



CLAY COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

(The Sheriff's Office uses a modified version of the TCOLE personal history statement)



Name: _____

Date Issued: _____

Complete and Return by: _____

I am applying for:

_____ Peace Officer PID # _____

_____ County Jailer PID # _____

_____ Telecommunicator PID # _____

_____ Civilian Employment

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, guarantee 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 BLUE 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. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional 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). *Required documents vary according to the position being sought, and the history of the applicant. Hiring agency, please check off documents required – modify list as necessary.*

- _____ Completed Personal History Statement.
 - _____ Copy of your Social Security card.
 - _____ Original certified copy of your birth certificate.
 - _____ Copy of your valid Texas driver license or a copy of another State’s driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
 - _____ Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service.
 - _____ Original certified copy of your college transcript.
 - _____ Photocopy of your college diploma.
 - _____ Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - _____ Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - _____ Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - _____ Original certified copy of your Naturalization papers, if applicable.
 - _____ Copy of current proof of automobile liability insurance.
 - _____ Copy of a TCOLE approved Firearms Qualification within the last 12 months.
10. If you have any questions, please contact your assigned background investigator.
11. IF submitting the completed documents in hard copy, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

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, jailer, or telecommunicator in Texas.

1. I am a citizen of the United States.
2. I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two years active service.
3. I have never been convicted, pled guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor, or a felony.
4. During the last ten (10) years, I have not been convicted, pled 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.
5. I have never had a military court martial that resulted in a dishonorable or other discharge, based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases 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 reasons 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 additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

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.

SECTION 1: PERSONAL

1. _____
Last Name First Name M.I. Suffix

2. _____
Other names, including nicknames, you have used or been known by

3. _____
Street Address, (Apt., Unit) City State Zip

4. _____
Address, if different from above

5. _____
Phone # Home Cell Work Ext. # Fax Other

6. _____
Email: Home Work Other

7. _____ 8. _____ 9. _____
Birthplace (City / County / State / Country) DOB Social Security #

10. _____
Driver License # State Expiration Date

11. _____
Height Weight Hair Color Eye Color

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned: _____

A. _____
Academy Name From To Graduate? Yes or No

Location (City / State) Name of Training Coordinator Contact Number

B. _____
Academy Name From To Graduate? Yes or No

Location (City / State) Name of Training 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 or 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question Number and page this refers to.

A. _____
Name of Agency Position Applied For Date Applied

Address City State Zip

Background Investigators Name (if known) Contact # and Ext Email

Check each step in the process that you completed, and your status:

Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological Exam Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

B. _____
Name of Agency Position Applied For Date Applied

Address City State Zip

Background Investigators Name (if known) Contact # and Ext Email

Check each step in the process that you completed, and your status:

Application Written Physical agility Oral Polygraph/CVSA Background
 Conditional job offer Psychological Exam Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

C. _____

Name of Agency	Position Applied For	Date Applied	
Address	City	State	Zip
Background Investigators Name (if known)	Contact # and Ext	Email	

Check each step in the process that you completed, and your status:

Application
 Written
 Physical agility
 Oral
 Polygraph/CVSA
 Background
 Conditional job offer
 Psychological Exam Date _____
 Medical Date: _____

Status: Hired On List Withdrawn 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question Number and page this refers to.

_____ N/A _____

Father's Name	DOB		
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

_____ N/A B _____

Step- Father's Name	DOB		
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

N/A C _____

Mother's Name		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

N/A D _____

Step-Mother's Name		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

N/A E _____

Spouse/Registered Domestic Partner		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

_____ Is there, or has there been a restraining or stay-away order in effect for this individual? _____
 Years of Marriage Yes or No

N/A F _____

Father-in-Law's Name		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

N/A G

Mother-in-Law's Name		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email

N/A H

Former Spouse(s) Cohabitant		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual?	Yes	No

N/A I

Former Spouse(s) Cohabitant		DOB	
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Cell	Work Phone	Email
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual?	Yes	No

____ N/A J: Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.

1. _____

Name	DOB	Male	Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

2. _____

Name	DOB	Male	Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

3. _____

Name	DOB	Male	Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

4. _____

Name	DOB	Male	Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

5. _____

Name	DOB	Male	Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

6. _____

Name	DOB	Male	Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

_____ N/A K.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. _____
_____ Male _____ Female _____ Name _____ Custodial parent or guardian (if other than you) _____
_____ Address _____ City _____ State _____ Zip _____
_____ DOB _____ Contact Number _____ Email _____

2. _____
_____ Male _____ Female _____ Name _____ Custodial parent or guardian (if other than you) _____
_____ Address _____ City _____ State _____ Zip _____
_____ DOB _____ Contact Number _____ Email _____

3. _____
_____ Male _____ Female _____ Name _____ Custodial parent or guardian (if other than you) _____
_____ Address _____ City _____ State _____ Zip _____
_____ DOB _____ Contact Number _____ Email _____

4. _____
_____ Male _____ Female _____ Name _____ Custodial parent or guardian (if other than you) _____
_____ Address _____ City _____ State _____ Zip _____
_____ DOB _____ Contact Number _____ Email _____

5. _____
_____ Male _____ Female _____ Name _____ Custodial parent or guardian (if other than you) _____
_____ Address _____ City _____ State _____ Zip _____
_____ DOB _____ Contact Number _____ Email _____

6. _____
_____ Male _____ Female _____ Name _____ Custodial parent or guardian (if other than you) _____
_____ Address _____ City _____ State _____ Zip _____
_____ DOB _____ Contact Number _____ Email _____

15. REFERENCES: List 7 – 10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

A.

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

B.

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

C.

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

D.

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

E.

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

F. _____

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

G. _____

Name	Address	City	State	Zip
Company / Work Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

Personal History Statement 11.22.2016 Initial this page to indicate that you have provided complete and accurate information _____
 Page 8 of 26

SECTION 3: EDUCATION NOTE: You will be required to furnish transcripts or proof to support all of your educational claims.

16. Check applicable: ___ High School Diploma ___ GED ___ Discharge documents from armed services with 2 years active duty

17. List High Schools attended, or where you got your GED.

A. _____

Name	City	State
From _____ To _____	Did you graduate?	Yes ___ No ___

B. _____

Name	City	State
From _____ To _____	Did you graduate?	Yes ___ No ___

18. List all colleges or universities attended:

A. _____

Name	City	State
From _____ To _____	Type of Degree Earned	Total Units Earned

B. _____

Name	City	State
From _____ To _____	Type of Degree Earned	Total Units Earned

C. _____

Name	City	State
From _____ To _____	Type of Degree Earned	Total Units Earned

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

A. _____	_____	_____	Did you complete the course: ____Yes ____No
Name	From	To	
Type of school or training		City	State
B. _____	_____	_____	Did you complete the course: ____Yes ____No
Name	From	To	
Type of school or training		City	State
C. _____	_____	_____	Did you complete the course: ____Yes ____No
Name	From	To	
Type of school or training		City	State

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 17. 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and \page this refers to.

A. _____	_____	_____	_____	_____
Current residence Street	City	State	Zip	
From	To	If renting; property manager, rent collector, ow owner	Contact Number	
Address of property mgr., rent collector, owner		City/State/Zip	Email	
N/A	Names of those with whom you live			

B.

Former Address		City	State	Zip
From	To	If renting; property manager, rent collector, ow owner		Contact Number
Address of property mgr., rent collector, owner		City/State/Zip		Email
N/A		Names of those with whom you live		
Reason for moving				

C.

Former Address		City	State	Zip
From	To	If renting; property manager, rent collector, ow owner		Contact Number
Address of property mgr., rent collector, owner		City/State/Zip		Email
N/A		Names of those with whom you live		
Reason for moving				

D.

Former Address		City	State	Zip
From	To	If renting; property manager, rent collector, ow owner		Contact Number
Address of property mgr., rent collector, owner		City/State/Zip		Email
N/A		Names of those with whom you live		
Reason for moving				

E.

Former Address		City	State	Zip
From	To	If renting; property manager, rent collector, ow owner		Contact Number
Address of property mgr., rent collector, owner		City/State/Zip		Email
N/A		Names of those with whom you live		
Reason for moving				

F.

Former Address		City	State	Zip
From	To	If renting; property manager, rent collector, ow owner		Contact Number
Address of property mgr., rent collector, owner		City/State/Zip		Email
N/A		Names of those with whom you live		
Reason for moving				

G.

Former Address		City	State	Zip
From	To	If renting; property manager, rent collector, ow owner		Contact Number
Address of property mgr., rent collector, owner			City/State/Zip	Email
N/A		Names of those with whom you live		
Reason for moving				

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 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A.

Name			Contact Number	
Current Street Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email

B.

Name			Contact Number	
Current Street Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email

C.

Name			Contact Number	
Current Street Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email

D.

Name			Contact Number	
Current Street Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email

E.

Name			Contact Number	
Current Street Address		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)				Email

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)

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?
 Yes No (If yes, list below.)
- List ALL jobs you have had in the past ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

A. _____

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers	Co-workers Phone Number	

Would there be a problem if we contact your current employer? Yes 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	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers	Co-workers Phone Number	

Would there be a problem if we contact your current employer? Yes No
 If yes, explain: _____

D. PERIOD OF UNEMPLOYMENT (Check applicable)
 Student Between jobs Leave of absence Travel Other From _____ To _____

E. _____

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers		Co-workers Phone Number

Would there be a problem if we contact your current employer? _____ Yes _____ No
 If yes, explain: _____

F. PERIOD OF UNEMPLOYMENT (Check applicable)
 _____ Student _____ Between jobs _____ Leave of absence _____ Travel _____ Other From _____ To _____

Personal History Statement 11.22.2016 Initial this page to indicate that you have provided complete and accurate information _____
 Page 13 of 26

G. _____

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers		Co-workers Phone Number

Would there be a problem if we contact your current employer? _____ Yes _____ No
 If yes, explain: _____

H. PERIOD OF UNEMPLOYMENT (Check applicable)
 _____ Student _____ Between jobs _____ Leave of absence _____ Travel _____ Other From _____ To _____

I. _____

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers		Co-workers Phone Number

Would there be a problem if we contact your current employer? _____ Yes _____ No
 If yes, explain: _____

J. PERIOD OF UNEMPLOYMENT (Check applicable)
 _____ Student _____ Between jobs _____ Leave of absence _____ Travel _____ Other From _____ To _____

K.

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers		Co-workers Phone Number

Would there be a problem if we contact your current employer? Yes No
 If yes, explain: _____

L. PERIOD OF UNEMPLOYMENT (Check applicable)
 Student Between jobs Leave of absence Travel Other From _____ To _____

M.

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers		Co-workers Phone Number

Would there be a problem if we contact your current employer? Yes No
 If yes, explain: _____

N. PERIOD OF UNEMPLOYMENT (Check applicable)
 Student Between jobs Leave of absence Travel Other From _____ To _____

O.

Name of employer or military unit	From	To
Address or Base	City	State Zip
Supervisor	Contact Number Est.	Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time Temp Self-employed Volunteer
Names of co-workers		Co-workers Phone Number

Would there be a problem if we contact your current employer? Yes No
 If yes, explain: _____

P. PERIOD OF UNEMPLOYMENT (Check applicable)
 Student Between jobs Leave of absence Travel Other From _____ To _____

Q. _____

Name of employer or military unit	From	To
Address or Base	City	State
Supervisor	Contact Number	Est. Email
Job Title	Reason for leaving	
Duties/Assignments	Full-time	Part-time
	Temp	Self-employed
		Volunteer
Names of co-workers	Co-workers Phone Number	

Would there be a problem if we contact your current employer? _____ Yes _____ No
 If yes, explain: _____

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions? _____ Yes _____ No

27. Have you ever been fired, released from probation, or asked to resign from any place of employment? _____ Yes _____ No

28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? _____ Yes _____ No

29. Have you ever resigned without giving two weeks-notice? _____ Yes _____ No

30. Have you ever resigned in lieu of termination? _____ Yes _____ 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? _____ Yes _____ No

32. Were you ever the subject of a written complaint at work? _____ Yes _____ No

33. Have you ever been counseled at work due to lateness or absences? _____ Yes _____ No

34. Did you ever receive an unsatisfactory performance review? _____ Yes _____ No

35. Have you ever sold, released, or given away legally confidential information? _____ Yes _____ No

36. Have you ever called in sick when you were neither sick nor caring for a sick family member? _____ Yes _____ 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): _____

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 (Complete for all branches of military served. Add pages if necessary)

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 Date of Service From To

42. Type of discharge Entry Level Honorable General Other than Honorable
(Re-Entry Code 1-4, if applicable) *refer to your DD-214*

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? \$ _____

B. Do you have income other than from your salary or wages: Yes No

If yes, fill in amount: \$ _____ per month Explain: _____

C. Approximately how much do you spend each 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 obligations you may have.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13) Yes No

48. Have any of your bills ever been turned over to a collection agency? Yes No

49. Have you ever had purchased goods repossessed? Yes No

50. Have your wages ever been garnished? Yes No

51. Have you ever been delinquent on income or other tax payments? Yes No

52. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No

53. Have you ever had an employment bond refused? Yes No

54. Have you ever avoided paying any lawful debt by moving away? Yes No

55. Have you ever defaulted on a loan, including a student loan? Yes No

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 in court probation as an adult? ___ Yes ___ No

63. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition? ___ Yes ___ No

64. Were you ever required to appear before a juvenile court for an act which Would have been a crime if committed as an adult? ___ Yes ___ No

65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ___ Yes ___ No

66. Have the police ever been called to your home for any reason? ___ Yes ___ No

67. Have you or your spouse/partner ever been referred to Child Protective Services? ___ Yes ___ No

68. Have you ever been the subject of an emergency protective, restraining or stay-away order? ___ Yes ___ No

69. 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

70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance? ___ Yes ___ No

71. Have you ever filed a false insurance or workers' compensation claim? ___ Yes ___ No

- If you answered yes to any of Questions 62-71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

UNDETECTED ACTS-PART 1

72. 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 and run collision (no injuries) ___Yes ___No
- K. Hunting or fishing without a license. ___Yes ___No
- L. Illegal gambling ___Yes ___No
- M. Impersonating a peace 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

UNDETECTED ACTS-PART 2

73. At any time in your life have you **ever** committed any of the following? Yes No
- 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
 - E. Child molestation (performing unlawful acts with a child) Yes No
 - F. Accessing, producing, or possessing child pornography Yes No
 - G. Injury to a child/elderly/or disabled Yes No
 - H. Embezzlement (theft of money or other valuables entrusted to you) Yes No
 - I. Felony drunk driving (involving injuries) Yes No
 - J. Forcible rape or other act of unlawful intercourse/sexual activity Yes No
 - K. Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes No
 - L. Hit and run (with injuries) Yes No
 - M. Hate crime Yes No
 - N. Insurance fraud Yes No
 - O. Theft (value of over \$500, or any firearm) Yes No
 - P. Murder, homicide, or attempted murder Yes No
 - Q. Perjury (lying under oath) Yes No
 - R. Possession of an explosive/destructive device Yes No
 - S. Robbery (theft from another person using a weapon, force, or fear) Yes No
 - T. Stalking Yes No
 - U. Blackmail or extortion Yes No
 - V. Any other act amounting to a felony Yes No

If you answered yes to **any** item(s) in **section 72-73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc.) for each explanation.

Questions about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

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

74. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? If yes, give details, including drug(s) used and circumstances:

75. 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 listed above, 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.

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

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

77. _____
 Current Driver License # State of Issue Expiration Date Name under which license was granted

78. 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

79. Have you ever been refused a driver's license by any state _____ Yes _____ No
 If yes, explain (include when, where and circumstances):

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

81. List your current liability insurance on your vehicle(s)

A. Type of Coverage Vehicle Make Year Vehicle License
 _____ Insured _____ Bonded _____ Cash Deposit

_____ Insurance Company Policy number Expires

_____ Address City State Zip Contact Number

B. Type of Coverage Vehicle Make Year Vehicle License
 _____ Insured _____ Bonded _____ Cash Deposit

_____ Insurance Company Policy number Expires

_____ Address City State Zip Contact Number

C. Type of Coverage Vehicle Make Year Vehicle License
 _____ Insured _____ Bonded _____ Cash Deposit

_____ Insurance Company Policy number Expires

_____ Address City State Zip Contact Number

D. Type of Coverage _____ Vehicle Make _____ Year _____ Vehicle License _____
_____ Insured _____ Bonded _____ Cash Deposit _____

_____ Insurance Company _____ Policy number _____ Expires _____

_____ Address _____ City _____ State _____ Zip _____ Contact Number _____

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

A. _____
Nature of Violation _____ Location Street, City, State, Zip _____

_____ Date Violation Occurred _____
Action Taken _____ Not Guilty _____ Fined _____ Traffic School _____ Dismissed _____

B. _____
Nature of Violation _____ Location Street, City, State, Zip _____

_____ Date Violation Occurred _____
Action Taken _____ Not Guilty _____ Fined _____ Traffic School _____ Dismissed _____

C. _____
Nature of Violation _____ Location Street, City, State, Zip _____

_____ Date Violation Occurred _____
Action Taken _____ Not Guilty _____ Fined _____ Traffic School _____ Dismissed _____

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.)

_____ Failed to appear _____ Failed to complete traffic school _____ Failed to pay the required fine
If checked, explain circumstances:

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

Date Location (Street, City, State, Zip)

Police Report _____ Yes _____ No Injury _____ Non Injury
Law Enforcement Agency: _____

Date Location (Street, City, State, Zip)

Police Report _____ Yes _____ No Injury _____ Non Injury
Law Enforcement Agency: _____

Date Location (Street, City, State, Zip)

Police Report _____ Yes _____ No Injury _____ Non Injury
Law Enforcement Agency: _____

84. Have you ever driven a vehicle without auto insurance, as required by law _____ Yes _____ No
If yes, give reason

Date Location Street, City, State, Zip

85. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled _____ Yes _____ No
If yes, give reason:

Date Location Street, City, State, Zip

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

87. 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

88. 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

89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?
_____ Yes _____ No

90. Have you ever hit or physically overpowered a spouse, romantic partner or family members? _____Yes _____No

If you answered yes to any of **Questions 87-90**, give details dates and circumstances: indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

91. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? _____Yes _____No

92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

SECTION 12: CERTIFICATION

93. 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 of Applicant

_____/_____/_____
Date

Sworn to and subscribed before me, this the _____ day of _____, 20__

Notary public in and for, State of Texas

My commission expires ____/____/____

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

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 questions and specific item being referenced.

**AUTHORIZATION TO RELEASE INFORMATION TO THE
CLAY COUNTY SHERIFF'S OFFICE
215 W. GILBERT, HENRIETTA TX. 76642
940-538-5611**

To assist the Clay County Sheriff's Office in determining my qualifications and fitness for the position that I am seeking with that office, I, the undersigned, respectfully request and authorize you to furnish to the Clay County Sheriff's Office any and all information that you have concerning me, including but not limited to my work record, complaints, or grievances filed by or against me, efficiency rating or records, school or education records, reputation, driving record, criminal history and arrest record, and financial and credit status. I am also requesting and authorizing you to release any and all information related to any investigation resulting in a founded or unfounded, sustained or not sustained, allegations against me, and whether or not the investigation resulted in any disciplinary action being taken against me. This shall specifically include any and all information in any investigation file maintained by any personnel or internal investigation unit or office on any allegation of misconduct against me, regardless of whether the allegation resulted in disciplinary action against me and regardless of whether the investigation was actually completed. I further authorize you, your officers, and your employees to discuss with representative of the Clay County Sheriff's Office all information and records provided to the office. This authorization is not to include any medically related history or workers compensation claims. Please allow representatives of the Clay County Sheriff's Office to review this information. You may also furnish the Clay County Sheriff's Office with photocopies of any and all information the Clay County Sheriff's Office requests.

I hereby release you, your office, your employees, and your agent from any and all liability or damage that may result from furnishing the information requested above to the Clay County Sheriff's Office. Furthermore, I shall hold any and all persons who release the information and records described herein harmless from any liability for any and all release and disclosure to the Clay County Sheriff's Office, of the information and records described herein and any discussion of the information.

A photocopy of this authorization shall be considered as valid as the original.

Date: _____ Signature: _____

Birth Date: _____ Print Name: _____

DL # _____ State _____ Address: _____

Social Security # _____

Subscribed and sworn to before me, the undersigned authority, this _____ day of _____,
20 _____.

Notary Public

AUTHORITY FOR RELEASE OF INFORMATION

I respectfully request and authorize you to furnish the Clay County Sheriff's Office any and all information that you may have concerning me, including but not limited to my work record, school record, reputation, financial and credit status. This information is to be used to assist the Clay County Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Clay County Sheriff's Office in Henrietta, Texas.

I hereby release you, your organization or other from any liability or damage that may result from furnishing the information requested above.

I further understand that a personal background check, criminal history information check, and driving record check will be conducted to determine my eligibility for employment with the Clay County Sheriff's Office.

Signature of Applicant

Date

Address

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires