

**SHERMAN POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**



Name: _____

Date issued: _____

I am applying for:

Peace Officer

Telecommunicator

Are you currently a licensed peace officer or telecommunicator? If so, please provide PID #. PID# _____

Peace officer personal history statements and all required documents must be returned to the City of Sherman Human Resources Department located at 220 W Mulberry St., or post marked, NO LATER than 5:00 P.M. on _____. Personal history statements received after this date will be disqualified.

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. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional 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 be evaluated on completeness and neatness.



ATTACH A 3x5 PHOTOGRAPH OF YOURSELF IN THIS BOX.
 (This box measures 3 inches by 5 inches and your 3x5 photograph should fill this box)

Include all of the following documents, if applicable			
DOCUMENT	NOT APPLICABLE	SUBMITTED	REQUESTED
Certified Copy of Birth Certificate (original copy)			
High School Transcript			
GED Certificate			
College Transcript (sealed)			
Marriage Certificate (Current Marriage)			
Dissolution of Marriage Documents			
Naturalization Documents			
Military Separation (DD Form 214)			
Current Valid Driver's License			
Social Security Card			
Copy of Current Automobile Insurance			
Law Enforcement Certifications			
Copy of Credit Report			
Photos of tattoos			
High School and College Diploma (photo copy)			



INSTRUCTIONS TO APPLICANT

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, jailer, or telecommunicator in Texas.

- ☐ I am a citizen of the United States of America.
- ☐ I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- ☐ 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 few automatic bases 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.

Bottom Line: Be as honest, complete and specific as possible in your responses.

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

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.



SECTION 1: PERSONAL

1) YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2) OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR HAVE BEEN KNOWN BY			
3) ADDRESS WHERE YOU RESIDE			
NUMBER/STREET		APT/LOT/UNIT	
CITY		STATE	ZIP
4) MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5) CONTACT NUMBERS			
HOME	WORK	EXT:	CELLPHONE
6) EMAIL ADDRESS			
HOME		BUSINESS	
7) If you were born outside of the United States, are you a U.S. citizen?			Yes No
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?			Yes No
8) BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)		9) BIRTHDATE	10) SOCIAL SECURITY NUMBER
11) DRIVER'S LICENSE		12) PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES

13) IMMEDIATE FAMILY				
Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased.				
N/A	A. FATHER			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
N/A	B. MOTHER			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
N/A	C. STEP-FATHER			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		



SECTION 2: RELATIVES - Continued

Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased.

N/A	D. STEP - MOTHER				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL		
N/A	E. SPOUSE				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No			
N/A	F. FATHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL		
N/A	G. MOTHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL		
N/A	H. FORMER SPOUSE				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No			



SECTION 2: RELATIVES - Continued

Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased.

N/A	I. SIBLING - Includes step-siblings and foster siblings.				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
M F	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	CELL PHONE	EMAIL		
N/A	J. CHILDREN - Includes any natural children and/or children who reside with you.				
NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
M F	CHILDS AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CELL PHONE	EMAIL		
NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
M F	CHILDS AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CELL PHONE	EMAIL		



SECTION 2: RELATIVES - Continued

Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased.

NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	M F	CHILDS AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CELL PHONE	EMAIL		

NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	M F	CHILDS AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CELL PHONE	EMAIL		

NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	M F	CHILDS AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
			CELL PHONE	EMAIL		

SECTION 3: REFERENCES

14) PERSONAL REFERENCES

List 7 people who know you well. Do not include relatives, employers, supervisors, or others listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE	CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON

B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE	CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON

C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE	CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON



SECTION 3: REFERENCES - Continued

List 7 people who know you well. Do not include relatives, employers, supervisors, or others listed elsewhere.

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON

E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON

F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON

G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL			
HOW DO YOU KNOW THIS PERSON (FRIEND, CO-WORKER, TEACHER, FAMILY FRIEND, ETC...)						HOW LONG HAVE YOU KNOWN THIS PERSON

SECTION 4: EDUCATION

NOTE: You must submit transcripts or other proof to support educational claims.

15) CHECK APPLICABLE: High School Diploma from an accredited U.S. institution GED			
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16) List high schools attended				
A) NAME OF SCHOOL		FROM	TO	DID YOU GRADUATE Yes No
		CITY	STATE	

B) NAME OF SCHOOL		FROM	TO	DID YOU GRADUATE Yes No
		CITY	STATE	



SECTION 4: EDUCATION - Continued

17) List colleges or universities attended

A) NAME OF SCHOOL	FROM	TO	CREDITS EARNED	DEGREE EARNED
CITY		STATE		
B) NAME OF SCHOOL	FROM	TO	CREDITS EARNED	DEGREE EARNED
CITY		STATE		
C) NAME OF SCHOOL	FROM	TO	CREDITS EARNED	DEGREE EARNED
CITY		STATE		

18) List trade, vocational or business schools/institutes attended

A) NAME OF SCHOOL	FROM	TO	DID YOU COMPLETE THE COURSE
TYPE OF SCHOOL/INSTITUTE	CITY	STATE	Yes No
B) NAME OF SCHOOL	FROM	TO	DID YOU COMPLETE THE COURSE
TYPE OF SCHOOL/INSTITUTE	CITY	STATE	Yes No

19) HAVE YOU EVER ATTENDED A BASIC POLICE ACADEMY Yes No

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE
LOCATION (City / State)	TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT PHONE NUMBER	Yes No
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE
LOCATION (City / State)	TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT PHONE NUMBER	Yes No

20) Have you ever been disciplined, suspended, expelled, or placed on academic probation by any high school, college, university, vocational, or business school/institute? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include the name of the school/institution, when the disciplinary action was received and an explanation of the circumstances that resulted in the disciplinary action received.



SECTION 5: RESIDENCE

21) LIST OF RESIDENCES

- List all residences during the last ten (10) years or since the age of 18.
- If the residence is a military base, identify the name of the base in address.

A) ADDRESS WHERE YOU LIVE NOW (NUMBER / STREET / APT)				FROM	TO
				PRESENT	
CITY	STATE	ZIP	IF RENTING, PROPERTY MANAGER OR OWNER		
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)				CONTACT PHONE NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING, PROPERTY MANAGER OR OWNER		
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)				CONTACT PHONE NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED					
REASON FOR MOVING					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING, PROPERTY MANAGER OR OWNER		
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)				CONTACT PHONE NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED					
REASON FOR MOVING					
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING, PROPERTY MANAGER OR OWNER		
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)				CONTACT PHONE NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED					
REASON FOR MOVING					



SECTION 5: RESIDENCE - Continued

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING, PROPERTY MANAGER OR OWNER		
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)				CONTACT PHONE NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED					
REASON FOR MOVING					

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING, PROPERTY MANAGER OR OWNER		
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)				CONTACT PHONE NUMBER	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED					
REASON FOR MOVING					

22) Provide contact information for all housemates listed in Question 21. Do not list anyone for whom you have already provided contact information.

A) NAME				CONTACT PHONE NUMBER	
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, FRIEND, ETC...)		EMAIL			

B) NAME				CONTACT PHONE NUMBER	
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, FRIEND, ETC...)		EMAIL			

C) NAME				CONTACT PHONE NUMBER	
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, FRIEND, ETC...)		EMAIL			

D) NAME				CONTACT PHONE NUMBER	
ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, FRIEND, ETC...)		EMAIL			



SECTION 5: RESIDENCE - Continued

E) NAME				CONTACT PHONE NUMBER	
ADDRESS (NUMBER / STREET / APT)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (RELATIVE, FRIEND, ETC...)		EMAIL			
F) NAME				CONTACT PHONE NUMBER	
ADDRESS (NUMBER / STREET / APT)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (RELATIVE, FRIEND, ETC...)		EMAIL			
23) Have you ever been evicted or asked to leave a residence? Yes No					
24) Have you ever left a residence owing rent? Yes No					

If you answered "Yes" to Question 23 and/or 24, explain (include when, where and circumstances)

SECTION 6: EMPLOYMENT/EXPERIENCE

25) WORK EXPERIENCE

- List all jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current job.)
- If you have military experience, including reserve duty, enter your military base and unit assigned.
- List all periods of unemployment greater than 30-days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)			IMMEDIATE SUPERVISOR				
CITY		STATE	ZIP	CONTACT PHONE NUMBER		EXT	
JOB TITLE				ANNUAL SALARY			
DUTIES / ASSIGNMENTS						F-T P-T Temp Self-Employed Volunteer	
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE			
1)		2)					
Would there be a problem if we contact this employer?		IF YES, EXPLAIN					
Yes No							



SECTION 6: EMPLOYMENT/EXPERIENCE - Continued

B) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other _____						FROM	TO	
C) NAME OF EMPLOYER OR MILITARY UNIT						FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)					IMMEDIATE SUPERVISOR			
CITY			STATE	ZIP	CONTACT PHONE NUMBER		EXT	
JOB TITLE					ANNUAL SALARY			
DUTIES / ASSIGNMENTS						F-T	P-T	Temp
						Self-Employed		Volunteer
NAMES OF CO-WORKERS 1)			2)		REASON FOR LEAVING			
D) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other _____						FROM	TO	
E) NAME OF EMPLOYER OR MILITARY UNIT						FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)					IMMEDIATE SUPERVISOR			
CITY			STATE	ZIP	CONTACT PHONE NUMBER		EXT	
JOB TITLE					ANNUAL SALARY			
DUTIES / ASSIGNMENTS						F-T	P-T	Temp
						Self-Employed		Volunteer
NAMES OF CO-WORKERS 1)			2)		REASON FOR LEAVING			
F) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other _____						FROM	TO	
G) NAME OF EMPLOYER OR MILITARY UNIT						FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)					IMMEDIATE SUPERVISOR			
CITY			STATE	ZIP	CONTACT PHONE NUMBER		EXT	
JOB TITLE					ANNUAL SALARY			
DUTIES / ASSIGNMENTS						F-T	P-T	Temp
						Self-Employed		Volunteer
NAMES OF CO-WORKERS 1)			2)		REASON FOR LEAVING			
H) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other _____						FROM	TO	



SECTION 6: EMPLOYMENT/EXPERIENCE - Continued

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			IMMEDIATE SUPERVISOR		
CITY	STATE	ZIP	CONTACT PHONE NUMBER	EXT	
JOB TITLE			ANNUAL SALARY		
DUTIES / ASSIGNMENTS				F-T	P-T
				Self-Employed	Temp Volunteer
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other _____					

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			IMMEDIATE SUPERVISOR		
CITY	STATE	ZIP	CONTACT PHONE NUMBER	EXT	
JOB TITLE			ANNUAL SALARY		
DUTIES / ASSIGNMENTS				F-T	P-T
				Self-Employed	Temp Volunteer
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other _____					

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			IMMEDIATE SUPERVISOR		
CITY	STATE	ZIP	CONTACT PHONE NUMBER	EXT	
JOB TITLE			ANNUAL SALARY		
DUTIES / ASSIGNMENTS				F-T	P-T
				Self-Employed	Temp Volunteer
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: Student Between jobs Leave of absence Travel Other _____					



CITY OF SHERMAN
PERSONAL HISTORY STATEMENT
ENTRY-LEVEL POLICE OFFICER

SECTION 6: EMPLOYMENT/EXPERIENCE - Continued

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO			
ADDRESS (NUMBER / STREET OR BASE)			IMMEDIATE SUPERVISOR						
CITY		STATE		ZIP		CONTACT PHONE NUMBER		EXT	
JOB TITLE						ANNUAL SALARY			
DUTIES / ASSIGNMENTS						F-T P-T Temp			
						Self-Employed Volunteer			
NAMES OF CO-WORKERS		1)		2)		REASON FOR LEAVING			

26)	Have you ever been disciplined at work? (This includes written warnings, letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions)	Yes	No
27)	Have you ever been fired, released from probation or asked to resign from any place of employment?	Yes	No
28)	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker or customer?	Yes	No
29)	Have you ever quit without giving proper notice?	Yes	No
30)	Have you ever resigned in lieu of termination?	Yes	No
31)	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation, harassment, etc...) by a co-worker, superior, subordinate or customer?	Yes	No
32)	Were you ever the subject of a written complaint at work?	Yes	No
33)	Have you ever been counseled at work due to tardiness or absences?	Yes	No
34)	Have you ever received a less than satisfactory job performance evaluation?	Yes	No
35)	Have you ever sold, released or given away legally confidential information?	Yes	No
36)	Have you ever made disparaging comments about your employer to a customer?	Yes	No
37)	Have you ever called in sick when you were neither sick nor caring for a sick family member?	Yes	No
If you answered "Yes" to any of Questions 26 – 37, explain (indicate corresponding question number and include when, where and circumstances)			
38)	Have you ever been unable to report for work or late to work due to drug or alcohol consumption?	Yes	No
39)	Has your work performance ever been affected due to the use of drugs or alcohol?	Yes	No
40)	Have you ever been warned by an employer about your drinking or drug habits and their impact on your job performance?	Yes	No
If you answered "Yes" to any of Questions 38 – 40, explain (indicate corresponding question number and include the name of the employer, when and circumstances)			



SECTION 6: EMPLOYMENT/EXPERIENCE - Continued

41) Have you ever made application to any Law Enforcement Agency (City, County, State or Federal)? Yes No
 • If yes, list EVERY agency that you have ever made application to, starting with the most recent.

A) NAME OF AGENCY							DATE APPLIED	
ADDRESS (NUMBER / STREET / APT)								
CITY			STATE			ZIP		
BACKGROUND INVESTIGATOR				CONTACT PHONE NUMBER			POSITION APPLIED FOR	
Check each step in the process that you completed:								
Application		Written examination		Physical agility test		Background investigation		Oral interview board
Medical physical/drug test						Chief's interview		Polygraph
Check your status with this agency:								
Conditional employment offer		Hired		On eligibility list		Withdrawn		Disqualified (state reason) _____

B) NAME OF AGENCY							DATE APPLIED	
ADDRESS (NUMBER / STREET / APT)								
CITY			STATE			ZIP		
BACKGROUND INVESTIGATOR				CONTACT PHONE NUMBER			POSITION APPLIED FOR	
Check each step in the process that you completed:								
Application		Written examination		Physical agility test		Background investigation		Oral interview board
Medical physical/drug test						Chief's interview		Polygraph
Check your status with this agency:								
Conditional employment offer		Hired		On eligibility list		Withdrawn		Disqualified (state reason) _____

C) NAME OF AGENCY							DATE APPLIED	
ADDRESS (NUMBER / STREET / APT)								
CITY			STATE			ZIP		
BACKGROUND INVESTIGATOR				CONTACT PHONE NUMBER			POSITION APPLIED FOR	
Check each step in the process that you completed:								
Application		Written examination		Physical agility test		Background investigation		Oral interview board
Medical physical/drug test						Chief's interview		Polygraph
Check your status with this agency:								
Conditional employment offer		Hired		On eligibility list		Withdrawn		Disqualified (state reason) _____

D) NAME OF AGENCY							DATE APPLIED	
ADDRESS (NUMBER / STREET / APT)								
CITY			STATE			ZIP		
BACKGROUND INVESTIGATOR				CONTACT PHONE NUMBER			POSITION APPLIED FOR	
Check each step in the process that you completed:								
Application		Written examination		Physical agility test		Background investigation		Oral interview board
Medical physical/drug test						Chief's interview		Polygraph
Check your status with this agency:								
Conditional employment offer		Hired		On eligibility list		Withdrawn		Disqualified (state reason) _____



SECTION 7: MILITARY EXPERIENCE

42) Have you registered for Selective Service?		Yes	No
43) BRANCH OF SERVICE		FROM	TO
TYPE OF SEPARATION (Refer to your DD Form 214)		RE-ENTRY CODE (Refer to your DD Form 214)	
Release from Active duty Entry Level Honorable General Other Than Honorable Bad Conduct Dishonorable		RE _____	
44) Are you currently participating in one of the following?	Inactive Ready Reserve Military Reserves National Guard None Branch: _____ Branch: _____ Branch: _____ Obligation end date: _____ Obligation end date: _____ Obligation end date: _____		
45) Have you ever been the subject of any judicial or non-judicial punishment (courts martial, captains's/CO's mast, office hours, company punishment)?		Yes	No
46) Have you ever been denied a security clearance, or had a clearance revoked, suspended or downgraded?		Yes	No
If you answered "Yes" to Question 45 or 46, explain (indicate corresponding question number and include dates and circumstances):			

SECTION 8: FINANCIAL

47) INCOME AND EXPENSES	
A) From your employer(s), what is your monthly take-home income?..... \$ _____ per month	
B) Do you have any income other than wages from your current employer(s)? Yes No	
If "Yes", monthly amount \$ _____ per month	
Explain:	
C) How much do you spend each month?..... \$ _____ per month	
<i>Estimate your monthly living expenses: include housing, utilities, credit cards and other loan payments, food, gas and vehicle maintenance, entertainment, etc., as well as any other obligations you may have.</i>	
48) Have you ever filed for or declared bankruptcy(Chapter 7, 11 or 13)?..... Yes No	
49) Have any of your bills ever been turned over to a collection agency?..... Yes No	
50) Have you ever had purchased goods repossessed?..... Yes No	
51) Have your wages ever been garnished?..... Yes No	
52) Have you ever been delinquent on income or other tax payments?..... Yes No	
53) Have you ever failed to file income tax or cheated/lie on an income tax return?..... Yes No	
54) Have you ever been denied an employment bond?..... Yes No	
55) Have you ever avoided payment of any lawful debt by moving or changing addresses?..... Yes No	
56) Have you ever defaulted on a loan?..... Yes No	
57) Have you ever borrowed money to pay a gambling debt?..... Yes No	
58) Do you currently have any outstanding debts as a result of gambling?..... Yes No	
59) Have you ever spent money for illegal purposes (drugs, prostitution, purchase stolen property, etc...)?..... Yes No	
60) Have you ever failed to make or been late making court-ordered payments (child support, alimony, restitution, etc...)?..... Yes No	
61) Have you written three or more bad checks in a one-year period?..... Yes No	
62) Are you in arrears on court-ordered child support? Yes No	
If you answered "Yes" to any of Questions 48 – 62, explain (indicate corresponding question number and include when, where and why)	



SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

62) Either as an adult or juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?..... Yes No

If "Yes", explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE/OFFENSE

DISPOSITION OF CHARGE/OFFENSE

B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE/OFFENSE

DISPOSITION OF CHARGE/OFFENSE

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE/OFFENSE

DISPOSITION OF CHARGE/OFFENSE

D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE/OFFENSE

DISPOSITION OF CHARGE/OFFENSE

63) Have you ever been placed on court-ordered probation as an adult?..... Yes No

64) Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?..... Yes No

65) Have you ever been a party in a civil lawsuit (small claims actions, dissolutions, child custody, paternity, support, etc.)?..... Yes No

66) Have the police ever been called to your home for any reason?..... Yes No

67) Have you or your spouse/partner ever been referred to Child Protective Services?..... Yes No

68) Have you ever been the subject of an emergency protective order / restraining order / stay-away order?..... Yes No

69) Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?..... Yes No

70) Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?..... Yes No

71) Have you ever filed a false insurance or worker's compensation claim?..... Yes No

72) Assault (use force or violence upon another)? Yes No

73) Assault on a family member (use force or violence upon a family member)? Yes No

If you answered "Yes" to any of Questions 63 – 73, explain (indicate corresponding question number and include when, where and any other pertinent information)



SECTION 8: LEGAL - Continued

74) UNDETECTED ACTS – Part 1
Within the past seven years or at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanor acts?

A) Annoying / obscene telephone calls.....	Yes	No
B) Assault (use of force or violence upon another).....	Yes	No
C) Assault Causes Bodily Injury.....	Yes	No
D) Brandishing a weapon (any type of weapon).....	Yes	No
E) Carrying a concealed weapon without a proper permit.....	Yes	No
F) Contributing to the delinquency of a minor.....	Yes	No
G) Defrauding an innkeeper (not paying for food or room at a hotel/motel).....	Yes	No
H) Driving under the influence of alcohol and/or drugs.....	Yes	No
I) Drunk in public (being so intoxicated in a public place that you are not able to care for yourself).....	Yes	No
J) Hit & run collision (no injuries).....	Yes	No
K) Hunting/fishing without a license.....	Yes	No
L) Illegal gambling.....	Yes	No
M) Impersonating a peace officer (pretending to be a police officer).....	Yes	No
N) Indecent exposure (including flashing or mooning).....	Yes	No
O) Joyriding (using a car or other vehicle without permission of the owner).....	Yes	No
P) Petty theft (value up to \$400, including shoplifting/switching price tags).....	Yes	No
Q) Possession of alcohol as a minor.....	Yes	No
R) Possession of falsified or altered identification, including use of another person's identification (for any reason).....	Yes	No
S) Possession of stolen property (including vehicles).....	Yes	No
T) Prostitution or soliciting a prostitute.....	Yes	No
U) Resisting arrest (including running from the police).....	Yes	No
V) Trespassing.....	Yes	No
W) Vandalism (including "tagging", malicious mischief and/or property damage).....	Yes	No
X) Intentionally writing a bad check.....	Yes	No
Y) Filing a false police report.....	Yes	No
Z) Any other act amounting to a misdemeanor offense within the past seven years.....	Yes	No

If you answered "Yes" to any item in Question 74, fully explain (indicate corresponding item number and include dates, names of others involved, full explanation of offense/circumstances, and any other pertinent information)



SECTION 8: LEGAL - Continued

75) UNDETECTED ACTS – Part 2
At any time in your life, have you EVER committed any of the following acts?

A) Arson (intentionally destroying property by setting a fire).....	Yes	No
B) Assault with a deadly weapon.....	Yes	No
C) Theft of a vehicle and/or vehicle parts.....	Yes	No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	Yes	No
E) Child molestation (performing unlawful acts with a child).....	Yes	No
F) Accessing and/or possessing child pornography.....	Yes	No
G) Elder abuse/neglect.....	Yes	No
H) Embezzlement (theft of money or other valuables entrusted to you).....	Yes	No
I) Felony drunk driving (involving injuries).....	Yes	No
J) Forcible rape or other act of unlawful intercourse.....	Yes	No
K) Forgery (falsifying any type of document, check, certificate, license, currency, etc.).....	Yes	No
L) Hit & run (with injuries).....	Yes	No
M) Hate crime.....	Yes	No
N) Insurance fraud.....	Yes	No
O) Grand theft (value of over \$400, or any firearm).....	Yes	No
P) Murder, homicide or attempted murder.....	Yes	No
Q) Perjury (lying under oath).....	Yes	No
R) Possession of an explosive/destructive device.....	Yes	No
S) Robbery (theft from another person using a weapon, force or fear).....	Yes	No
T) Stalking.....	Yes	No
U) Blackmail or extortion.....	Yes	No
V) Any other act amounting to a felony criminal offense.....	Yes	No

If you answered "Yes" to any item in Question 75, fully explain (indicate corresponding item number and include dates, names of others involved, full explanation of the offense/circumstances, and any other pertinent information)



SECTION 8: LEGAL - Continued

Questions 76 and 77 ask about your current and past drug use. This covers the use of any drug, including the unlawful/unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.) • Barbiturates (Downers) • Cocaine / Crack Cocaine • Designer Drugs (Ecstasy, Synthetic Heroin, etc.) • GHB (Date Rape Drug) | <ul style="list-style-type: none"> • Glue • Hallucinogens (Peyote, LSD, Mushrooms) • Hashish / Hashish Oil • Heroin / Opium • Marijuana | <ul style="list-style-type: none"> • Mescaline • Morphine • PCP / Angel Dust • Quaaludes • Steroids • Tetrahydrocannabinol (THC) |
|---|--|--|

76) Within the past six months, have you used any drug(s) as indicated above?..... Yes No
 If "Yes", give details including drug(s) used, frequency used, most recent use, and circumstances.

77) Prior to the past six months (check all that apply):
 I have **never** used any drug unlawfully.
 I have tried or used one or more drug.
 If checked, give details including drug(s) used, frequency used, most recent use, and circumstances.

78) Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

Sold	Purchased	Cultivated
Manufactured	Furnished	Carried or held for another person

If you checked any item(s) above, give details including, drug(s) involved, frequency, most recent occurrence and circumstances

SECTION 9: MOTOR VEHICLE OPERATION

79) CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

80) LIST OTHER STATES WHERE YOU HAVE EVER BEEN LICENSED TO OPERATE A MOTOR VEHICLE

State of Issue	Type of License	Name under which license was granted and License number, if known



SECTION 9: MOTOR VEHICLE OPERATION - Continued

81) Have you ever been refused a Driver's License by any state?..... Yes No
 If "Yes", give details including when, where and circumstances.

82) Has your Driver's License ever been suspended or revoked?..... Yes No
 If "Yes", give details including when, where and circumstances.

83) List your current insurance on your vehicle(s):

A) TYPE OF COVERAGE Insured Bonded Cash Deposit			VEHICLE MAKE		YEAR		VEHICLE LICENSE NUMBER	
INSURANCE COMPANY				POLICY NUMBER			EXPIRATION DATE	
ADDRESS (Number / Street)			CITY		STATE		ZIP CODE	
							CONTACT TELEPHONE NUMBER	

B) TYPE OF COVERAGE Insured Bonded Cash Deposit			VEHICLE MAKE		YEAR		VEHICLE LICENSE NUMBER	
INSURANCE COMPANY				POLICY NUMBER			EXPIRATION DATE	
ADDRESS (Number / Street)			CITY		STATE		ZIP CODE	
							CONTACT TELEPHONE NUMBER	

C) TYPE OF COVERAGE Insured Bonded Cash Deposit			VEHICLE MAKE		YEAR		VEHICLE LICENSE NUMBER	
INSURANCE COMPANY				POLICY NUMBER			EXPIRATION DATE	
ADDRESS (Number / Street)			CITY		STATE		ZIP CODE	
							CONTACT TELEPHONE NUMBER	

D) TYPE OF COVERAGE Insured Bonded Cash Deposit			VEHICLE MAKE		YEAR		VEHICLE LICENSE NUMBER	
INSURANCE COMPANY				POLICY NUMBER			EXPIRATION DATE	
ADDRESS (Number / Street)			CITY		STATE		ZIP CODE	
							CONTACT TELEPHONE NUMBER	

84) Have you ever been refused automobile liability insurance or a bond, or had them cancelled?..... Yes No
 IF "Yes", explain (Include the name of the insurance company, date cancelled/revoked and the reason)



SECTION 9: MOTOR VEHICLE OPERATION - Continued

85) List all traffic citations, excluding parking citations, you have received within the past ten (10) years.

A) NATURE OF VIOLATION		LOCATION (Street / City / State)				
		DATE OF VIOLATION	Not Guilty	Fined	Traffic School	Dismissed
B) NATURE OF VIOLATION		LOCATION (Street / City / State)				
		DATE OF VIOLATION	Not Guilty	Fined	Traffic School	Dismissed
C) NATURE OF VIOLATION		LOCATION (Street / City / State)				
		DATE OF VIOLATION	Not Guilty	Fined	Traffic School	Dismissed
D) NATURE OF VIOLATION		LOCATION (Street / City / State)				
		DATE OF VIOLATION	Not Guilty	Fined	Traffic School	Dismissed

86) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following?..... Yes No

If "Yes", check all that apply.

Failed to appear

Failed to complete traffic school

Failed to pay required fines/fees

Provide a detailed explanation (Include nature of citation, date of citation, date warrant issued/license withheld, and jurisdiction)

87) List all motor vehicle accidents, in which you were involved as the driver, within the past ten (10) years.

A) DATE		LOCATION (Street / City / State)			
		POLICE REPORT Yes No	REPORTING LAW ENFORCEMENT AGENCY (Name / City / State)		Injury Non-Injury
B) DATE		LOCATION (Street / City / State)			
		POLICE REPORT Yes No	REPORTING LAW ENFORCEMENT AGENCY (Name / City / State)		Injury Non-Injury
C) DATE		LOCATION (Street / City / State)			
		POLICE REPORT Yes No	REPORTING LAW ENFORCEMENT AGENCY (Name / City / State)		Injury Non-Injury
D) DATE		LOCATION (Street / City / State)			
		POLICE REPORT Yes No	REPORTING LAW ENFORCEMENT AGENCY (Name / City / State)		Injury Non-Injury

88) Have you ever driven a motor vehicle without proper insurance or proof of financial responsibility, as required by law?..... Yes No

If "Yes", provide detailed explanation (Include dates, City / State, and detailed reason).



SECTION 10: OTHER TOPICS

89) Have you ever been refused a permit to carry a concealed weapon?.....	Yes	No
90) Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....	Yes	No
91) Do you currently have, or have you ever had, a tattoo, signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?.....	Yes	No
92) Since the age of 16, have you ever been involved in an anger provoked physical fight, confrontation or other violent act?.....	Yes	No
93) Have you ever hit or physically overpowered a spouse or romantic partner?.....	Yes	No

If you answered "Yes" to any of Questions 89 – 93, fully explain (Indicate corresponding question number and include date, location, names of other involved, and detailed circumstances)

SECTION 11: SOCIAL MEDIA

94) Have you ever had a social media sites (i.e. Facebook, My Space, Instagram, Snapchat, etc.)?	Yes	No
If yes, list all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.		



ADDITIONAL SPACE

- You may duplicate this page as needed to include any additional information that did not fit elsewhere on this form. (e.g., additional family members, schools attended, past residences, previous employers, explanations to questions, etc.)
- Be sure to include the corresponding question and/or item number.



ADDITIONAL SPACE

- You may duplicate this page as needed to include any additional information that did not fit elsewhere on this form. (e.g., additional family members, schools attended, past residences, previous employers, explanations to questions, etc.)
- Be sure to include the corresponding question and/or item number.



SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:



AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	

I, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS, OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO ANY DULY AUTHORIZED AGENT OF THE CITY OF SHERMAN, TEXAS, WHETHER THE SAID RECORDS ARE OF PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS, FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF DEPOSITS, WITHDRAWALS AND/OR BALANCES OF CHECKING AND SAVINGS ACCOUNTS, AND LOANS, AND ALSO THE RECORDS OF COMMERCIAL AND/OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS); PUBLIC UTILITY COMPANIES; EMPLOYMENT AND/OR PRE-EMPLOYMENT RECORDS; REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS, AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF THE LAW, INCLUDING CRIMINAL, CIVIL AND/OR TRAFFIC RECORDS; THE RESULTS OF ANY POLYGRAPH EXAMINATIONS; RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I, REITERATE, AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR THE CITY OF SHERMAN, TEXAS TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT. IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, HOWEVER, PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY IDENTIFIED HEREIN.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH THE CITY OF SHERMAN, TEXAS. I FURTHER UNDERSTAND THAT ALL MATERIALS PERTAINING TO THIS BACKGROUND INVESTIGATION BECOME THE PROPERTY OF THE CITY OF SHERMAN, TEXAS AND WILL NOT BE RETURNED TO ME.

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS/HER AGENTS AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST. I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISQUALIFIED, THE SOURCES OF CONFIDENTIAL INFORMATION SHALL NOT BE REVEALED TO ME.

A PHOTOCOPY OF THIS DOCUMENT SHALL BE CONSIDERED VALID AS AN ORIGINAL, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

SIGNED THIS THE _____ DAY OF _____, _____

Full Printed Name

Signature

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____, _____

Notary Public

Place Notary Seal or Stamp here

My Commission Expires



WAIVER OF LIABILITY EMPLOYMENT TERMINATION HISTORY RELEASE

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	DEPARTMENT REQUESTING RECORDS	

I understand that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report must include an explanation of the circumstances of my resignation or termination.

I understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

I understand the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, **when a written request, on agency letterhead, from a chief administrator and this release is presented to the Commission;** and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission to the department named above.

Signature of Licensee

Date

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____, _____

Notary Public

Place Notary Seal or Stamp here

My Commission Expires