

**CITY OF CASTLE HILLS POLICE DEPARTMENT
EMPLOYMENT APPLICATION**

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 RESPECTS. IT WILL BE USED AS A BASIS FOR A BACKGROUND INVESTIGATION WHICH WILL DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.

1. YOUR PERSONAL HISTORY STATEMENT SHOULD BE **HAND WRITTEN / PRINTED IN INK.** ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.
2. IF A QUESTION IS NOT APPLICABLE TO YOU, ENTER N/A IN THE SPACE.
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 ADDRESSES. IF YOU ARE NOT SURE OF AN ADDRESS, CHECK IT BY PERSONAL VERIFICATION. YOUR LOCAL LIBRARY MAY HAVE A DIRECTORY SERVICE OR COPIES OF LOCAL PHONE DIRECTORIES.
5. IF THERE'S INSUFFICIENT SPACE ON THE FORM TO INCLUDE ALL INFORMATION REQUIRED, ATTACH EXTRA SHEETS TO THE PERSONAL HISTORY STATEMENT. REFERENCE THE RELEVANT SECTION AND QUESTION NUMBER BEFORE CONTINUING WITH YOUR ANSWER.
6. AN ACCURATE AND COMPLETE FORM WILL HELP EXPEDITE OUR INVESTIGATION. DELIBERATE OMISSIONS OR FALSIFICATIONS MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT OR IMMEDIATE DISMISSAL OR TERMINATION AS A PEACE OFFICER.
7. ATTACH COPIES OF THE FOLLOWING: **PEACE OFFICER'S LICENSE.
BIRTH CERTIFICATE
HIGH SCHOOL DIPLOMA / GED
DD214**

8. **LAW ENFORCEMENT AGENCY CURRENTLY WITH:** _____

NAME/TITLE OF PERSON TO VERIFY EXPERIENCE: _____

9. SIGN THE AUTHORIZATION FORM (LAST PAGE) IN FRONT OF A NOTARY PUBLIC.

APPLICATIONS MUST BE NOTARIZED BEFORE BEING RETURNED.

10. RETURN COMPLETED APPLICATION NO LATER THAN AS SOON AS POSSIBLE .

POSITION APPLIED FOR: PEACE OFFICER

DATE AVAILABLE IF HIRED: _____

DO NOT WRITE IN THIS SPACE

DATE PICKED UP: _____

DATE RETURNED: _____

RECEIVED BY: _____

AUTHORIZATION PAGE NOTARIZED: [] YES [] NO

PERSONAL HISTORY STATEMENT

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

1. NAME: _____
 LAST FIRST MIDDLE

2. ADDRESS: _____
 NUMBER STREET APT.#

 _____ _____ _____
 CITY STATE ZIP

3. TELEPHONE NUMBER: _____

4. NICKNAME(S): _____
 MAIDEN NAME, OTHER NAMES YOU HAVE BEEN KNOWN AS

5. SOCIAL SECURITY NUMBER: _____

6. PLACE OF BIRTH: _____

7. ARE YOU A U. S. CITIZEN? [] YES [] NO

8. DRIVER'S LICENSE NO.: _____ 9. STATE: _____

10. BLOOD TYPE: _____

11. SCARS, TATOOS OR OTHER DISTINGUISHING MARKS: _____

B. RESIDENCES – LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST FIVE YEARS. BEGINNING WITH PRESENT ADDRESS, LIST BY MONTH AND YEAR.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY – BEGINNING WITH YOUR PRESENT EMPLOYMENT OR MOST RECENT JOB. LIST ALL EMPLOYMENT SINCE THE AGE OF 18, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT.

1. FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____ CITY/STATE: _____
PHONE NUMBER: _____ JOB TITLE: _____
SUPERVISOR: _____ CO-WORKER: _____
DUTIES: _____

REASON FOR LEAVING: _____

2. FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____ CITY/STATE: _____
PHONE NUMBER: _____ JOB TITLE: _____
SUPERVISOR: _____ CO-WORKER: _____
DUTIES: _____

REASON FOR LEAVING: _____

WORK HISTORY (CONTINUED)

3. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

PHONE NUMBER: _____ JOB TITLE: _____

SUPERVISOR: _____ CO-WORKER: _____

DUTIES: _____

REASON FOR LEAVING: _____

4. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

PHONE NUMBER: _____ JOB TITLE: _____

SUPERVISOR: _____ CO-WORKER: _____

DUTIES: _____

REASON FOR LEAVING: _____

5. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

PHONE NUMBER: _____ JOB TITLE: _____

SUPERVISOR: _____ CO-WORKER: _____

DUTIES: _____

REASON FOR LEAVING: _____

D. MILITARY HISTORY

1. HAVE YOU SERVED IN THE U. S. ARMED FORCES? YES NO

2. DATE OF SERVICE FROM: _____ TO: _____ BRANCH: _____

UNIT DESIGNATION: _____ MILITARY SERVICE NO. _____

HIGHEST RANK HELD: _____ TYPE OF DISCHARGE: _____

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE? INCLUDE COURT MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENTS, ETC.

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS.

5. ARE YOU A MEMBER OF ACTIVE RESERVE INACTIVE RESERVE NONE

IF SO, GIVE UNIT IDENTIFICATION: _____

E. EDUCATIONAL HISTORY

1. SCHOOLS ATTENDED	CITY/STATE	DATES ATTENDED TO		GRADUATED	
		FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2a. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY/STATE: _____ DATES ATTENDED: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED: _____ DATE: _____

EDUCATIONAL HISTORY CONTINUED

2b. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY/STATE: _____ DATES ATTENDED: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED: _____ DATE: _____

2c. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY/STATE: _____ DATES ATTENDED: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED: _____ DATE: _____

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.). GIVE AND ADDRESS OF SCHOOLS, DATES ATTENDED, COURSES OF STUDIES, CERTIFICATES AND OTHER PERTINENT INFORMATION.

F. SPECIAL QUALIFICATIONS AND SKILLS

1. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT, WHICH YOU CAN OPERATE.

2. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR).

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

G. ARRESTS, DETENTIONS, AND LITIGATIONS

1. HAVE YOU EVER BEEN ARRESTED, DETAINED BY POLICE OR SUMMONED INTO COURT?

[] YES [] NO

IF YES, COMPLETE THE FOLLOWING:

OFFENSE CHARGED	POLICE AGENCY CITY/STATE	DATE	DISPOSITION OF CASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN A CIVIL LITIGATION?

[] YES [] NO

IF YES, GIVE DETAILS: _____

H. TRAFFIC RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

[] YES [] NO

IF YES, GIVE DATE, LOCATION AND REASON(S): _____

2. WITH WHAT COMPANY DO YOU CARRY YOUR AUTOMOBILE INSURANCE?

3. LIST, TO THE BEST OF YOUR RECOLLECTION, ALL TRAFFIC CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENT IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

I. REFERENCES – LIST FIVE PEOPLE WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS. PLEASE INCLUDE ZIP CODES.

NAME: _____

ADDRESS: _____

HOME PHONE NO.: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____

YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

HOME PHONE NO.: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____

YEARS KNOWN: _____

REFERENCES CONTINUED

NAME: _____

ADDRESS: _____

HOME PHONE NO.: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____

YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

HOME PHONE NO.: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____

YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

HOME PHONE NO.: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____

YEARS KNOWN: _____

J. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

NAME AND ADDRESS	TYPE (SOCIAL, FRATERNAL PROFESSIONAL, ETC.)	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

K. PERSONAL DECLARATIONS

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENT AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS.

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUGS NOT PRESCRIBED BY YOUR PHYSICIAN?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

5. DO YOU HAVE ANY RELIGIOUS OR OTHER BELIEFS WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A POLICE OFFICER, INCLUDING ON WEEKENDS, EVENINGS OR NIGHT SHIFT?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

6. HAVE YOU EVER MADE AN APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT AGENCY OR RELATED FIELD?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

PERSONAL DECLARATIONS CONTINUED

**7. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED
HERE WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF
YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER?**

YES NO

IF YES, EXPLAIN IN DETAIL: _____



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Castle Hills Police Department any and all information that you may have concerning me, or my reputation. Please include the following information:

- Employment Record (attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Records and Reports
- Educational Records
- Financial Records
- Military Records (disciplinary action)

Information of a confidential nature or information considered as privileged and photostats of same, if requested.

This information is to be used to assist the Castle Hills Police Department in determining my qualifications and fitness for employment with the Castle Hills Police Department.

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

Printed name

Signature of Applicant

Alias/Maiden Name

Date

Address

City, State & zip code

Date of Birth Social Security Number

Race Sex DL# & State

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

Notary Public _____

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained for your files.

"An Equal Opportunity Employer"