

Van Alstyne Police Department Application for Employment

Important - Read These Instructions Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It will be used as the basis for a background investigation that will determine your eligibility for employment. It is your responsibility to keep the City of Van Alstyne Police Department notified if there are changes in the information that you provided after turning in the Personal History Statement. (Example: address, phone numbers, employment, etc.) The background investigators will not attempt to locate you if the information is out of date.

1. Your Personal History Statement should be printed legibly in ink (or typed). 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 addresses, including zip codes. 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. Be sure to include area codes with phone numbers.
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 relevant section and question numbers before continuing your answer.
6. An accurate and complete form will expedite the processing of your application.
7. Any deliberate omissions or falsifications will result in disqualification.

Police Officer Selection Process

The selection process is a key factor in the operational effectiveness of the city. Its purpose is to select those individuals best qualified to help maintain a Police Department that is responsive to the total community.

The actual time involved in the selection process is determined by the applicant's availability for processing, background checks, and the number of applicants under consideration.

Through the selection process, you will receive information on the status of your application, information to assist in resolving correctible deficiencies, and in the case of your non-selection your eligibility to reapply with the department.

IMPORTANT

Once having submitted your application for employment, it is important that you keep the Van Alstyne Police Department informed of circumstances that could effect your application, for example, change in address, telephone numbers, employment, marital status, arrest record or loss of interest in becoming a Police Officer.

The background investigation normally takes several weeks and is conducted by a Background Investigator. Sometimes the investigation takes longer, particularly if several jobs and/or residences are in other cities, or states which must be checked. The background investigation will include the following areas:

Personal & Family History
Employment History
Education
Driving History

Residence History
Criminal Records
Financial Status
Personal References

Please attach to your application all that apply below:

- Recent Color Photograph
- Copy of High School Diploma or G.E.D.
- Copy of College Transcripts
- Copy of College Degree
- Copy of Military Form DD 214
- Copy of Birth Certificate
- Copy of Law Enforcement Certificate
- Copy of Texas Peace Officer License
- Copy of Recommendations
- Copy of Commendations
- Copy of Training Certificates

Authorization of Release for Personal Information

I, _____, do hereby authorize a review and full disclosure of any and all records concerning myself to any duly authorized agent of the Van Alstyne, Texas Police Department, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure for the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports or ratings), and other financial statements and records wherever filed: medical and psychiatric treatments and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration: employment and pre-employment record, including background reports, efficiency ratings, complaints or grievances files by or against me and the records and recollections of attorneys-at-law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest. I understand that any information obtained by a personal history background investigation which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Van Alstyne, Texas 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, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishings such as information. A photocopy of this release is equally valid, even though the said copy does not contain an original writing of my signature.

Signature

STATE OF TEXAS
County of _____

Address

Sworn to and Subscribed before me,
This _____ Day of _____, 20 _____

Notary Public, _____ County, TX.

My Commission Expires _____ 20 _____

Social Security Number

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Personal History Statement

Information Provided in this Section is Used for Identification Purposes.

Name: _____
Last First Middle

Other Names Used _____
Maiden, Adoption, Etc.

Home Address: _____
Number Street Name City State Zip

Home Telephone Number: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S.Citizen: Yes No

Place of Birth: _____

Driver's License: _____
Number State of Issue Date Expires

Height: _____ Weight: _____ Hair Color: _____

Identifying Marks:
Scar: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Telephone number where you can be reached between 8:00 A.M. and 5:00 P.M. M-F: _____

Employment Began On: _____ Ended On: _____ = Total Time _____
Month - Day - Year Month - Day - Year

Position(s) held with company, duties and responsibilities:

Title: _____

Duties and Responsibilities: _____

Time in Position(s): _____

Did you receive job performance evaluations with this company? Yes NO

Name of final Supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving this position: _____

Investigators Notes: _____

Circle appropriate job description(s): Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____
Street Address City State Zip

Employer's Telephone Number: _____

Employment Began On: _____ Ended On: _____ = Total Time _____
Month - Day - Year Month - Day - Year

Position(s) held with company, duties and responsibilities:

Title: _____

Duties and Responsibilities: _____

Time in Position(s): _____

Did you receive job performance evaluations with this company? Yes NO

Name of final Supervisor: _____ Are you eligible for rehire? Yes No

If you were a full-time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

Indicate that you were a full-time student and do not give a length of time for your unemployment. In the work history section list the job you worked.

Education History

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technical or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and Type of School Location (City and State)	Dates Attended		Degree and/or Credit Hours Earned
	From	To	

Have you ever been expelled from any school you have attended? Yes NO

School: _____ Dates: _____ Reason: _____

Have you ever been placed on academic probation? Yes No

School: _____ Dates: _____ Reason: _____

Additional Education and Personal Information

School Activities:

Club, Sports, Etc.	High School/College (Circle Grade)							
	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr	Sr

Positions of Leadership (Indicate Position/Organization/Dates Held):

Community Activities:

Awards - Commendations or Items of Special Recognition:

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair):

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are certified peace officer list certificates and training hours for each course successfully attended. Attach a copy of each diploma, if applicable, or provide training record from former department.

Arrests/Detentions

Have you ever been arrested by the Police? Yes No

Have you ever been detained (other than a traffic ticket) by Police? Yes No

Have you ever been summoned into court for a criminal offense? Yes No

If yes, explain each incident (list juvenile as well as adult occurrences).

Litigation:

Have you ever been involved in any type of law suit? (Evan as a witness) Yes No

Were you sued? Yes No

Have you ever sued anyone? Yes No

Have you ever filed bankruptcy? Yes No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

(Explain any yes answers)

Driving Record:

How many moving citations have you received since you have been driving? _____

How many moving citations have you received in the past three years? _____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle? Yes No

Have you ever driven a motor vehicle, within the past three years, without proper insurance?
 Yes No

Have you ever had your driver's license suspended? Yes No

Date of suspension:

Type of suspension:

Date lifted:

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations? Yes No

Have you ever had a hearing for probation/suspension, etc? Yes No

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

Have you ever had your insurance revoked due to the number of traffic citations you have received?
 Yes No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended/or after it had been revoked? Yes No

Do you have a valid driver's license in more than one state? If so, please list:

Have you ever been denied a driver's license for any reason? Yes No

Have you any reason to believe that you might have problems with depth perception?
 Yes No

How many motor vehicle accidents have you been involved in as a driver?

Have you ever been involved in a motor vehicle accident when you were driving after you had been drinking any type of alcoholic beverage? Yes No

Have you ever struck an unattended vehicle and then left without leaving identification?
 Yes No

With what company do you carry automobile insurance?

Company Address: _____
Street Address City State Zip

Policy Number: _____ Effective Dates: _____

Attach a copy of your current insurance card.

Military Service

Have you registered with selective service? Yes No

Have you ever been rejected by any branch of the armed forces? Yes No

Have you ever been a member of any branch of the U.S. Armed Forces? Yes No

Branch of Service: _____ Highest rank obtained: _____

Date of Induction: _____ Date of Discharge: _____ Type of Discharge: _____
M/D/Y M/D/Y

Awards (Type and Date Awarded):

_____	_____
_____	_____
_____	_____

Special School Training:

_____	_____
_____	_____
_____	_____

While in the military were you ever arrested for an offense, which resulted in a trial by deck court or by summary, special, or general court-martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Results: _____

Charge: _____ Date: _____ Results: _____

Last duty station and name of Commanding Officer: _____

Are you currently a member of the U.S. reserve or National Guard organization? Yes No

Branch of Service: _____ Grade & Service No.: _____

Are you: Active Inactive Standby

Organization Station Unit and Location:

Marital and Family History

Circle your current marital status:

Single Engaged Married Separated Divorced Widowed

If you are engaged:

Wedding Date: _____

Name of Fiancé: _____ Date of Birth: _____

Address: _____

Home #: _____ Bus #: _____

If you are Married:

Date of Marriage: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____

Home #: _____ Bus #: _____

If you are separated:

Spouse's Name: _____ Date of Birth: _____

Current Address: _____

Home #: _____ Bus #: _____

Date of Separation: _____

If you are divorced:

Date of Marriage: _____

Former Spouse's Name: _____ Date of Birth: _____

Current Address: _____

Home #: _____ Bus #: _____

Date of Divorce Decree Issued: _____

Court and State Where Issued: _____

If you have more than one divorce, list those on a separate sheet of paper and attach.

Residences

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year. Attach an additional page if necessary. Include apartment complex names and office telephone number.

From	To	Length of Residency (Yrs/Mos)	Address	Name of Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
		_____	_____	_____
Was a lease signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what names are on it: _____		

From	To	Length of Residency (Yrs/Mos)	Address	Name of Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
		_____	_____	_____
Was a lease signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what names are on it: _____		

From	To	Length of Residency (Yrs/Mos)	Address	Name of Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
		_____	_____	_____
Was a lease signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what names are on it: _____		

From	To	Length of Residency (Yrs/Mos)	Address	Name of Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
		_____	_____	_____
Was a lease signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what names are on it: _____		

Length of	Name of
-----------	---------

From	To	Residency (Yrs/Mos)	Address	Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
				Office Telephone

Was a lease signed? ___ Yes ___ No If yes, what names are on it: _____				

From	To	Length of Residency (Yrs/Mos)	Address	Name of Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
				Office Telephone

Was a lease signed? ___ Yes ___ No If yes, what names are on it: _____				

From	To	Length of Residency (Yrs/Mos)	Address	Name of Apartment Complex
_____	_____	_____	_____	_____
		City	State	Zip
				Office Telephone

Was a lease signed? ___ Yes ___ No If yes, what names are on it: _____				

Personal Declarations

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

	Used			No. of Times	Approximate Date Last Used
Marijuana	___	Yes	___	No	_____
Hashish	___	Yes	___	No	_____
Speed	___	Yes	___	No	_____
Cocaine	___	Yes	___	No	_____
"XTC"	___	Yes	___	No	_____
PCP	___	Yes	___	No	_____
Peyote	___	Yes	___	No	_____
Mushrooms	___	Yes	___	No	_____
Quaaludes	___	Yes	___	No	_____
Tranquilizers	___	Yes	___	No	_____
Barbiturates	___	Yes	___	No	_____
Heroin	___	Yes	___	No	_____
Designer Drug	___	Yes	___	No	_____
Steroids	___	Yes	___	No	_____

Have you ever sold any of the items specified above? ___ Yes ___ No

Which _____ When _____ # of Times _____

Personal References

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

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____

Home Telephone: _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____

Home Telephone: _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____

Home Telephone: _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____

Home Telephone: _____

Briefly describe your relationship with this person: _____

Name _____ Occupation _____

Home Address _____
Street No & Name City State zip

Home phone number: (_____) _____
A C

Briefly describe your relationship with this person _____

EEO Statistical Data Form

DEAR APPLICANT:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, religion, age, sex, national origin, political affiliation or belief, or any other non-merit factor requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

Please Note: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application and will not be used in anyway in evaluating your qualifications for employment, nor will it become a part of your personnel; file if you are hired.

INSTRUCTIONS:

Please check the line corresponding to the correct response(s) in each of the categories below.

Sex

_____ Male
_____ Female

AGE (in years)

_____ Under 40
_____ 40+

Racial/Ethnic Group

_____ Caucasian (Not Hispanic Origin)
_____ Black (Not of Hispanic Origin)
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian of Alaskan Native

Source of Information about applying

_____ Posted job announcement
_____ Texas Employment Commission
_____ Current employee
_____ Friend
_____ Professional Publication
_____ Newspaper
_____ Just walked in
_____ Other

(specify) _____

Handicap

Do you have a handicap? ___ Yes ___ No

Handicap is described as:

1. Physical or mental impairment which substantially limits a major life activity
2. Previous record of such impairment, or
3. Being regarded as having such impairment.

Veteran

_____ Disabled Veteran (entitled to VA disability compensation or discharge from active duty for a disability)
_____ Vietnam Era Veteran (served in military service anytime between 8/5/64 and 5/7/75)