ______________ Frequency ______________

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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.

<table>
<thead>
<tr>
<th>Name of Creditor (e.g., Sears, Citi financial)</th>
<th>Type of Debt (e.g., student loan, automobile)</th>
<th>Monthly Payment</th>
<th>Approx Balance</th>
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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? ________________________

RC-4a (01/2015) 11 Texas Department of Public Safety
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.

<table>
<thead>
<tr>
<th>Name of Creditor (e.g., Sears, Citibank)</th>
<th>Type of Debt (e.g., student loan, automobile)</th>
<th>Number of Days Late</th>
<th>Reason</th>
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**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: 

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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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: ___________________________________________________________________
   
   _____________________________________________________________________________
   
   _____________________________________________________________________________
   
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   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: _____________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

If yes, provide dates and explain: __________________________________________________________________

______________________________________________________________________________
**EDUCATIONAL HISTORY**

<table>
<thead>
<tr>
<th>High School(s) attended</th>
<th>Address</th>
<th>Dates attended From-To</th>
<th>Graduated Yes/No</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>City &amp; State</th>
<th>Dates attended</th>
<th>Hours completed</th>
<th>Major</th>
<th>Degree &amp; Date</th>
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**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)

<table>
<thead>
<tr>
<th>Language</th>
<th>Understanding</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
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Do you have any experience with firearms? Yes [ ] No [ ]

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Type (e.g., social, fraternal, professional)</th>
<th>From</th>
<th>To</th>
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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 [ ]

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:

<table>
<thead>
<tr>
<th>Agency Name &amp; Address</th>
<th>Date Applied or Hired</th>
<th>Result</th>
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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 __________________________, __________________________

______________________________________________
Signature of Notary

My Commission Expires: __________________________