



APPLICANT INFORMATION PACKET

TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION

For The Position Of: _____

Full Name: _____

Date Issued: _____

Issued By: _____

Complete and Return By: _____ **at** _____

Phone number you want to be contacted at, if called for interview: _____

I Am Applying For:

☐

Full-Time

☐

Part-Time

☐

Peace Officer

PID #

☐

County Jailer

PID #

☐

Telecommunicator

PID #

☐

Civilian Employment; Position:

Complete the application packet and return it as soon as possible.

When you return your application packet, make sure you bring any and all documents that apply to you, or the job you are applying for, that are listed under #9 on the Instructions Page.

Applications that are not received by the return date and time, listed above, will not be accepted.



APPLICANT BACKGROUND WAIVER

BACKGROUND WAIVER

Applicant's Full Name: _____

Date of Birth: _____ **Social Security Number:** _____

Driver's License Number: _____ **State:** _____

Current Address: _____

Email Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

I, _____ hereby authorize, the following:

Initial I authorize the Houston County Sheriff's Office to contact any and all previous employers, references, family member and any other person listed on my application for the purposes of conducting a background check for employment.

Initial I further authorize all previous employers, references, family members and any other persons listed on my application to release any and all information on me to the Houston County Sheriff's Office for the purposes of my background check for employment.

Initial I also authorize the Houston County Sheriff's Office to run a computerized criminal history on me for the purposes of a background check for employment with their agency.

Applicant's Signature

Date

Time



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **HOUSTON COUNTY SHERIFF'S OFFICE** 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 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: _____

Sworn to and signed before me, on this the _____ day of _____, _____, in and for Houston County, in the state of Texas.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____



APPLICANT PERSONAL HISTORY STATEMENT

SELECTION PROCESS

- A.** Applicants for officer positions will apply to the Houston County Sheriff's Office and are required to:
- 1.** Be a United States citizen.
 - 2.** Have a valid Texas Driver's License.
 - 3.** Meet qualifications of TCOLE, and the Department as required by this policy unless otherwise directed by the Sheriff.
 - 4.** Complete a Houston County Sheriff's Office employment application, including a Personal History Statement and Background Waiver.
 - 5.** Provide a copy of all documents required in the Personal History Statement.
 - 6.** Successfully complete a background investigation process.
 - 7.** Pass a structured oral interview board that also includes the following:
 - I.** Testing of applicant's knowledge of Texas and U.S. Constitution and State Laws.
 - II.** Scenarios: oral, written, and typed evaluation.
 - 8.** Pass a secondary structured oral interview board. (At the discretion of the Sheriff)
- B.** The top candidate(s), meeting department hiring criteria may then be provided a conditional offer of employment. Hiring and appointment will be contingent upon the successful completion of required testing for the position applied for, including the following:
- 1.** Physical exam by licensed Physician.
 - 2.** Drug testing by licensed Physician.
 - 3.** Psychological testing.
- C.** Regular employee status may be granted upon:
- 1.** Successful completion of a training program.
 - 2.** Successful completion of probation.



APPLICANT 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, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in 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. 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 will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will also be evaluated on completeness and neatness and errors will not be viewed favorably.
9. All documents requested below MUST be submitted with the application, if it is applicable to you. (photocopies are acceptable in most cases).

- ☐ Completed Personal History Statement.
- ☐ Certified Birth Certificate. (No photo copy)
- ☐ Certified Naturalization papers.
- ☐ Driver's License. (*Applicant must possess a valid Texas driver license prior to being offered employment.*)
- ☐ High School Diploma, or GED Certificate.
- ☐ Certified copy of your college transcript.
- ☐ College Diploma.
- ☐ Basic Peace Officer Course Certificate. (*Peace Officer Only*)
- ☐ TCOLE Peace Officer License and all Training Certificates (*Peace Officer Only*)
- ☐ DD-214. (*Must possess an honorable discharge.*)
- ☐ Current Proof of Automobile Liability Insurance.
- ☐ Copy of a TCOLE Firearms Qualifications for the Last 12 Months. (*Peace Officer Only*)

10. Make sure the information you provide is complete and accurate and initial the bottom of each page.
11. If you have any questions, please contact our office and the appropriate personnel will assist you.



APPLICANT PERSONAL HISTORY STATEMENT

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.

- ☐ 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.
- ☐ 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 other discharge based on misconduct which bars future military service.

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.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.



APPLICANT PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

Are you a U.S. Citizen by Birth?		Are you a Naturalized Citizen?		Place of Birth (City, County, State, Country)	
NAME: Last		First		Middle	Maiden
Alias(s) or Nickname(s)		Have you ever been known or gone by any other name? If yes, give details.			
Date of Birth		Social Security No.		Driver's License No. & State	
Height	Weight	Eye Color	Hair Color	Scars, Tattoos (description & Location)	
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.	

DRIVER'S LICENSE INFORMATION

Have you ever possessed a driver's license issued by any state other than Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give details below:					
<u>Driver's License No.</u>	<u>State</u>	<u>Date Issued</u>	<u>Driver's License No.</u>	<u>State</u>	<u>Date Issued</u>
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give the state, date, reason, and length of suspension:					
<u>State</u>	<u>Date</u>	<u>Reason</u>	<u>Length of Suspension</u>		



APPLICANT PERSONAL HISTORY STATEMENT

INSURANCE INFORMATION

List your current automobile insurance provider:	Policy Expiration Date:
--	-------------------------

TRAFFIC RECORD

ACCIDENTS: List all motor vehicle crashes you have been involved in during the last 10 years. <input type="checkbox"/> N/A			
Date:	Cause of the Accident	Police Report Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
Date:	Cause of the Accident	Police Report Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
Date:	Cause of the Accident	Police Report Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
Date:	Cause of the Accident	Police Report Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
Date:	Cause of the Accident	Police Report Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
CITATIONS: Identify all traffic citations you have received within the last 10 years, excluding parking tickets: <input type="checkbox"/> N/A			
<u>Month / Year</u>	<u>Violation</u>	<u>City & State</u>	<u>Disposition (guilty, not guilty, defensive driving, etc.)</u>



APPLICANT PERSONAL HISTORY STATEMENT

EDUCATIONAL HISTORY

Do you have a High School Diploma or G.E.D. Certificate? <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. Certificate					
If you have diploma, list the High School(s) you attended:					
<u>High School</u>	<u>Address</u>	<u>Dates Attended</u>	<u>Graduated Yes/No</u>		
Were you ever expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give details: _____					
Have you attended any colleges, universities or technical schools? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the information requested below:					
<u>School Name</u>	<u>City & State</u>	<u>Dates Attended</u>	<u>Hours Completed</u>	<u>Major</u>	<u>Degree & Date</u>

MILITARY OBLIGATION

Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the information requested below:			
Served From: _____ thru _____	Branch of Service: _____	Unit: _____	
Highest Rank Held: _____	Job Title(s): _____		
Type of Discharge: _____	Last Duty Station: _____		
Are you actively serving in a reserve unit, including State Military Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the information requested below:			
Served Since: _____	Branch of Service: _____	Duty Station: _____	
Highest Rank Held: _____	Job Title(s): _____		
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). <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the information requested below:			
<u>Date(s)</u>	<u>Charge(s)</u>	<u>Military Court(s) / Authority(ies)</u>	<u>Outcome(s)</u>



APPLICANT PERSONAL HISTORY STATEMENT

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.

<u>From</u>	<u>To</u>	<u>Address</u>	<u>City</u>	<u>Zip Code</u>

VEHICLES

Identify all vehicles that you currently own or operate:

☐ N/A

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>License Plate No.</u>	<u>Owner</u>



APPLICANT PERSONAL HISTORY STATEMENT

SOCIAL MEDIA

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide the media platform, screen/user name(s), and service provider(s).

☐ N/A

EMAIL

List ALL E-Mail Addresses You Have.

☐ N/A

ORGANIZATIONS (PAST AND PRESENT)

List any organizations that you are currently, or have previously been, a member of or have participated with.

☐ N/A

<u>Organization Name</u>	<u>Type</u>	<u>To</u>	<u>From</u>



APPLICANT PERSONAL HISTORY STATEMENT

MARITAL & FAMILY HISTORY

MARITAL: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Co-Habiting <i>(If single, skip this section down to CHILDREN.)</i>			
Spouse's / Co-Habitant's Last Name:		First Name	Middle Name
Maiden Name			
Date of Birth	Telephone No.		Date of Marriage
Employer	Employer Address		Employer Phone No.
Have you ever been separated, divorced, or widowed, If yes, provide details below: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Marriage _____		Date of Marriage _____	
City & State _____		City & State _____	
Separated <input type="checkbox"/>	Date _____	Separated <input type="checkbox"/>	Date _____
Divorced <input type="checkbox"/>	Date _____	Divorced <input type="checkbox"/>	Date _____
Widowed <input type="checkbox"/>	Date _____	Widowed <input type="checkbox"/>	Date _____
Annulled <input type="checkbox"/>	Date _____	Annulled <input type="checkbox"/>	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. _____	
CHILDREN: Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)			
<input type="checkbox"/> N/A			
<u>Relation</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>



APPLICANT PERSONAL HISTORY STATEMENT

FAMILY HISTORY – (Continued)

RELATIVES: Identify Living relatives: Father, Mother ,step-parents (if any), brothers and sisters.				
<u>Relationship</u>	<u>Name</u>	<u>Complete Address</u>	<u>Phone Number</u>	<u>DOB</u>

PERSONAL DECLARATIONS

Do you consume alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?
Have you ever used marijuana or hashish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, last used?
Have you ever used any illegal drug (including steroids) not prescribed by a physician?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: How Often?	Last Time Used?	
Explanation: _____		
Have you ever sold or furnished controlled substances or prescription drugs to anyone?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____		
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____		



APPLICANT PERSONAL HISTORY STATEMENT

PERSONAL DECLARATIONS – (Continued)

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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Have you ever been considered or named a suspect in a criminal investigation or criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Have you ever been a party to a civil suit or action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Do you anticipate being sued or named in any type of lawsuit or proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		



APPLICANT PERSONAL HISTORY STATEMENT

ARRESTS, DETENTIONS, AND LITIGATION

Have you ever been arrested or detained by law enforcement? <i>If yes, complete the following:</i>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Agency</u>	<u>Offense</u>	<u>Date</u>	<u>Location</u>	<u>Outcome</u>		

FAMILY AND RELATIVES' ARRESTS

Has any of your immediate family or close relatives ever been arrested? <i>If yes, complete the following:</i>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Name / Relationship</u>	<u>Year</u>	<u>Agency</u>	<u>Offense</u>	<u>Outcome</u>		

CREDIT INFORMATION

1.	Have you ever filed bankruptcy personally or on behalf of a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever had any personal or real property repossessed or foreclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever failed to pay Federal, state, or other taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever failed to file a tax return, when required by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever had a lien placed against your property for failing to pay taxes or other debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever had a judgment entered against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever defaulted on any type of loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you ever had bills or debts turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Have you ever been delinquent on court-imposed alimony or child support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Have you ever been disciplined regarding the use of a travel/credit card provided by an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



APPLICANT PERSONAL HISTORY STATEMENT

CREDIT INFORMATION – (Continued)

13.	Are you currently more than sixty (60) days delinquent on any debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Have you ever failed to make, or been late on a court ordered payment? (<i>child support, alimony, etc</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Have you ever applied for unemployment compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Have you ever received unemployment compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the above questions, explain. (Include when, where, and circumstances. Indicate corresponding #)			

REFERENCES

PERSONAL: List five (5) persons who know you well enough to provide current information about you. <u>Do not list relatives, former or present employers, or supervisors.</u>		
Name:	Years Known:	Relationship:
Address:		Phone No.:
Name:	Years Known:	Relationship:
Address:		Phone No.:
Name:	Years Known:	Relationship:
Address:		Phone No.:
Name:	Years Known:	Relationship:
Address:		Phone No.:
Name:	Years Known:	Relationship:
Address:		Phone No.:
LAW ENFORCEMENT: Identify anyone you know that is currently in Law Enforcement, or is employed by this agency.		



APPLICANT PERSONAL HISTORY STATEMENT

EMPLOYMENT HISTORY

LAW ENFORCEMENT: Have you ever been employed by or applied with any other law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify to the best of your knowledge:			
<u>Agency</u>	<u>Address</u>	<u>Date Applied/Hired</u>	<u>Result</u>
PREVIOUS EMPLOYMENT: Beginning with your present or most recent job, list all employment since the age of seventeen (17). 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Employer: _____ Phone No: _____ From: _____ To: _____			
Address: _____		City: _____	State: _____
Job Title: _____		Beginning Salary: _____	Ending Salary: _____
Supervisor Name: _____		Phone No: _____	
Co-Worker Name: _____		Phone No.: _____	
Duties: _____			
List any disciplinary actions you received: _____			
Work Schedule: _____		Reason for Leaving: _____	
2. Employer: _____ Phone No: _____ From: _____ To: _____			
Address: _____		City: _____	State: _____
Job Title: _____		Beginning Salary: _____	Ending Salary: _____
Supervisor Name: _____		Phone No: _____	
Co-Worker Name: _____		Phone No.: _____	
Duties: _____			
List any disciplinary actions you received: _____			
Work Schedule: _____		Reason for Leaving: _____	



APPLICANT PERSONAL HISTORY STATEMENT

EMPLOYMENT HISTORY – (Continued)

3.	Employer: _____	Phone No: _____	From: _____	To: _____
	Address: _____	City: _____	State: _____	
	Job Title: _____	Beginning Salary: _____	Ending Salary: _____	
	Supervisor Name: _____	Phone No: _____		
	Co-Worker Name: _____	Phone No.: _____		
	Duties: _____			
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		
4.	Employer: _____	Phone No: _____	From: _____	To: _____
	Address: _____	City: _____	State: _____	
	Job Title: _____	Beginning Salary: _____	Ending Salary: _____	
	Supervisor Name: _____	Phone No: _____		
	Co-Worker Name: _____	Phone No.: _____		
	Duties: _____			
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		
5.	Employer: _____	Phone No: _____	From: _____	To: _____
	Address: _____	City: _____	State: _____	
	Job Title: _____	Beginning Salary: _____	Ending Salary: _____	
	Supervisor Name: _____	Phone No: _____		
	Co-Worker Name: _____	Phone No.: _____		
	Duties: _____			
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		



APPLICANT PERSONAL HISTORY STATEMENT

EMPLOYMENT HISTORY – (Continued)

6.	Employer: _____	Phone No: _____	From: _____	To: _____
	Address: _____	City: _____	State: _____	
	Job Title: _____	Beginning Salary: _____	Ending Salary: _____	
	Supervisor Name: _____	Phone No: _____		
	Co-Worker Name: _____	Phone No.: _____		
	Duties: _____			
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		
7.	Employer: _____	Phone No: _____	From: _____	To: _____
	Address: _____	City: _____	State: _____	
	Job Title: _____	Beginning Salary: _____	Ending Salary: _____	
	Supervisor Name: _____	Phone No: _____		
	Co-Worker Name: _____	Phone No.: _____		
	Duties: _____			
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		
8.	Employer: _____	Phone No: _____	From: _____	To: _____
	Address: _____	City: _____	State: _____	
	Job Title: _____	Beginning Salary: _____	Ending Salary: _____	
	Supervisor Name: _____	Phone No: _____		
	Co-Worker Name: _____	Phone No.: _____		
	Duties: _____			
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		



APPLICANT PERSONAL HISTORY STATEMENT

EMPLOYMENT HISTORY – (Continued)

9.	Employer: _____	Phone No: _____	From: _____	To: _____
Address: _____		City: _____	State: _____	
Job Title: _____		Beginning Salary: _____	Ending Salary: _____	
Supervisor Name: _____		Phone No: _____		
Co-Worker Name: _____		Phone No.: _____		
Duties: _____				
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		
10.	Employer: _____	Phone No: _____	From: _____	To: _____
Address: _____		City: _____	State: _____	
Job Title: _____		Beginning Salary: _____	Ending Salary: _____	
Supervisor Name: _____		Phone No: _____		
Co-Worker Name: _____		Phone No.: _____		
Duties: _____				
List any disciplinary actions you received: _____				
Work Schedule: _____		Reason for Leaving: _____		

UNEMPLOYMENT HISTORY

Was there any time of unemployment between the jobs listed above? If yes, provide dates and explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>From</u>	<u>To</u>	<u>Explanation</u>



APPLICANT PERSONAL HISTORY STATEMENT

SPECIAL SKILLS OR QUALIFICATIONS

Identify any special skills licenses you hold (e.g., Teacher, Equipment or radio operator, pilot, etc.):

☐ N/A

FOREIGN LANGUAGES

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

☐ N/A

Language

Understanding

Speaking

Reading

Writing

ADDITIONAL INFORMATION

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:



APPLICANT PERSONAL HISTORY STATEMENT

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 or STAMP

Signature of Notary

My Commission Expires: _____