



# Personal History Statement

APPLICATION #: \_\_\_\_\_



**KEMAH POLICE DEPARTMENT**  
**1401 State Highway 146**  
**Kemah, TX 77565**  
**281-334-5414**

**APPLICANT - 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. Any omission or error in this or any form completed during the application process, whether intentional or unintentional, may be sufficient reason to disqualify the applicant. Errors or omissions which have a direct bearing on the applicant's qualifications for the position, if discovered subsequent to being hired, are sufficient reason for termination.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** may 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).
  - Copy of your Social Security card.
  - **Original certified** copy of your birth certificate. (No photocopy)
  - 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.
  - Copy of High School Transcripts
  - **Sealed original certified** copy of your college transcript. (No photocopy)
  - 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. (No photocopy)
  - Copy of current proof of automobile liability insurance.
  - Copy of recent Credit Report.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential.

**Applicant Qualification Section**

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

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

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

**APPLICANT IDENTIFICATION**

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

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

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

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Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

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

List ALL E-Mail Addresses (S) \_\_\_\_\_

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**MARITAL & FAMILY HISTORY**

Are you: ( ) Single, ( ) Engaged, ( ) Married, ( ) Separated, ( ) Divorced, ( ) Widowed

If engaged: Name of Fiancée: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If married: Date: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's Name (Wife's Maiden Name): \_\_\_\_\_

Address (if not living with you): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

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

Date of Marriage \_\_\_\_\_

Date of Marriage \_\_\_\_\_

City & State \_\_\_\_\_

City & State \_\_\_\_\_

Separated Date \_\_\_\_\_

Separated Date \_\_\_\_\_

Divorced Date \_\_\_\_\_

Divorced Date \_\_\_\_\_

Widowed Date \_\_\_\_\_

Widowed Date \_\_\_\_\_

Annulled Date \_\_\_\_\_

Annulled Date \_\_\_\_\_

Court or State issued \_\_\_\_\_

Court or State issued \_\_\_\_\_

Ex-spouse's Name \_\_\_\_\_

Ex-spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Relation	Name	Date of Birth	Address

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

Relationship	Name	Complete Address	Phone Number	DOB

List all other dependents.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCES**

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

From	To	Address	City	State & Zip code

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

\_\_\_\_\_  
\_\_\_\_\_



**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier \_\_\_\_\_ Expires \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

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

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

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

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

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

**CRIMINAL HISTORY**

For any misdemeanor or felony in any jurisdiction, other than for a traffic offense, as a juvenile or adult, have you ever:

Been detained for investigation?	Yes	No
Been held by the police for suspicion?	Yes	No
Been questioned by police about a criminal offense?	Yes	No
Been fingerprinted?	Yes	No
Been arrested?	Yes	No
Been indicted?	Yes	No
Been criminally charged for any offense?	Yes	No
Been convicted of any crime?	Yes	No
Been placed on probation?	Yes	No
Been given deferred adjudication?	Yes	No

If you answered Yes to any of the above questions, please explain, (use another page if necessary):

Have the police been called to your home for any reason?	Yes	No
Have you or your spouse been referred to CPS?	Yes	No
Have you ever been the subject of a protective or restraining order?	Yes	No
Have you fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?	Yes	No
Have you ever filed a false worker's compensation claim?	Yes	No

If you answered Yes to any of the above questions, please explain:

In the past 10 years or anytime as a police officer, have you committed any of the following acts:

Annoying or Obscene phone calls	Yes	No
Misdemeanor Assault	Yes	No
Carrying a handgun without a license	Yes	No
DWI or DUI	Yes	No
Drunk in Public	Yes	No

**CRIMINAL HIST. CONT**

Failure to ID or Failure to Stop and Render Aid	Yes	No
Impersonating a Police Officer	Yes	No
Indecent Exposure	Yes	No
Misdemeanor Theft	Yes	No
Trespassing	Yes	No
Use or possession of a vehicle without owner's permission	Yes	No
Prostitution or solicitation of a prostitute	Yes	No
Intentionally writing a bad check	Yes	No
Vandalism	Yes	No

If you answered Yes to any of the above questions, please explain in detail. (use another page if necessary)

At any time in your life have you ever committed the following acts:

Accessing or possessing child pornography	Yes	No
Child molestation or any sexual offense with a child	Yes	No
Burglary	Yes	No
Robbery	Yes	No
Sexual Assault or any sexual offense	Yes	No
Perjury	Yes	No
Insurance Fraud	Yes	No

If you answered Yes to any of the above questions, please explain in detail. (use another page if necessary)

**ARRESTS, DETENTIONS, AND LITIGATION**

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

**FAMILY AND RELATIVES' ARRESTS**

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Sources of Income:

What is your present salary or wages? \_\_\_\_\_

Do you have income from any source other than your principal occupation? (i.e. spouse's income)      Yes      No

If yes, how much? \_\_\_\_\_  
 How often? \_\_\_\_\_  
 The source? \_\_\_\_\_

What is your total monthly family income? \_\_\_\_\_ m,.

Do you own a home or any real estate?                      Yes      No

Value \$ \_\_\_\_\_

Do you own any bonds, government or other?      Yes      No

Value \$ \_\_\_\_\_

Do you own any corporate stock?                      Yes      No

Value \$ \_\_\_\_\_

Do you have a bank account?                      Yes      No

Savings Account: Average Balance: \$ \_\_\_\_\_

Name/Address of Bank: \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL HISTORY CONT.**

Checking Account: Average Balance: \$ \_\_\_\_\_

Name/Address of Bank: \_\_\_\_\_  
\_\_\_\_\_

Other Account: Average Balance: \$ \_\_\_\_\_

Name/Address of Bank: \_\_\_\_\_  
\_\_\_\_\_

List other assets:

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

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

**CREDIT INFORMATION**

- Have you **ever** filed bankruptcy personally or on behalf of a business? Yes \_\_\_ No \_\_\_
- If "Yes" to above, indicate type \_\_\_\_\_
- Have you **ever** had your wages garnished? Yes \_\_\_ No \_\_\_
- Have you **ever** had any personal or real property repossessed or foreclosed? Yes \_\_\_ No \_\_\_
- Have you **ever** failed to pay Federal, state, or other taxes? Yes \_\_\_ No \_\_\_
- Have you **ever** failed to file a tax return, when required by law? Yes \_\_\_ No \_\_\_
- Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes \_\_\_ No \_\_\_
- Have you **ever** had a judgment entered against you? Yes \_\_\_ No \_\_\_
- Have you **ever** defaulted on any type of loan? Yes \_\_\_ No \_\_\_
- Have you **ever** had bills or debts turned over to a collection agency? Yes \_\_\_ No \_\_\_
- Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes \_\_\_ No \_\_\_
- Have you **ever** written three or more bad checks in any one year? Yes \_\_\_ No \_\_\_
- How many bad checks have you written in the past two years? Yes \_\_\_ No \_\_\_
- Have you **ever** borrowed money to pay a gambling debt? Yes \_\_\_ No \_\_\_
- Do you currently have any outstanding gambling debts? Yes \_\_\_ No \_\_\_
- Have you **ever** been delinquent on court-imposed payments? Yes \_\_\_ No \_\_\_
- Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes \_\_\_ No \_\_\_
- Are you currently more than sixty (60) days delinquent on any debts? Yes \_\_\_ No \_\_\_
- Have you **ever** applied for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_
- Have you **ever** received unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

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

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

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of sixteen (16). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

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

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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

**If yes, provide dates and explain:** \_\_\_\_\_

\_\_\_\_\_



2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**If yes, provide dates and explain: \_\_\_\_\_**

\_\_\_\_\_

**EMPLOYMENT HIST. CONT.**

- Any problems with contacting your current employer? Yes No
- Have you ever been fired or asked to resign a position? Yes No
- Have you every received any disciplinary action at work? Yes No
- Have you ever stolen anything from your employer? Yes No
- Have you ever quit a job without giving required notice? Yes No
- Have you ever resigned a job in lieu of an investigation? Yes No
- Have you ever resigned a job during an investigation? Yes No
- Have you ever been accused of sexual harassment or racial bias by any co-worker, supervisor, or citizen? Yes No
- Have you ever been given an unsatisfactory performance rating? Yes No
- Have you ever sold or given away confidential information? Yes No
- Have you ever been the subject of a written complaint? Yes No
- Have you ever been counseled about lateness or absences? Yes No
- Have you ever called in sick when you were not sick or caring for a sick immediate family member? Yes No

How many sick days have you taken in the past 5 years? \_\_\_\_\_

If you answered Yes to any of the above questions, please explain in detail:

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**EDUCATIONAL HISTORY**

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

Do you have a G.E.D. Certificate? \_\_\_\_\_

In high school, were you ever subject to disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

After high school, have you ever been subject to any discipline from school officials? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Have you ever attended a basic peace officer academy? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_ Dates: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Graduate? \_\_\_\_\_ Are you currently licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

If currently licensed, Texas Commission License Number: \_\_\_\_\_

**MILITARY OBLIGATION**

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

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

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

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

**MILITARY OBLIGATION CONT.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL QUALIFICATIONS & SKILLS**

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

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

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

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

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

**DRUG USAGE**

Have you ever used controlled substances deemed illegal by State or Federal government including but not limited to the following (without prescription):

- |                      |    |     |               |
|----------------------|----|-----|---------------|
| a. Marijuana         | No | Yes | #Times: _____ |
| b. Hashish           | No | Yes | #Times: _____ |
| c. "Speed"           | No | Yes | #Times: _____ |
| d. Methamphetamine   | No | Yes | #Times: _____ |
| e. Cocaine           | No | Yes | #Times: _____ |
| f. LSD               | No | Yes | #Times: _____ |
| g. Ecstasy           | No | Yes | #Times: _____ |
| h. PCP               | No | Yes | #Times: _____ |
| i. Peyote            | No | Yes | #Times: _____ |
| j. Mushrooms         | No | Yes | #Times: _____ |
| k. Quaaludes         | No | Yes | #Times: _____ |
| l. Barbiturates      | No | Yes | #Times: _____ |
| m. Tranquilizers     | No | Yes | #Times: _____ |
| n. Heroin            | No | Yes | #Times: _____ |
| o. Any Designer Drug | No | Yes | #Times: _____ |
| p. Steroids          | No | Yes | #Times: _____ |
| q. Any illegal drug  | No | Yes | #Times: _____ |
| (Specify)_____       |    |     |               |

Have you ever sold or bought any controlled substances deemed illegal by State or Federal government including but not limited to the above? Yes No

If yes, explain – Use back if necessary:

Have you ever inhaled (paint, glue, any petroleum product)? Yes No

If yes, explain in detail, and when was last time?

Have you ever abused any prescribed medication or taken medication prescribed for another person? Yes No

If yes, explain in detail:

Have you ever been addicted to a drug prescribed by a doctor? Yes No

If yes, explain in detail:

Do others use drugs in your presence? Yes No  
If yes, explain in detail:

**DRUG USAGE CONT.**

Have you ever furnished or held drugs or narcotics for anyone? Yes No

If yes, explain in detail:

Do you use alcoholic products? Described the use: Yes No

If yes, explain in detail:

Have you ever used cough medicine as a stimulant? Yes No

If yes, explain in detail:

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

If yes, explain:

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

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

Agency Name & Address	Date Applied or Hired	Result

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

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

**Personal Inquiry Waiver**  
**Authority for Release of Information**

I, \_\_\_\_\_, respectfully request and authorize you to furnish the Kemah Police Department any and all information that you may have concerning me, my work record, school records, my character, my workmen's compensation claims, my medical records (physical and mental), including all information of a confidential or privileged nature and copies of the same if requested. This information is to be used to assist the Kemah Police Department in determining my qualifications and fitness for the position I am seeking.

I understand that any information obtained by a Personal History Background Investigation which is developed either directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my stability for employment by the Kemah Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Date of Birth \_\_\_\_\_

Texas Drivers License Number \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Sworn and Subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Commission Expires \_\_\_\_\_

Notary Public in and for Galveston County, Texas

**Confidential Information Agreement**

I, \_\_\_\_\_ understand that a thorough background investigation will be conducted to determine my qualifications for the position to which I applied with the Kemah Police Department. To a great extent, my employment will depend on information obtained in confidential interviews with persons whom I have been associated. All information, including test results, will remain confidential, and the Kemah Police Department may not reveal the reason for my rejection to me.

I have read and fully understand the above statement and agree that all information obtained during the application process will remain confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed to and Sworn to before me, the undersigned authority,

on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas