

W 
WATAUGA
 **T E X A S** 
WATAUGA POLICE
DEPARTMENT

7101 Whitley Road
Watauga, TX. 76148
817-514-5870

PERSONAL HISTORY STATEMENT

APPLICANT NAME: _____

HOME PHONE: _____

CELL PHONE: _____

BUSINESS PHONE: _____

EMAIL ADDRESS: _____

INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING!

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all aspects. It will be used as the basis for the background investigation that will determine your eligibility for employment.

1. No copies of the completed Personal History Statement will be accepted. Answer all of the 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 the information is correct and in the proper sequence before you begin.
4. You are responsible for obtaining correct information and addresses. If you are not sure of an address, check it by personal verification. Zip codes and area codes must be included for addresses and telephone numbers.
5. If there is not sufficient space on the form for you to include all information required, attach additional sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the additional sheet before you continue with your response.
6. Attach copies of all diplomas, transcripts, certificates, training and DD-214's. Both member 1 and member 4 copies of DD-214's are required.
7. An accurate and complete Personal History Statement will help expedite your background investigation. Any omissions or falsifications, inaccuracies and/or incompleteness may result in disqualification of your application.
8. Your Personal History Statement is part of the assessment process. The ability to follow instructions and to prepare neat, accurate and thorough documents is an integral part of the Law Enforcement business, and will be evaluated.

If you fail to return the Personal History Statement you will be removed from the selection process. The Personal Inquiry Waivers of the application must be signed and notarized prior to returning the application.

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these documents, indicate why in the space at the bottom of this page and anticipated date of receiving them.

- ___ 1. Copy of Birth Certificate
- ___ 2. Naturalization papers (if applicable)
- ___ 3. Photocopy of Drivers License
- ___ 4. Copy of High School transcript
- ___ 5. Photocopy of High School diploma or G.E.D.
- ___ 6. Original College or University transcripts (from each school attended)
- ___ 7. Photocopy of College diploma (if applicable)
- ___ 8. Copy of Marriage Certificate
- ___ 9. Copy of divorce decree(s)
- ___ 10. Copy of Military discharge papers (DD-214)
- ___ 11. Copy of proof of liability insurance
- ___ 12. Copy of Social Security Card
- ___ 13. Copies of any training that relates to the position that you are applying
- ___ 14. Copies of any litigation that you have been a party to

If you move or change telephone numbers, submit the new information as soon as possible to the administrative assistant of the Watauga Police Department. Please use the following address:

Watauga Police Department
Attn: Administrative Assistant
7101 Whitley Road,
Watauga, Texas 76148

If for some reason you cannot submit the required documents, you must provide explanation upon contact by the background investigator. Otherwise, you may be removed from consideration for employment.

Comments:

APPLICANT IDENTIFICATION

Last _____ First _____ Middle _____ Maiden _____

Home Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____ Work Telephone (____) _____

Are you a United States Citizen? _____

Date of Birth ___/___/___ Place of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Social Security Number ___/___/___

Driver License Number _____ Classification _____ Expiration _____

List all other names you have ever used: (maiden, adoption, nickname(s), etc.)

Tattoos, or other distinguishing marks along with their respective locations

Name of a person that can always reach you, including phone number and address

Do you have any relatives working for the City of Watauga? If so, what department?

RESIDENCES

List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra pages, if necessary.

Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

Date From ____/____ Date To ____/____

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Apartment Complex / Landlord Name (if applicable) Phone Number

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Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

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Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

Date From ____/____ Date To ____/____

Address _____ City _____ State _____

Apartment Complex / Landlord Name (if applicable) Phone Number

Lease Signed? _____ Who was on the lease? _____

EDUCATIONAL HISTORY

List schools, beginning with any you are currently enrolled in. List the most recent/last attended first. List all high schools, accredited colleges, accredited universities, technical or trade schools you have attended, regardless of whether or not you graduated or completed the course.

Accredited College, Accredited University, Trade or Technical

Name: _____ City/State: _____
Major field of study: _____ Attended from: _____ To: _____
Number of credit hours: _____ Date, if graduated: _____

Name: _____ City/State: _____
Major field of study: _____ Attended from: _____ To: _____
Number of credit hours: _____ Date, if graduated: _____

Name: _____ City/State: _____
Major field of study: _____ Attended from: _____ To: _____
Number of credit hours: _____ Date, if graduated: _____

Name: _____ City/State: _____
Major field of study: _____ Attended from: _____ To: _____
Number of credit hours: _____ Date, if graduated: _____

High Schools

Name: _____ City/State: _____
Attended from: _____ To: _____ Date, if graduated: _____

Name: _____ City/State: _____
Attended from: _____ To: _____ Date, if graduated: _____

Name: _____ City/State: _____
Attended from: _____ To: _____ Date, if graduated: _____

Name: _____ City/State: _____
Attended from: _____ To: _____ Date, if graduated: _____

Do you have any special type of training or ability which you think would be a value to the Watauga Police Department?

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

School activities: List activities that you have participated in during high school and college (clubs, sports, etc.) Circle the grade(s) you were in when participating.

_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.
_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.
_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.
_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.

Positions of Leadership: List and describe positions in leadership that you have held.

Community Activities: List and describe community activities that you have participated.

Awards, Commendations or Items of Special Recognition:

MILITARY RECORD

A copy of your DD-214 should be provided if you have military experience along with any certificates of training you received while in the military.

Are you registered with the Draft Board? Yes () No () Female ()

Have you ever served with the United States Armed Forces? Yes () No ()

If you have not been in the U.S. Military, skip this section.

Date of Service: From _____ To _____ Branch _____

Military Service Number: _____

Rank at Discharge: _____

Location at Discharge: _____

Type of Discharge: _____

Are you currently on: Active Reserve: Yes () No ()
In-Active Reserve: Yes () No ()
National Guard: Yes () No ()

Were you ever disciplined while in the Military? Yes () No ()

<u>Charge</u>	<u>Agency</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____

If you received a discharge under other than honorable conditions, give complete details:

WORK HISTORY

Begin with your current or most recent job. List all employment since age seventeen (17), including part-time, temporary, or seasonal employment regardless of how long you actually worked. Include all periods of unemployment. List dates by month and year. Attach extra copies of these sheets if needed.

Employer: _____ Phone: (____) _____
Address: _____ City: _____ State: _____
Type of Business: _____
Check job description: _____ Full time _____ Part time _____ Temporary
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

Immediate Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why: _____

Reason for leaving or wanting to leave: _____

May we contact your present employer without jeopardizing your job? _____
Does your present employer know you are applying for this job? _____

Employer: _____ Phone: (____) _____
Address: _____ City: _____ State: _____
Type of Business: _____
Check job description: _____ Full time _____ Part time _____ Temporary
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

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Type of Business: _____
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Starting date: _____ Position: _____
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Address: _____ City: _____ State: _____
Type of Business: _____
Check job description: _____ Full time _____ Part time _____ Temporary
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

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Reason for leaving or wanting to leave: _____

Employer: _____ Phone: (____) _____
Address: _____ City: _____ State: _____
Type of Business: _____
Check job description: _____ Full time _____ Part time _____ Temporary
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

Immediate Supervisor's Name/Title: _____
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Reason for leaving or wanting to leave: _____

Employer: _____ Phone: (____) _____
Address: _____ City: _____ State: _____
Type of Business: _____
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Address: _____ City: _____ State: _____
Type of Business: _____
Check job description: _____ Full time _____ Part time _____ Temporary
Starting date: _____ Position: _____
Ending date: _____ Position: _____
Duties/Responsibilities: _____

Immediate Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why: _____
Reason for leaving or wanting to leave: _____

EMPLOYMENT HISTORY (continued)

Have you had any prior law enforcement related experience? _____
If so, give location, type of experience, number of years, duty, training, rank and awards:

Indicate past employment, which you think will specifically qualify you for the position for which you have made this application. Describe positions that you have held that required supervisory ability, the exercise of authority and leadership: _____

Have you ever been dismissed or asked to resign from any employment? _____
If yes, give the employer(s), name(s), date(s), and reason(s): _____

Have you ever received any disciplinary action (written or oral reprimands, suspensions, employee counseling, etc.) for any reason connected with your employment? _____
If yes, give the employer(s) name(s), date(s) and final disposition: _____

Record any period of unemployment since the age of seventeen (17).

From (month/year)	To (month/year)	Length of Unemployment	Reason for being unemployed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL QUALIFICATIONS AND SKILLS

List any special license you hold such as pilot, radio operator, scuba, etc., showing license authority, original date of issue and date of expiration if applicable.

List any TCLEOSE certifications or training you have had. Include the name and location where the training was given: _____

If you are fluent in a foreign language, indicate in each area your degree of fluency. (excellent, good, fair)

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

List any special skills or qualifications you may possess.

LEGAL HISTORY

Have you ever been arrested by any law enforcement agency (including traffic offenses)? _____

Have you ever been detained (other than a traffic ticket) by any law enforcement agency? _____

Have you ever been summoned into court for a criminal offense? _____

If the answer to any of the above questions is "yes", explain each incident: _____

Driving History

How long have you been a licensed driver? _____

Driver's license number: _____ State: _____

Type or Class: _____ Restrictions: _____ Expiration: _____

Have you ever held a driver's license in another state? _____

If yes, list every driver's license held:

License Number: _____ State: _____

License Number: _____ State: _____

List each and every citation you have received within the past ten years:

Offense	City and State	Date of offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEGAL HISTORY (CONTINUED)

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license? _____

Have you ever driven a motor vehicle, since 1982, without proper insurance? _____

Have you ever had your driver's license suspended? _____ If "yes," provide the following:

Type of suspension: _____

Date of suspension: _____ Date lifted: _____

Have you ever had your driver's license placed on probation? _____

If "yes," why? _____

Have you ever had a hearing for probation or suspension? _____

Have you ever been placed on assigned risk for vehicle insurance? _____

Has your insurance ever been revoked due to the number of citations you have received? _____

Have you ever knowingly driven a motor vehicle while your driver's license was suspended or revoked? _____

Have you ever been denied a driver's license for any reason? _____

List all motor vehicle accidents you have ever been involved in as a driver (include those not investigated by a police agency)?

Date	Location	If investigated, by Which police agency	Who was at fault?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever **committed, been charged, or been convicted** of: Leaving the scene of an accident: _____; Driving While Intoxicated: _____; Driving under the influence of drugs: _____; or failure to stop and render aid: _____. If yes, provide circumstances: _____

LEGAL HISTORY (CONTINUED)

Have you ever been involved in any type of lawsuit? _____

Do you currently have any pending lawsuits? _____

Have you ever been sued? _____

Have you ever sued anyone? _____

Have you ever filed bankruptcy? _____

If the answer to any of the above questions is “yes” explain each incident: _____

Have you or a relative ever had the police called, to respond to your residence or another location where you were involved in any type of police related matter? (Exclude incidents related to your actions in performance of your duties as a police officer.) _____

If “yes” give date(s), location(s), reason(s) for police response and explanation to circumstances: _____

MARITAL AND FAMILY HISTORY

Check your current marital status:

___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed

If you are engaged, Wedding date: _____

Fiancé's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation: _____

If you are married, Date of Marriage: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation: _____

If you are widowed, Date of Marriage: _____

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

Date of Death: _____

If you are divorced, provide the following information:

Ex-spouse's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation: _____

Date of Marriage: _____ Date of Divorce: _____

County and State of Divorce: _____

Ex-spouse's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation: _____

Date of Marriage: _____ Date of Divorce: _____

County and State of Divorce: _____

Ex-spouse's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation: _____

Date of Marriage: _____ Date of Divorce: _____

County and State of Divorce: _____

MARITAL AND FAMILY HISTORY (CONTINUED)

List your immediate relatives (father, mother, brothers, sisters, children, including step-children). If deceased, write DECEASED in the address blank.

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

MARITAL AND FAMILY HISTORY (CONTINUED)

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
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Address: _____ City: _____ State: _____ Zip: _____
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Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Date of Birth: _____ Occupation: _____

FINANCIAL HISTORY

What is your present salary or wages: _____

List any income source other than your principal occupation:

Source	Amount	Frequency
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Vehicles:

Do you own or lease a car(s)? _____ Make / Model: _____
Vehicle ID# (VIN): _____ License Plate: _____
State of Registration: _____

Do you own or lease a car(s)? _____ Make / Model: _____
Vehicle ID# (VIN): _____ License Plate: _____
State of Registration: _____

Do you own or lease a car(s)? _____ Make / Model: _____
Vehicle ID# (VIN): _____ License Plate: _____
State of Registration: _____

What company do you carry automobile insurance with? _____
Agent Name: _____ Address: _____
Phone number: (____) _____ Effective Date: _____ to _____

MISCELLANEOUS INFORMATION

List your past / present memberships in groups, associations, or clubs:

Name of Organization	Type: Social, Professional Fraternal, etc.	Office(s) Held	Date of Membership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hobbies and Sports you participate in:

Name of Sport	Length of Time	Level of Proficiency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation: _____ If "yes" explain: _____

Have you ever made an application for employment (any position) with this or any other law enforcement agency? _____

Have you ever been denied employment for any position with any law enforcement agency? _____ If "yes" give the name of the agency, date and reason:

PERSONAL DECLARATIONS

Have you ever used any illegal drug or drug not prescribed to you by your physician? ____

If “yes” explain in detail, include dates, number of times used and type of drugs: _____

Have you ever furnished drugs or narcotics to anyone? _____

If “yes” explain in detail: _____

Have you ever sold drugs or narcotics to anyone? _____

If “yes” explain in detail: _____

Illegal sexual conduct consist of any form of the following: Engaging in sexual conduct in public, where the act could be seen; exposing your anus or any part of your genitals in a public place, where the exposure could be viewed; engaging in sexual contact with a person under age 17 since you have reached the age of 19; sexual contact with an animal, sexual contact with a member of your family other than your wife.

Have you ever participated in any form of illegal sexual conduct? _____

If “yes” explain: _____

PERSONAL DECLARATIONS (CONTINUED)

Do you have a life style that would prevent you from fully performing the duties of a Police Officer for the City of Watauga, including working weekends, or holidays or on night shifts? _____

If "yes" explain: _____

REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives, former employers, supervisors or anyone listed previously in this personal history statement.

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

NEIGHBORS

List neighbors that live on both sides of your current residence and previous or permanent residence. If you do not know your neighbors, meet them. This section must be completed.

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Place of employment: _____ Business Phone: (____) _____
Home Phone: (____) _____ Relationship: _____
Years Known: _____

Watauga Police Department

Personnel Section

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Watauga Police Department. To a great extent, your employment will depend on the information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential and the department cannot reveal the reason of rejection for those applicants who are not accepted. If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be notified.

I have read and fully understand the above statement.

Signature of Applicant

Date

THE STATE OF TEXAS

COUNTY OF TARRANT

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____, Known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE _____ DAY OF _____ 20__.

Notary Public In and for Tarrant
County, Texas

Watauga Police Department
7101 Whitley Road
Watauga, Texas 76148
Phone (817) 514 – 5870

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Watauga Police Department, regardless whether said records and documentation are of a public, private or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give any consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics and practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other council involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the Watauga Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Watauga Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

Applicant (Print Full Name)

Date

Applicant's Signature

Texas Driver's License #

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____ 20____,
NOTARY PUBLIC, TARRANT COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE

CITY OF WATAUGA

Applicant Consumer Reports Notification, Consumer Disclosure & Release of Information

In connection with my application for employment with the City of Watauga, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that the City of Watauga and/or First Check may make inquiries but not limited to my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that the City of Watauga and/or First Check may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if my employment application is denied because of information obtained by the City of Watauga from a Consumer Reporting Agency. Upon my request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the City of Watauga and/or First Check to furnish any or all of the above mentioned information. In addition, I hereby release First Check and the City of Watauga from any and all liability for damages arising from the investigation and disclosure of the employees and other persons, who, in good faith provide to the City of Watauga and/or First Check the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

Please list all misdemeanor and felony criminal matters, other than minor traffic safety violations for which no arrest was made, in which you were convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution.

Print Full Name: _____

Signature: _____

Date: _____

CITY OF WATAUGA CONSUMER REPORT DISCLOSURE FORM

The City of Watauga may, with my consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from First Check, a consumer reporting agency, related to my prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to my character and general reputation).

IDENTITY INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Current Address: _____

City: _____

State: _____ Zip Code: _____

Other Names Used: _____

SSN: _____

DOB: _____

DL State: _____ DL #: _____

Please list each city/county and state in which you have lived, worked, or attended school during the last seven (7) years. Use a second form if necessary to provide full disclosure.

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

By signing below, I grant permission to the City of Watauga to obtain such report or reports at any time. I also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to First Check including information which may be deemed negative.

Signature: _____ Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential

employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:

Consumer reporting agencies, creditors and others not listed below
Response Center - FCRA

National banks, federal branches/agencies of foreign banks (word
"National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks,
(FRCH)
and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word
"Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in
institution's name)

State-chartered banks that are not members of the Federal Reserve
Corporation

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

CONTACT:

Federal Trade Commission: Consumer

Washington, DC 20580 1-877-382-4357

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 800-613-6743

Federal Reserve Consumer Help

P O Box 1200
Minneapolis, MN 55480
Telephone: 888-851-1920
Website Address:
www.federalreserveconsumerhelp.gov
Email Address:
ConsumerHelp@FederalReserve.gov

Office of Thrift Supervision
Consumer Complaints
Washington, DC 20552 800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-519-4600

System Federal Deposit Insurance
Consumer Response Center, 2345
Grand Avenue, Suite 100
Kansas City, Missouri 64108-2638 1-
877-275-3342

Department of Transportation , Office of
Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250 202-720-7051