

INSTRUCTIONS

READ THESE INSTRUCTIONS 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, AS IT WILL BE USED AS THE BASIS FOR A BACKGROUND INVESTIGATION WHICH WILL DETERMINE YOUR SUITABILITY FOR EMPLOYMENT WITH THE LAKESIDE POLICE DEPARTMENT.

- 1.) Your personal history statement must be hand printed and filled out by you personally. DO NOT type or have anyone else fill out this form for you. The original hand printed version of the personal history statement must be the document that you submit for review. This statement must be filled out in BLACK ink only. Answer all questions to the best of your knowledge. NO COPIES OF THIS PERSONAL HISTORY STATEMENT WILL BE ACCEPTED! IF ADDITIONAL SHEETS ARE NEEDED ADD THEM TO THE PACKET, AND LIST WHICH SECTION THEY APPLY TO.
- 2.) If a question does not apply to you put N/A in all of the spaces provided for you.
- 3.) Avoid error by reading the directions carefully before making any entries on the form.
- 4.) Be sure your information is correct and in proper sequence.
- 5.) You are responsible for obtaining correct information and addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories. Area Codes for numbers and Zip Codes for addresses are required.
- 6.) You may attach copies of all diplomas, transcripts, certificates of training, DD-214 or DD-256 forms are acceptable.
- 7.) ANY OMISSIONS OR FALSIFICATIONS, INACCURACIES AND / OR INCOMPLETENESS MAY RESULT IN DISQUALIFICATION OR YOUR APPLICATION.
- 8.) FALIURE TO COMPLETE THIS FOR WITH ALL INFORMATION PROVIDED WITH ALL BLANKS FILLED OUT MAY TERMINATE YOUR APPLICATION.
- 9.) Remember your personal history statement is just one part of the application and assessment process. Your ability to follow instructions and to prepare a neat, accurate and thorough personal history statement is essential.

Residences:

List all addresses you have lived for the past 10 years.
List dates by Month and Year only.

Date From: ____ / ____ Date To: ____ / ____

Address	Street	City	State	Zip	Apt #
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Date From: ____ / ____ Date To: ____ / ____

Address	Street	City	State	Zip	Apt #
---------	--------	------	-------	-----	-------

Date From: ____ / ____ Date To: ____ / ____

Address	Street	City	State	Zip	Apt #
---------	--------	------	-------	-----	-------

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Date From: ____ / ____ Date To: ____ / ____

Address	Street	City	State	Zip	Apt #
---------	--------	------	-------	-----	-------

Date From: ____ / ____ Date To: ____ / ____

Address	Street	City	State	Zip	Apt #
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Educational History:

List all schools you have attended. List most recent to last attended.
List High Schools, Universities, Colleges, Trade or Technical School
regardless to weather you completed the course or not.

Name: _____
City & State: _____
Course of Study: _____
Attended From: _____ To: _____
Number of Credits: _____ If graduated Date: _____

Name: _____
City & State: _____
Course of Study: _____
Attended From: _____ To: _____
Number of Credits: _____ If graduated Date: _____

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Course of Study: _____
Attended From: _____ To: _____
Number of Credits: _____ If graduated Date: _____

Additional Education and Personal Information

Positions of Leadership Held, Include Organization Name and Dates:

Community Activities, Please Describe activities:

Awards Commendations or Special Recognitions:

Additional training you feel may be of value to the Lakeside Police Department

Military Record

If you have any military experience, please include your DD-214 or DD-256 form.

Are you registered with the Draft Board? Yes No

Have you ever served in the United States Military? Yes No

Dates of Service from: _____ To: _____

Military Branch: _____

Type of Discharge: _____

Rank at Discharge: _____

Are you currently a member of the military Reserves or National Guard?

Yes No

If Yes Status Active Reserve:

 In-Active Reserves:

 National Guard:

Were you ever disciplined while in the Military?

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

If you received a discharge other than Honorable please explain:

Employment History

Starting with your most current position, list ALL positions you have held since age seventeen (17). List ALL periods of unemployment. **FAILURE TO DISCLOSE ANY JOB MAY RESULT IN THE TERMINATION OF YOUR APPLICATION.**

Start Date: _____ End Date: _____

Employers Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Position Held: _____

Type of Job: Full Time _____ Part Time: _____ Temporary: _____ Seasonal: _____

Supervisor's Name: _____

Eligible for rehire [] Yes [] No

If No why? _____

Duties / Responsibilities: _____

Reason for leaving or wanting to leave? _____

May we contact this employer without jeopardizing your job? _____

Does your present employer know you are applying for this job? _____

Start Date: _____ **End Date:** _____

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Duties / Responsibilities: _____

Reason for leaving or wanting to leave? _____

May we contact this employer without jeopardizing your job? _____

Does your present employer know you are applying for this job? _____

Employment History (Continued)

Indicate any past employment, which you think will specifically qualify to for the position for which you have made this application.

Indicate any positions of leadership which you have held in the past. Describe supervisory positions with number of subordinates.

Have you ever been asked to resign from ANY position to avoid termination? If so give Employers name(s) Date(s) and final disposition.

List ANY disciplinary action from ANY employer, too include written reprimands, suspensions, or counseling's. Include employer's names and dates.

Special Qualifications and Skills

List any special license(s) you hold such as Pilot, Radio Operator, Scuba Etc..

List any TCLEOSE license(s) or training you have had.

If you are fluent in any foreign language, indicate fluency (Excellent, Good, Fair, Etc..) in the space below.

<u>Language</u>	<u>Read</u>	<u>Speak</u>	<u>Write</u>	<u>Understand</u>
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List ANY special skills or qualification you may possess.

Legal History (Continued)

Have you ever COMMITTED, BEEN CHARGED WITH OR CONVICTED OF THE FOLLOWING:

Leaving the scene of an accident [] Yes [] No

Driving while intoxicated [] Yes [] No

Driving under the influence of drugs [] Yes [] No

If "YES" to any of the above please explain, giving Dates, Locations, and Agency investigating: _____

Have you ever been involved in any type of lawsuit? [] Yes [] No

Do you currently have any pending lawsuits? [] Yes [] No

Have you ever been sued? [] Yes [] No

Have you ever sued anyone? [] Yes [] No

Have you ever filed bankruptcy? [] Yes [] No

If "YES" to any of the above questions please explain: _____

MARITAL AND FAMILY HISTORY

Are you Currently:

Single _____ Engaged _____ Married _____ Separated _____
Divorced _____ Widowed _____

If you are engaged Wedding Date: _____

Fiance's Name: _____ Date of Birth _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

If you are married, Date of Marriage: _____

Spouse's Name: _____ Date of Birth _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

If you are Divorced provide the following:

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

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Date of Marriage: _____ Date of Divorce: _____

County and State of Divorce: _____

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

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Date of Marriage: _____ Date of Divorce: _____

County and State of Divorce: _____

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

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Date of Marriage: _____ Date of Divorce: _____

County and State of Divorce: _____

MARITAL AND FAMILY HISTORY (Continued)

If Widowed, provide Date of Marriage: _____

Former Spouse's Name: _____

Date of Birth: _____ Date of Death: _____

List your immediate relatives (Father, Mother, Brothers, Sisters, Children, Step-Children)

If Deceased write deceased in the address blank.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

MARITAL AND FAMILY HISTORY (Continued)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

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Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Occupation: _____

PERSONAL DECLARATIONS

Have you ever used illegal drugs or a drug not prescribed to you by a physician?

Yes No

If yes explain: _____

Have you ever furnished drugs or narcotics to anyone? Yes No

If yes explain: _____

Have you ever sold drugs or narcotics to anyone? Yes No

If yes explain: _____

If it became necessary to take a human life in the course of your duties as a Police Officer could you? Yes No

If no explain: _____

Do you have a lifestyle that would prevent you from fully performing the duties of a Police Officer such as working Weekends, Holidays, Evenings, Nights? Yes No

If yes explain: _____

References:

Name: _____ Occupation: _____

Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Years Known: _____

Name: _____ Occupation: _____

Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Years Known: _____

Name: _____ Occupation: _____

Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

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Place of Employment: _____

Home Phone: _____ Work Phone: _____

Years Known: _____

Name: _____ Occupation: _____

Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Years Known: _____

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements or answers. I am fully aware that any such misrepresentations, omissions, or falsifications may be grounds for the rejection or termination of my application.

Signature of Applicant

Date

Lakeside Police Department

Personnel Section Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for employment with the Lakeside Police Department. To a great extent your employment will depend on 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 reason for you 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 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 acknowledge to me that he executed the same for the purpose and considerations therein expressed.

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

Notary Public Signature
County, Texas

LAKESIDE POLICE DEPARTMENT

9830 Confederate Road
Lakeside, Texas 76108
Phone (817) 237-1234
Fax (817) 238-9187

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 Lakeside Police Department, regardless whether said records and documentation are of public, private or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my 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, private practitioners and the United States Veteran 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 record and recollections of attorney at law or other counsel 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 Lakeside 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 application for employment.

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

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

TEXAS DRIVER'S LICENSE #

STREET ADDRESS

SOCIAL SECURITY #

CITY / STATE / ZIP

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF
_____ 20____.

NOTARY PUBLIC, TARRANT COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE