Applicant: _________________________________
Home Phone: ______________________________
Business Phone: __________________________
Alternate Phone: __________________________
Hours of Work: ____________________________
Email Address: ____________________________
Myspace/Facebook User Name: ______________

Attach Photo Here
CITY OF OVILLA POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that the information be accurate in all aspects. It will be used as a basis for a background investigation.

1. Your Personal History Statement must be hand-printed in black ink and filled out by you personally. DO NOT type or have anyone else fill out this form for you. Answer all questions to the best of your ability.

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 correct and in proper sequence before you begin.

4. You are responsible for obtaining correct information and addresses. If you are not sure of any address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories.

5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference the page number and affix a lower case letter behind the page number. Please begin with the letter "a."

6. Please attach a recent photograph of yourself within the last 90 days to the last page of your personal history statement.

7. An accurate and complete form will help expedite your application. On the other hand, ANY OMISSIONS OR FALSIFICATIONS MAY RESULT IN DISQUALIFICATION OF YOUR APPLICATION!

8. Be sure signatures are notarized where required.

9. Failure to complete this form with all information and blanks filled in can terminate your application!

I understand that the information obtained during the background investigation is confidential and the Ovilla Police Department will not release to me any details of these interviews or the reason(s) for rejection of employment.

_________________________________  __________________________
Applicant’s Signature                        Date
CITY OF OVILLA POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the ________________________________ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: ________________________________
Address: ____________________________________________________
__________________________________________________________
Telephone Number: ______ ________________________________
Applicant's Notarized Signature: ________________________________

State of Texas
County of _______________________

Sworn to and signed before me, on this the _________ day of _____________, 20_____,
by ________________________________________________________.

Signature of Notary Public: __________________________________________

PRINTED NAME OF NOTARY PUBLIC: ________________________________
My Commission Expires: ________________________________
CITY OF OVILLA POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT

Personal Identifiers:

Full Legal Name: ____________________________________________________________

Name Used or Known By: ____________________________________________________

Present Address: __________________________________________________________

City: ___________________________ State: ________ Zip: __________

Phone Numbers: __________________ (Home) __________________ (Work) __________________ (Cell)

E-Mail Address(es): ________________________________________________________

Facebook/Myspace User Name: _____________________________________________

Date Of Birth: _______________ Social Security Number: _______________________

Driver’s License Number: ___________________________ State: ________ Type: ______

City of Birth: _________________ County of Birth: _______________ State of Birth: ______

Height: _______ Weight: _______ Hair Color: _______ Eye Color: _______

Race: _______ Sex: Male Female Are you a U.S. Citizen? Yes No

Scars, Tattoos or Other Distinguishing Marks? Yes No If yes;

Tattoo Image/Design: ___________________________ Where located: __________________________

Tattoo Image/Design: ___________________________ Where located: __________________________

Tattoo Image/Design: ___________________________ Where located: __________________________

Tattoo Image/Design: ___________________________ Where located: __________________________

Tattoo Image/Design: ___________________________ Where located: __________________________

Tattoo Image/Design: ___________________________ Where located: __________________________
Residences:

List all addresses, starting with your current, include dates you resided there, apartment complex name/landlord name and phone number:

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?  

Complete Address:  

Apartment Name/Landlord Name:  

Phone Number: From: To:  

Was a lease signed? Yes No  

Who was on the lease?
Residences Continued:

Complete Address: ________________________________________________________________

Apartment Name/Landlord Name: _________________________________________________

Phone Number: _______________ From: _______________ To: _______________

Was a lease signed? Yes  No

Who was on the lease? __________________________________________________________

_______________________________________

_______________________________________

_______________________________________

Complete Address: ______________________________________________________________

Apartment Name/Landlord Name: _________________________________________________

Phone Number: _______________ From: _______________ To: _______________

Was a lease signed? Yes  No

Who was on the lease? __________________________________________________________

_______________________________________

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Complete Address: ______________________________________________________________

Apartment Name/Landlord Name: _________________________________________________

Phone Number: _______________ From: _______________ To: _______________

Was a lease signed? Yes  No

Who was on the lease? __________________________________________________________

_______________________________________

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_______________________________________
Residences Continued:

Complete Address: ________________________________________________________________

Apartment Name/Landlord Name: __________________________________________________

Phone Number: ______________ From: ______________ To: ____________________________

Was a lease signed? Yes  No

Who was on the lease? __________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

Complete Address: ______________________________________________________________

Apartment Name/Landlord Name: __________________________________________________

Phone Number: ______________ From: ______________ To: ____________________________

Was a lease signed? Yes  No

Who was on the lease? __________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Complete Address: ______________________________________________________________

Apartment Name/Landlord Name: __________________________________________________

Phone Number: ______________ From: ______________ To: ____________________________

Was a lease signed? Yes  No

Who was on the lease? __________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
**Education:**

List all schools, beginning with the most recent/last attended.

**Elementary/Middle Schools:**

School Name: ____________________________  Attended: _______ to _______

City/State: ________________________________

School Name: ____________________________  Attended: _______ to _______

City/State: ________________________________

School Name: ____________________________  Attended: _______ to _______

City/State: ________________________________

School Name: ____________________________  Attended: _______ to _______

City/State: ________________________________

**High School:**

School Name: ____________________________  Attended: _______ to _______

Grade Completed: ______  Graduated: Yes  No

School Name: ____________________________  Attended: _______ to _______

Grade Completed: ______  Graduated: Yes  No

School Name: ____________________________  Attended: _______ to _______

Grade Completed: ______  Graduated: Yes  No

GED: Yes  No  Date Received: ________  Issuing School: ___________________
Education Continued:

College or University:

School Name: ___________________________  City/State: ___________________________
Major: __________  Minor: __________  Attended: _________ to _________
Graduated: Yes  No  Credit Hours Received: _________  Date Graduated: _________

School Name: ___________________________  City/State: ___________________________
Major: __________  Minor: __________  Attended: _________ to _________
Graduated: Yes  No  Credit Hours Received: _________  Date Graduated: _________

School Name: ___________________________  City/State: ___________________________
Major: __________  Minor: __________  Attended: _________ to _________
Graduated: Yes  No  Credit Hours Received: _________  Date Graduated: _________

Other Schools/Training:

School Name: ___________________________  City/State: ___________________________
Type Training: ___________________________  Attended: _________ to _________
Certifications: ___________________________

School Name: ___________________________  City/State: ___________________________
Type Training: ___________________________  Attended: _________ to _________
Certifications: ___________________________
Military History:

Are you registered with the draft board?  Yes  No  Female

If yes, list Selective Service Number: ________________________________

Have you ever served in any branch of the Armed Services?  Yes  No

Date of Service: From: _____________ To: _____________ Military Service #: _____________

Branch: _____________ Highest Rank: _____________ Rank at Discharge: _____________

Primary Specialty: ___________________________ Military Education: ___________________________

Location of Discharge: ___________________________ Types of Discharge: ___________________________

Medals, Awards, Ribbons Awarded: ___________________________

Are you currently on Active Reserve or In-Active Reserve National Guard?  Yes  No

Were you ever disciplined while in the military? (Include Court-Martial, Masts, Company Punishment, etc.)  Yes  No

Charge: ___________________________

Date: _____________ Disposition: ___________________________

Charge: ___________________________

Date: _____________ Disposition: ___________________________

Charge: ___________________________

Date: _____________ Disposition: ___________________________

If you received a discharge other than honorable, give complete details: ___________________________

___________________________

___________________________

___________________________

___________________________

___________________________

Were you ever AWOL?  Yes  No
Employment History:

Start with your present employer and work back. List all employment including part-time, seasonal, volunteer or temporary employment. Include all periods of unemployment. List dates by month and year.

Employer: _____________________________________________________________

Type Business: __________________________________________________________

Address: ________________________________________________________________

City: ________________________  St.: ______________________  Zip: _____________

Business Phone Number: ________________________________

Supervisor: ______________________  Phone Number: __________________________

Co-Worker: ______________________  Phone Number: __________________________

Employment Dates: _____________ to _____________

Salary: Start _____________  End: ________________

Starting Position: ________________  Ending Position: ________________

Work Schedule: ________________________________

Duties: _________________________________________________________________

__________________________________________________________

Did you receive job performance evaluations?  Yes  No

Awards/Commendations received: ____________________________________________

Reason for Leaving: ______________________________________________________

Was notice given?  Yes  No  If yes, how much notice: __________________________

If no, why? ______________________________________________________________

Are you eligible for re-hire?  Yes  No  If no, explain: __________________________

_________________________________________________________
Employment History Continued:

Employer: ____________________________________________________________

Type Business: _______________________________________________________

Address: _____________________________________________________________

City: __________________________ St.: ____________ Zip: _________________

Business Phone Number: __________________________

Supervisor: _______________ Phone Number: __________________________

Co-Worker: _______________ Phone Number: __________________________

Employment Dates: __________ to __________

Salary: Start ___________ End: ___________

Starting Position: _______________ Ending Position: ________________

Work Schedule: ____________________________________________________

Duties: _____________________________________________________________

______________________________________________________________

Did you receive job performance evaluations? Yes No

Awards/Commendations received: _____________________________________

______________________________________________________________

Reason for Leaving: ________________________________________________

______________________________________________________________

Was notice given? Yes No If yes, how much notice: ______________________

If no, why? _______________________________________________________

Are you eligible for re-hire? Yes No If no, explain: ______________________
Employment History Continued:

Employer: ________________________________

Type Business: ________________________________

Address: ________________________________

City: _____________________________ St.: ___________ Zip: ______________

Business Phone Number: __________________

Supervisor: __________________ Phone Number: __________________

Co-Worker: __________________ Phone Number: __________________

Employment Dates: ___________ to ___________

Salary: Start ___________ End: ___________

Starting Position: __________________ Ending Position: __________________

Work Schedule: __________________

Duties: __________________

________________________________________________________________________

Did you receive job performance evaluations?  Yes  No

Awards/Commendations received: __________________

________________________________________________________________________

Reason for Leaving: __________________________

________________________________________________________________________

Was notice given?  Yes  No  If yes, how much notice: __________________

If no, why? __________________

Are you eligible for re-hire? Yes  No  If no, explain: __________________________

________________________________________________________________________
Employment History Continued:

Employer: ____________________________________________

Type Business: ________________________________________

Address: _____________________________________________

City: ___________________________  St.: ________________  Zip: ______________

Business Phone Number: _________________________________

Supervisor: ________________  Phone Number: _________________________

Co-Worker: ________________  Phone Number: _________________________

Employment Dates: __________ to __________

Salary: Start _______________  End: ______________

Starting Position: _____________________  Ending Position: ___________________

Work Schedule: ____________________________________________

Duties: ___________________________________________________

____________________________________________________________________

Did you receive job performance evaluations?  Yes  No

Awards/Commendations received: _________________________________

____________________________________________________________________

Reason for Leaving: _____________________________________________

____________________________________________________________________

Was notice given?  Yes  No  If yes, how much notice: ______________________

If no, why? _________________________________________________________

Are you eligible for re-hire?  Yes  No  If no, explain: ______________________
Employment History Continued:

Employer: ________________________________________________________________

Type Business: __________________________________________________________

Address: ________________________________________________________________

City: ___________________________ St.: ___________________ Zip: ________________

Business Phone Number: ________________________________________________

Supervisor: _____________________ Phone Number: __________________________

Co-Worker: _____________________ Phone Number: __________________________

Employment Dates: ____________ to _____________

Salary: Start ________________ End: ___________________

Starting Position: ______________ Ending Position: _______________________

Work Schedule: _________________________________________________________

Duties: _________________________________________________________________

_____________________________________________________________________

Did you receive job performance evaluations?  Yes  No

Awards/Commendations received: _________________________________________

_____________________________________________________________________

Reason for Leaving: _____________________________________________________

_____________________________________________________________________

Was notice given?  Yes  No  If yes, how much notice: ________________________

If no, why? ____________________________________________________________

Are you eligible for re-hire? Yes  No  If no, explain: _______________________

_____________________________________________________________________

15
Employment History Continued:

Employer: _______________________________________________________

Type Business: ___________________________________________________

Address: _________________________________________________________

City: ________________________ St.: _______________ Zip: ________________

Business Phone Number: ____________________________

Supervisor: ________________ Phone Number: _________________________

Co-Worker: ________________ Phone Number: _________________________

Employment Dates: __________ to __________

Salary: Start _____________ End: _______________________

Starting Position: ______________ Ending Position: ________________

Work Schedule: ___________________________________________________

Duties: _________________________________________________________

________________________________________________________________

Did you receive job performance evaluations? Yes  No

Awards/Commendations received: ____________________________________

________________________________________________________________

Reason for Leaving: ______________________________________________

________________________________________________________________

Was notice given? Yes  No  If yes, how much notice: ______________________

If no, why? _______________________________________________________

Are you eligible for re-hire? Yes  No  If no, explain: ___________________

_________________________________________________________________
Employment History Continued:

Employer: ____________________________________________________________

Type Business: _______________________________________________________

Address: _____________________________________________________________

City: ___________________ St.: ___________ Zip: ________________________

Business Phone Number: ______________________________

Supervisor: ________________ Phone Number: __________________________

Co-Worker: ________________ Phone Number: __________________________

Employment Dates: __________ to __________

Salary: Start ______________ End: __________________

Starting Position: ______________ Ending Position: ____________________

Work Schedule: ______________________________________________________

Duties: _____________________________________________________________

____________________________________________________________________

Did you receive job performance evaluations? Yes No

Awards/Commendations received: ______________________________________

____________________________________________________________________

Reason for Leaving: _________________________________________________

____________________________________________________________________

Was notice given? Yes No If yes, how much notice: ________________________

If no, why? _________________________________________________________

Are you eligible for re-hire? Yes No If no, explain: ________________________
Employment History Continued:

Employer: ____________________________________________________________

Type Business: ______________________________________________________

Address: _____________________________

City: _____________________________ St.: ______________ Zip: ______________

Business Phone Number: _____________________________

Supervisor: ________________ Phone Number: _____________________________

Co-Worker: ________________ Phone Number: _____________________________

Employment Dates: __________ to __________

Salary: Start ______________ End: ______________

Starting Position: ______________ Ending Position: ______________

Work Schedule: _____________________________

Duties: ____________________________________________________________

Did you receive job performance evaluations? Yes  No

Awards/Commendations received: ______________________________________

Reason for Leaving: _________________________________________________

Was notice given? Yes  No  If yes, how much notice: ______________________

If no, why? _________________________________________________________

Are you eligible for re-hire? Yes  No  If no, explain: ______________________
Employment History Continued:

Employer: ____________________________________________

Type Business: ________________________________________

Address: ____________________________________________

City: ___________________________  St.: ____________  Zip: ____________

Business Phone Number: ________________________________

Supervisor: ______________________  Phone Number: ______________________

Co-Worker: ______________________  Phone Number: ______________________

Employment Dates: ____________ to ____________

Salary: Start ____________  End: __________________

Starting Position: ___________________________  Ending Position: ___________________________

Work Schedule: _________________________________________

Duties:________________________________________________

________________________________________________________________________

Did you receive job performance evaluations?  Yes  No

Awards/Commendations received: _______________________________

________________________________________________________________________

Reason for Leaving: _______________________________________

________________________________________________________________________

Was notice given?  Yes  No  If yes, how much notice: ___________________________

If no, why? ________________________________________________

Are you eligible for re-hire?  Yes  No  If no, explain: ________________________________
Employment History Continued:

Employer: ________________________________________________________________

Type Business: __________________________________________________________

Address: __________________________________________________________________

City: __________________________  St.: __________________  Zip: ________________

Business Phone Number: ________________________________________________

Supervisor: ______________________  Phone Number: _________________________

Co-Worker: ______________________  Phone Number: _________________________

Employment Dates: ____________ to ____________

Salary: Start ____________  End: ____________

Starting Position: ________________________  Ending Position: __________________

Work Schedule: _______________________

Duties: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Did you receive job performance evaluations?  Yes  No

Awards/Commendations received: ___________________________________________

________________________________________________________________________

Reason for Leaving: ______________________________________________________

________________________________________________________________________

Was notice given?  Yes  No  If yes, how much notice: _________________________

If no, why? __________________________________________________________________

Are you eligible for re-hire?  Yes  No  If no, explain: __________________________

________________________________________________________________________
Employment History Continued:

Have you ever been fired, asked to resign or had a contract terminated from any employment? Yes No

If yes, give employer’s name and reason: ________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Have you ever resigned in exchange for a favorable recommendation to future employer(s)?

If yes, give employer’s name and reason: ________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Have you ever been reprimanded (verbal or written), suspended, or placed on administrative leave? Yes No

If yes, give employer’s name and reason: ________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Have you ever been subject to an internal affairs complaint while employed with a law enforcement agency? Yes No

If yes, give employer’s name, date of complaint, allegation(s), conclusion:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Have you ever missed work or been late for work because of alcohol use? Yes No

Has alcohol ever affected your job performance? Yes No
Employment History Continued:

Are you currently the subject of an internal affairs complaint or on administrative leave with a law enforcement agency?  Yes  No

If yes, date of complaint, and allegation(s): ________________________________

Have you ever intentionally damaged an employer’s property? Yes  No

Have you ever violated an employer’s rule, regulation or policy that would have resulted in disciplinary action or termination had the employer been aware? Yes  No

Have you ever been reprimanded for reporting late to work? Yes  No

Have you ever been reprimanded for missing work? Yes  No

Have you ever taken any materials, merchandise, uniforms, supplies or tools from any place of employment, without direct permission? Yes  No

If yes, state the employer, items taken, and approximate value of the items. ________________________________

__________________________________________________________________________

__________________________________________________________________________

Have you ever falsified information either verbally or in writing pertaining to a work related incident or injury? Yes  No

Have you ever had a sexual harassment complaint filed against you? Yes  No  If yes:

Date: ______________  Complainant: ______________  Results: ______________

Employer/Entity
Where Complaint Filed: ________________________________

Circumstances: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Date: ______________  Complainant: ______________  Results: ______________

Employer/Entity
Where Complaint Filed: ________________________________

Circumstances: ________________________________

__________________________________________________________________________

__________________________________________________________________________
Employment History Continued:

List employment which you think will specially qualify you for the position for which you have applied.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Describe positions you have held that required supervisory ability, the exercise of authority and leadership.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Do you speak any foreign languages?  Yes  No

If yes, list degree of fluency (Excellent, Good, Fair);

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<thead>
<tr>
<th>Language</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
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List any special skills or qualifications you may possess:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

List any licenses you hold (pilot, radio operator, scuba, etc.)

<table>
<thead>
<tr>
<th>License Title</th>
<th>Date Issued</th>
<th>Date Expired</th>
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List any specialized machinery or equipment that you can operate:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Employment History Continued:

Are you TCLEOSE Certified?  Yes  No  Certificate Level: ________________

List other law enforcement agencies you have applied with:

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<tr>
<th>Agency:</th>
<th>Date Applied:</th>
<th>Result:</th>
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</table>
Family History:

Status: Married ____ Single ____ Separated ____ Divorced ____ Annulment ____
Engaged ____ Deceased Spouse ____ Significant Other: ____

If Married:

Spouse’s Full Name (Include Maiden Name): _____________________________
Spouse’s Date of Birth: ________________ Marriage Date: __________________
Where Married: City: __________________ County: ______________ State: _______
Employer: ____________________________
Occupation: ________________ Cell Phone#: ______________ Work Phone#: __________

Significant Other:

Person’s Full Name (Include Maiden Name): _____________________________
Person’s Date of Birth: ________________ Date Began Living Together: ____________
Employer: ____________________________
Occupation: ________________ Cell Phone#: ______________ Work Phone#: __________

If Annulment:

Ex- Spouse’s Name (Include Maiden Name): _____________________________
Marriage Date:_________________________ Annulment Date:_____________________
Where Married: City: __________________ County: ______________ State: _______
Where Annulled: City: __________________ County: ______________ State: _______
Reason Annulment: ____________________________
Family History Continued:

If Engaged:

Fiancée’s Full Name (Include Maiden Name): ________________________________

Fiancée’s Date of Birth: ______________________

Employer: _________________________________

Occupation: ______________________________

Cell Phone#: ____________  Home Phone#: ____________  Work Phone#: ____________

If Divorced:

How many times: __________

Ex-Spouse’s Maiden Name (Include Maiden Name): ________________________________

Date of Birth: ________________________________

If ex-spouse has remarried, list married name: ________________________________

Home Address: ________________________________  City: ____________  St: ____________  Zip: ____________

Occupation: ________________________________  Cell Phone#: ____________  Work Phone#: ____________

Marriage Date: ________________________________  Divorce Date: ________________________________

Where Married: City: ____________  County: ____________  State: ____________

Where Divorced: City: ____________  County: ____________  State: ____________

Reason Divorce: ________________________________

Number of children you have with this ex-spouse: ____________
Family History Continued:

If Divorced Continued:

Ex-Spouse’s Name (Include Maiden Name): ______________________________________

Date of Birth: ____________________________

If ex-spouse has remarried, list married name: ______________________________________

Home Address: ____________________________ City: _____________ St: ___ Zip: _____

Occupation: ________________  Cell Phone#: ______________ Work Phone#: ____________

Marriage Date: ____________________________ Divorce Date: _______________________

Where Married: City: ______________ County: ___________ State: _____________

Where Divorced: City: ______________ County: ___________ State: _____________

Reason Divorce: ____________________________________________________________

Number of children you have with this ex-spouse: ___________

Ex-Spouse’s Maiden Name (Include Maiden Name): ____________________________

Date of Birth: ____________________________

If ex-spouse has remarried, list married name: _____________________________________

Home Address: ____________________________ City: _____________ St: ___ Zip: _____

Occupation: ________________  Cell Phone#: ______________ Work Phone#: ____________

Marriage Date: ____________________________ Divorce Date: _______________________

Where Married: City: ______________ County: ___________ State: _____________

Where Divorced: City: ______________ County: ___________ State: _____________

Reason Divorce: ____________________________________________________________

Number of children you have with this ex-spouse: ___________
Family History Continued:

If Spouse is Deceased:

Name of Spouse (Include Maiden Name): ____________________________________________

Date of Birth: ___________________________ Date of Death: ___________________________

Cause of Death: ________________________________________________________________

Child Support

Do you pay child support?   Yes    No

If yes, have you ever been delinquent on your child support payments?   Yes    No

If yes, explain reason: ____________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Relatives:

List all relatives in the following order: Children (biological, step and foster), Parents (include step-parents), Siblings, and In-Laws (include brother and sister-in-laws).

Name: ___________________________________________ Date of Birth: ________________

Address: ___________________________________________ Phone # ________________

Relationship: __________________________________ Occupation: ____________________

Name: ___________________________________________ Date of Birth: ________________

Address: ___________________________________________ Phone # ________________

Relationship: __________________________________ Occupation: ____________________

Name: ___________________________________________ Date of Birth: ________________

Address: ___________________________________________ Phone # ________________

Relationship: __________________________________ Occupation: ____________________
Relatives Continued:

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: _________________
Address: ___________________________ Phone # _________________
Relationship: ___________________________ Occupation: ___________________________
Relatives Continued:

Name: ___________________________ Date of Birth: ________________
Address: ___________________________ Phone # _______________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: ________________
Address: ___________________________ Phone # _______________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: ________________
Address: ___________________________ Phone # _______________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: ________________
Address: ___________________________ Phone # _______________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: ________________
Address: ___________________________ Phone # _______________________
Relationship: ___________________________ Occupation: ___________________________

Name: ___________________________ Date of Birth: ________________
Address: ___________________________ Phone # _______________________
Relationship: ___________________________ Occupation: ___________________________
Social History:

List 7 references that know you well enough to provide current information about you. DO NOT list relatives, employers, supervisors, or anyone listed elsewhere in this statement. List people who you socialize with regularly, not friends of any of your family members.

Name: __________________________________________ Occupation: ____________
Address: __________________________________________
City: __________________________ State: ___________ Zip: ___________
Place of Employment: __________________________ Email address: ____________
Work Phone#: _______________ Home Phone#: _______________ Yrs Known: _____
How Acquainted: __________________________ When did you last see this person?

Name: __________________________________________ Occupation: ____________
Address: __________________________________________
City: __________________________ State: ___________ Zip: ___________
Place of Employment: __________________________ Email address: ____________
Work Phone#: _______________ Home Phone#: _______________ Yrs Known: _____
How Acquainted: __________________________ When did you last see this person?

Name: __________________________________________ Occupation: ____________
Address: __________________________________________
City: __________________________ State: ___________ Zip: ___________
Place of Employment: __________________________ Email address: ____________
Work Phone#: _______________ Home Phone#: _______________ Yrs Known: _____
How Acquainted: __________________________ When did you last see this person?
Social History Continued:

Name: ______________________________________  Occupation: ________________

Address: ___________________________________________________________________

City: ___________________________  State: __________  Zip: ______________

Place of Employment: ____________________________________________________  Email address: ________________________

Work Phone#: ___________________  Home Phone#: ________________  Yrs Known: _____

How Acquainted: __________________  When did you last see this person? __________________

Name: ______________________________________  Occupation: ________________

Address: ___________________________________________________________________

City: ___________________________  State: __________  Zip: ______________

Place of Employment: ____________________________________________________  Email address: ________________________

Work Phone#: ___________________  Home Phone#: ________________  Yrs Known: _____

How Acquainted: __________________  When did you last see this person? __________________

Name: ______________________________________  Occupation: ________________

Address: ___________________________________________________________________

City: ___________________________  State: __________  Zip: ______________

Place of Employment: ____________________________________________________  Email address: ________________________

Work Phone#: ___________________  Home Phone#: ________________  Yrs Known: _____

How Acquainted: __________________  When did you last see this person? __________________
Social History Continued:

Do you consume alcoholic beverages? Yes  No  If yes, how often? ________________________________

List any hobbies, sport, or special interests you participate in:

<table>
<thead>
<tr>
<th>Type</th>
<th>Length of Participation</th>
<th>Level of Proficiency</th>
<th>Award(s)</th>
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</table>

List any organizations in which you are or have been a member:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Membership Date(s)</th>
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</table>

Driving History:

When completing this section include all traffic citations including those with you pled guilty, were found guilty, pled no contest, received deferred adjudication and took defensive driving for.

How many traffic citations have you received since you began driving? ________

If any list:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Charge</th>
<th>Disposition</th>
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</tbody>
</table>

Have you ever had a motor vehicle accident?  Yes  No  If yes list:

Date: __________________________  Address: __________________________

City: __________________________  State: _______

Describe what happened: __________________________

________________________________________

33
Driving History Continued:

Date: ___________________   Address: ____________________________________

City: _____________________   State: ______

Describe what happened: ____________________________________________________

Date: ___________________   Address: ____________________________________

City: _____________________   State: ______

Describe what happened: ____________________________________________________

Do you have any unpaid traffic or parking citations?  Yes  No

If yes, list where: __________________________________________________________

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Have you ever driven a motor vehicle on a public roadway without liability insurance?  Yes  No

Has your driver’s license ever been suspended or revoked?  Yes  No  If yes, list date, type

                  suspension, type suspension, and date suspension lifted: __________________________________

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Have you ever had your driver’s license placed on probation for receiving an excessive number of

traffic citations?  Yes  No

Have you ever been placed as an assigned risk for vehicle insurance?  Yes  No

Have you ever had your liability insurance revoked, suspended or cancelled due to the number of

traffic citations or accidents?  Yes  No

List type of driver’s license you hold and when you obtained the license:

<table>
<thead>
<tr>
<th>Type</th>
<th>License #</th>
<th>Date Obtained</th>
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</table>
Driving History Continued:

Have you ever held a driver’s license from another state?  Yes  No  If yes:

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Date Obtained</th>
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</table>

Have you ever been arrested or cited for DWI or DUI?  Yes  No

If yes, list date, location, and case disposition:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever struck a person, vehicle (attended or unattended), fixture or highway landscaping and left the scene without complying with the duties set forth in the transportation code? Yes  No

If yes, give details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever driven a motor vehicle while under the influence of alcohol? Yes  No

If yes, when, where and what were the circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever driven a motor vehicle while under the influence of a narcotic? Yes  No

If yes, when, where and what were the circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever fled from the police (in a vehicle or on foot)? Yes  No

If yes, when, where and what were the circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Driving History Continued:

Do you have liability insurance? Yes No If yes;

Company: ___________________________ Phone#: _______________________

Policy Number: _______________________  

Vehicles covered by the policy:

Year: ___ Make: _______ Model: _______ LP: _______ VIN#: ___________________

Year: ___ Make: _______ Model: _______ LP: _______ VIN#: ___________________

Year: ___ Make: _______ Model: _______ LP: _______ VIN#: ___________________

Year: ___ Make: _______ Model: _______ LP: _______ VIN#: ___________________

Criminal Legal History:

Have you been issued a citation for a Class “C” misdemeanor criminal offense? Yes No
If yes,

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Charge</th>
<th>Disposition</th>
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Have you ever been convicted or plead “No Contest” to any Class “C” Misdemeanor, other than traffic? Yes No If yes;

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Charge</th>
<th>Sentence</th>
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Have you ever been arrested? Yes No If yes;

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Charge</th>
<th>Disposition</th>
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</table>
**Criminal Legal History Continued:**

Have you ever been detained by the police, other than for a traffic citation?  Yes  No  If yes;

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Reason for detention</th>
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Have you ever had a warrant issued for your arrest?  Yes  No  If yes;

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<th>Date</th>
<th>Location (Include City)</th>
<th>Disposition</th>
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</table>

Have you ever testified in a criminal case?  Yes  No  If yes;

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<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Type Case</th>
<th>Your Role</th>
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</table>

Have you ever been summoned or asked to appear in court on a criminal case?  Yes  No  If yes;

<table>
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<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Type Case</th>
<th>Your Role</th>
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</table>

Have you ever carried, in your vehicle or on your person, an instrument that could be classified as an illegal weapon?  Yes  No

If yes explain:  ____________________________________________

Have you ever been present when a friend or family member committed a criminal offense?  Yes  No  If yes;

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Person Committing Offense</th>
<th>Offense Committed</th>
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Have you for any reason ever taken a polygraph?  Yes  No

If yes list reason and result;  ____________________________________________
Criminal Legal History Continued:

Have you ever caused anyone to believe you were acting in a official capacity as a police officer when you were not a police officer? Yes  No

If yes explain: __________________________________________________________

______________________________________________________________

Have you ever been arrested or detained and released to a responsible party as a result of being determined by a police officer to be too intoxicated? Yes  No

If yes;

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<th>Date</th>
<th>Location (Include City)</th>
<th>Disposition</th>
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</table>

Have you ever bought an alcoholic beverage using a fake identification card? Yes  No

If yes explain: __________________________________________________________

______________________________________________________________

Have you ever had someone other than your parent(s) buy an alcoholic beverage for you because you were too young to purchase it yourself? Yes  No

If yes explain: __________________________________________________________

______________________________________________________________

Have you ever made an alcoholic beverage available to a minor who was too young to purchase it themselves? Yes  No

If yes explain: __________________________________________________________

______________________________________________________________

Have you ever been issued a citation for Minor in Possession of Alcohol or Consumption of Alcohol (Minor)? Yes  No

If yes;

<table>
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<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Disposition</th>
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Criminal Legal History Continued:

Have you ever been a member of a gang or paramilitary organization?  Yes  No  If yes;

Date: ____________ To ____________  Name of Gang/Organization: ____________________________

Circumstances: ____________________________________________________________

Date: ____________ To ____________  Name of Gang/Organization: ____________________________

Circumstances: ____________________________________________________________

Have you ever had your criminal record expunged?  Yes  No  If yes,

Date of Offense/Arrest: ____________  Location of Offense/Arrest: __________________________

Criminal Charge: _____________________________________________________________

Case Disposition: ___________________  Reason for Expunging: __________________________

Agency Recorded Expunged At: __________________________

Agency Recorded Expunged At: __________________________

Agency Recorded Expunged At: __________________________

Date of Offense/Arrest: ____________  Location of Offense/Arrest: __________________________

Criminal Charge: _____________________________________________________________

Case Disposition: ___________________  Reason for Expunging: __________________________

Agency Recorded Expunged At: __________________________

Agency Recorded Expunged At: __________________________

Agency Recorded Expunged At: __________________________
Civil Legal History:

Have you ever been involved in any type lawsuit (Even as a witness)?  Yes  No

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Type Case</th>
<th>Your Role</th>
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<tbody>
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Have you ever sued?  Yes  No  If yes;

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<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Type Case</th>
<th>Disposition</th>
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Have you ever testified in a civil case?  Yes  No  If yes;

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<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Type Case</th>
<th>Your Role</th>
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Have you ever sued anyone?  Yes  No  If yes;

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<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Type Case</th>
<th>Reason for suing</th>
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Has anyone ever threatened to take you to court for non-payment of a bill?  Yes  No

Have you ever filed for bankruptcy?  Yes  No  If yes;

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (Include City)</th>
<th>Circumstances that led to the filing</th>
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Have you ever legally changed your name or assumed another name?  Yes  No  If yes:

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<thead>
<tr>
<th>Name</th>
<th>Reason Used</th>
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Substance Usage:

Usage means the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, consume or mixed with food or drink), or absorbed into the body by any means.

When asked to give the maximum number of times that you used the drug, you must give the ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG.

<table>
<thead>
<tr>
<th>Drug</th>
<th>First Used</th>
<th>Last Used</th>
<th>Maximum</th>
<th>How Used</th>
<th>Never Used</th>
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</thead>
<tbody>
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<td>Month/Yr</td>
<td>Month/Yr</td>
<td>Times</td>
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<td>PCP</td>
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<tr>
<td>THC / MARIJUANA</td>
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<td>LSD</td>
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<td>PEYOTE</td>
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<tr>
<td>HEROIN</td>
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<tr>
<td>COCAINE</td>
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<td>QUAAUDES</td>
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<tr>
<td>AMPHETAMINE</td>
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<td>METH-AMPHETAMINE</td>
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<td>ADDERALL</td>
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<td>ECSTASY</td>
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<td>DILAUDID</td>
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<td>MUSHROOMS</td>
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<td>ANABOLIC STEROIDS</td>
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<td>/STEROIDS</td>
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<td>ROHYPNOL</td>
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<table>
<thead>
<tr>
<th>Drug</th>
<th>First Used</th>
<th>Last Used</th>
<th>Maximum</th>
<th>How Used</th>
<th>Never Used</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Month/Yr</td>
<td>Month/Yr</td>
<td>Times</td>
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<tr>
<td>INHALANTS</td>
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<td>GLUE</td>
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<td>GASOLINE</td>
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<td>BUTYL NITRITE</td>
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</tbody>
</table>

Have you ever used any prohibited drugs not listed above? Yes No If yes;

<table>
<thead>
<tr>
<th>Drug</th>
<th>First Used</th>
<th>Last Used</th>
<th>Maximum</th>
<th>How Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Yr</td>
<td>Month/Yr</td>
<td>Times</td>
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<tr>
<td>LIST DRUG NAME</td>
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<tr>
<td></td>
<td>Month/Yr</td>
<td>Month/Yr</td>
<td>Times</td>
<td></td>
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</tbody>
</table>
**Substance Usage Continued:**

Have you ever bought or sold prohibited drugs, including steroids?  Yes  No  If yes:

<table>
<thead>
<tr>
<th>LIST DRUG NAME</th>
<th>When Bought</th>
<th>When Sold</th>
<th>Maximum Bought or Sold</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Yr</td>
<td>Month/Yr</td>
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</table>

Have you ever given any illegal substance to another person?  Yes  No  If yes:

<table>
<thead>
<tr>
<th>LIST DRUG NAME</th>
<th>Person Drug Given To</th>
<th>Relationship To The Person</th>
<th>When Given Month/Yr</th>
<th>Maximum Times Given</th>
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</table>

Have you ever been involved in any way with the manufacturing of any illegal drug?  Yes  No  If yes:

<table>
<thead>
<tr>
<th>LIST DRUG NAME</th>
<th>When Involved Month/Yr</th>
<th>What part did you play in the manufacturing</th>
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<tbody>
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</table>

Have you ever taken prescription medications that were prescribed to someone other than yourself?  Yes  No  If yes:

<table>
<thead>
<tr>
<th>Person Medication Prescribed For</th>
<th>When Month/Yr</th>
<th>Circumstances</th>
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</tbody>
</table>

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**Personal Declaration:**

Could you take a human life?    Yes  No  Explain you answer: ________________________________

____________________________________________

Are you aware of any problems that could prevent you from getting this job?  Yes  No
If yes, explain: __________________________________________________________

____________________________________________

Do you have any reasons that would prevent you from performing the duties as a member of this department, including working holidays, weekends, or various times?  Yes  No
If yes, explain: __________________________________________________________

____________________________________________

Are there any incidents in your life or details not mentioned herein, which may influence this department’s evaluation of you suitability for employment with the Ovilla Police Department. Yes  No  If yes, explain ________________________________________________________

____________________________________________

____________________________________________

**Applicant’s Statement:**

I represent and warrant the answers I have made to each and all of the foregoing questions are full and true, to the best of my knowledge and belief.

I acknowledge that any false statement made in answering the above questions is good cause for removal from the eligibility list or discharge during or after probation.

_________________________________________  ________________________
Applicant’s Signature                                           Date

**Required Attachments:**

Attach copies of the following documents to the back of the personal history statement:

- [ ] High School Transcript
- [ ] College Transcript/Diplomas
- [ ] Driver’s License
- [ ] Military Discharge Papers
- [ ] Birth Certificate
AUTHORIZATION FOR ACCESS TO SOCIAL MEDIA SITES

I, ___________________________________________________________________, have applied for employment with the Ovilla Police Department. I am aware that my entire background is to be investigated. I hereby authorize and grant the Ovilla Police Department and/or its agents and employees access to any and all social media sites for which I have a personal account/profile during the course of my background investigation.

Social Media is defined as a form of online communication or publication that allows for multi-directional interaction. Social media includes blogs, wikis, podcasts, social networks, photograph and video hosting websites, and crowd sourcing. Examples would include, but are not limited to, Facebook and My Space.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such as my background investigation in complete and/or upon the completion of my probationary period with the City of Ovilla.

I agree to indemnify and hold harmless the Ovilla Police Department and/or its agents and employees, from and against all claims, losses, and expenses, including reasonable attorneys’ fees arising out of or by reason of complying with this requirement. I further understand failure to fully disclose any social media sites for which I have a personal account/profile can result in disqualification from the pre-employment process and termination during the probationary employment period.

I have social media accounts/profiles at the following sites:

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Personal Account/Profile Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

I further understand that when asked by my background investigator, I will be required to access all of these sites and allow the background investigator full access to my account/profile while in my presence.

_________________________________________  ____________________
Applicant’s Signature                     Date

State of Texas
County of ________________________________

Sworn to and signed before me, on this the ______ day of ____________, 20___,
by ________________________________________

Signature of Notary Public: ____________________________________________

Printed Name of Notary Public: ________________________________________

My Commission Expires: ________________________________________________
DEPARTMENT
CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Ovilla Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons whom you have been associated. Therefore, such information is confidential, and the department cannot reveal the reason(s) for rejection of those applicants who are not accepted.

If the reason(s) for your acceptance is of a temporary nature, whereby you could be accepted at a later date, you will be notified.

I understand that if I am uninsurable, due to my driving record, I will not be hired to a position that requires operation of City Vehicles. I also understand that if employed in a position that requires operation of city vehicles and I become uninsurable, my employment with the city of Ovilla may be terminated.

I have read and fully understand the statement.

_________________________________________  ____________________________
Applicant’s Signature                        Date

State of Texas
County of ________________________________

Sworn to and signed before me, on this the _______ day of _____________, 20____,
by _____________________________________________.

Signature of Notary Public:

Printed Name of Notary Public:

My Commission Expires: __________________________
RETURN OF CITY EQUIPMENT AND PROPERTY UPON SEPARATION OF EMPLOYMENT

I understand that when I terminate my employment with the City, I must return all property of the City’s to my supervisor or my supervisor’s designated representative. City keys, pagers, phones, City owned tools, books, equipment and City vehicles, and any money I owe the City.

I also understand that my final check shall include payment of the balances of any leave and may be a manual check. Upon separation of my employment with the City, if I fail to return any City property or City funds to my supervisor or my supervisor’s designated person, I authorize the City to deduct this amount or the value of the equipment or property from my final paycheck.

______________________________________________  _________________
Employee’s Signature                                 Date