# CONSTABLE SHERMAN EAGLETON

Harris County Constable
PRECINCT THREE
APPLICANT'S PERSONAL HISTORY STATEMENT

Appointment/Employment

Name: _____

Date Issued: _____

Complete and Return by: _____

I am applying for:

☐ Peace Officer PID#: _____

☐ County Jailer PID#: _____

☐ Telecommunicator PID#: _____

☐ Civilian Employment:

**Return will all supporting documents and notarizations to:**

**701 W. Baker Road Baytown, TX 77521**

**Questions can be directed to recruiting:**

**281-427-4792**

## 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.

9. All documents requested must be submitted with the application (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary.*

- ☐ Completed Personal History Statement
- ☐ Copy of your Social Security card.
- ☐ Original certified copy of your birth certificate. (No photo copy)
- ☐ Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
- ☐ Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty four months of active service.
- ☐ Sealed original certified copy of your college transcript. (No photo copy)
- ☐ Photocopy of your college diploma.
- ☐ Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only
- ☐ Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
- ☐ Copy of your DD-214 if applicable. Must possess an honorable discharge.
- ☐ Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- ☐ Copy of current proof of automobile liability insurance.
- ☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months

. 10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

12. Attach full body color photo with solid color background minimum of 4”x6”

# Instructions to the 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 years 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.

DISQUALIFICATIONS

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Once you begin:

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

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

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. Last Name | First | M I | Suffix |
|---|---|---|---|
| 2. Other Names, including nicknames, you have used or been known by. | | | |
| 3. Street Address, (Apt, Unit) | City | State | Zip |
| 4. Address if different from above. | | | |

| 5. Phone #. Home | Cell | Work Ext. | Fax | Other |
|---|---|---|---|---|

| 6. Email: Home | Business | Other |
|---|---|---|

| 7. Birth Place (City / County / State / Country | 8. DOB | 9. Social Security # |
|---|---|---|

| 10. Driver License # | | 11. Physical description | | | |
|---|---|---|---|---|---|
| State: | Exp: | HT. | WT. | Hair Color | Eye Color |

12. Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned: _____

| A. Academy Name | From | To | Did you Graduate? ☐ Yes ☐ No |
|---|---|---|---|
| Location (City / State) | Name of Training Coordinator | | Contact Number |
| B. Academy Name | From | To | Did you Graduate? ☐ Yes ☐ No |
| Location (City / State) | Name of Training Coordinator | | Contact Number |

**13**. Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?
☐ Yes ☐ No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- 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.

| A. Name of Agency | Position Applied For | Date Applied |
|---|---|---|
| | | |

| Address Street | City | State | Zip |
|---|---|---|---|
| | | | |

| Background Investigators Name (if know) | Contact Number Ext | Email |
|---|---|---|
| | | |

Check each step in the process that you completed, and your status:

**Steps**: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date:_____

**Status**: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

| B. Name of Agency | Position Applied For | Date Applied |
|---|---|---|
| | | |

| Address Street | City | State | Zip |
|---|---|---|---|
| | | | |

| Background Investigators Name (if known | Contact Number Ext | Email |
|---|---|---|
| | | |

Check each step in the process that you completed, and your status:

**Steps**: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date:_____

**Status**: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

| C. Name of Agency | Position Applied For | Date Applied |
|---|---|---|
| | | |

| Address Street | City | State | Zip |
|---|---|---|---|
| | | | |

| Background Investigators Name (if known) | Contact Number Ext | Email |
|---|---|---|
| | | |

Check each step in the process that you completed, and your status:

**Steps**: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral
☐ Conditional job offer ☐ Psychological Examination Date_____ ☐ Medical Date:_____

**Status**: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

## SECTION 2: RELATIVES AND REFERENCES

**14**. 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.
- 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.

| ☐ NA | A. Father Name | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |

| ☐ NA | B. Step-Father Name | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |

| ☐ NA | C. Mother Name | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |

| ☐ NA | D. Step-Mother Name | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |

| ☐ NA | E. Spouse / Registered Domestic Partner | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |
| Years of Marriage | Is there, or has there been a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No | | |

| ☐ NA | F. Father-in-Law Name | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |

| ☐ NA | G. Mother-in-Law Name | | DOB |
|---|---|---|---|
| Home Address | City | State | Zip |
| Work Address | City | State | Zip |
| Home Phone | Cell | Work Phone | Email |

| ☐ NA | H. Former Spouse(s) Cohabitant | 1. Name | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|
| Home Address | City | State | Zip | |
| Work Address | City | State | Zip | |
| Home Phone | Cell | Work Phone | Email | |
| Year of Dissolution | Is there, or has there been a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No | | | |

| ☐ NA | **I**. Former Spouse(s) Cohabitant | 2. Name | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|

| Home Address | City | State | Zip |
|---|---|---|---|
| Work Address | City | State | Zip |

| Home Phone | Cell | Work Phone | Email |
|---|---|---|---|

| Year of Dissolution | Is there, or has there been a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No |
|---|---|

| ☐ N A | **J**. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc. |
|---|---|

| 1. Name | DOB | ☐ Male ☐ Female |
|---|---|---|

| Home Address | City | State | Zip | Phone # |
|---|---|---|---|---|
| Work Address | City | State | Zip | Phone # |

| Cell | Email |
|---|---|

| 2. Name | DOB | ☐ Male ☐ Female |
|---|---|---|

| Home Address | City | State | Zip | Phone # |
|---|---|---|---|---|
| Work Address | City | State | Zip | Phone # |

| Cell | Email |
|---|---|

| 3. Name | DOB | ☐ Male ☐ Female |
|---|---|---|

| Home Address | City | State | Zip | Phone # |
|---|---|---|---|---|
| Work Address | City | State | Zip | Phone # |

| Cell | Email |
|---|---|

| 4. Name | | | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|
| Home Address | City | State | Zip | Phone # |
| Work Address | City | State | Zip | Phone # |
| Cell | Email | | | |

| 5. Name | | | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|
| Home Address | City | State | Zip | Phone # |
| Work Address | City | State | Zip | Phone # |
| Cell | Email | | | |

| 6. Name | | | DOB | ☐ Male ☐ Female |
|---|---|---|---|---|
| Home Address | City | State | Zip | Phone # |
| Work Address | City | State | Zip | Phone # |
| Cell | Email | | | |

| ☐ N A | **K. CHILDREN**<br>List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. | | | |
|---|---|---|---|---|
| 1. Name | Custodial parent or guardian (If other than you.) | | | |
| ☐ Male<br>☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

| 2. Name | Custodial parent or guardian (If other than you.) | | | |
|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | City | State | Zip |
| DOB | Contact Number | Email | | |

| 3. Name | | | Custodial parent or guardian (If other than you.) | | |
|---|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| 4. Name | | | Custodial parent or guardian (If other than you.) | | |
|---|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| 5. Name | | | Custodial parent or guardian (If other than you.) | | |
|---|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

| 6. Name | | | Custodial parent or guardian (If other than you.) | | |
|---|---|---|---|---|---|
| ☐ Male<br>☐ Female | Address | | City | State | Zip |
| DOB | Contact Number | | Email | | |

**15. REFERENCES**

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

| A. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |
| Home Phone | Work Phone | Cell | Email | |
| How do you know this person? (friend, teacher, family, co-worker) | | How long have you known this person? | | |

| B. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |

| Home Phone | Work Phone | Cell | Email |
|---|---|---|---|

| How do you know this person? (friend, teacher, family, co-worker) | How long have you known this person? |
|---|---|

| C. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |

| Home Phone | Work Phone | Cell | Email |
|---|---|---|---|

| How do you know this person? (friend, teacher, family, co-worker) | How long have you known this person |
|---|---|

| D. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |

| Home Phone | Work Phone | Cell | Email |
|---|---|---|---|

| How do you know this person? (friend, teacher, family, co-worker) | How long have you known this person? |
|---|---|

| E. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |

| Home Phone | Work Phone | Cell | Email |
|---|---|---|---|

| How do you know this person? (friend, teacher, family, co-worker) | How long have you known this person? |
|---|---|

| F. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |

| Home Phone | Work Phone | Cell | Email |
|---|---|---|---|

| How do you know this person? (friend, teacher, family, co-worker) | How long have you known this person? |
|---|---|

| G. Name | Address | City | State | Zip |
|---|---|---|---|---|
| Company / Work address | | City | State | Zip |

| Home Phone | Work Phone | Cell | Email |
|---|---|---|---|

| How do you know this person? (friend, teacher, family, co-worker) | How long have you known this person |
|---|---|

**SECTION 3: EDUCATION**

**NOTE**: You will be required to furnish transcripts or other proof to support all of your educational claims.

16. Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed services with 2 years active duty

17. List High Schools Attended or where you obtained your GED.

| A. Name | | City | State |
|---|---|---|---|
| From | To | Did you graduate? ☐ Yes ☐ No | |
| B. Name | | City | State |
| From | To | Did you graduate? ☐ Yes ☐ No | |

18 List all colleges or universities attended:

| A. Name | | City | State |
|---|---|---|---|
| From | To | Type of Degree Earned | Total Units Earned |

| B.. Name | | | City | State |
|---|---|---|---|---|
| From | To | Type of Degree Earned | | Total Units Earned |

| C. Name | | | City | State |
|---|---|---|---|---|
| From | To | Type of Degree Earned | | Total Units Earned |

| 19. List any trade, vocational, or business schools / institutes attended. | | | | |
|---|---|---|---|---|
| A. Name | From | To | Did you complete the course? ☐ Yes ☐ No | |
| Type of school or training | | City | | State |
| B. Name | From | To | Did you complete the course? ☐ Yes ☐ No | |
| Type of school or training | | City | | State |
| C. Name | From | To | Did you complete the course? ☐ Yes ☐ No | |
| Type of school or training | | City | | State |

**SECTION 3: EDUCATION** *continued*.

| 20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? ☐ 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 when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. |

## SECTION 4: RESIDENCE

**21.** LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- 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.

| A. Current residence Street | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you live | | | | |

| B. Former Address | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| C. Former Address | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| D. Former Address | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| E. Former Address | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| F. Former Address | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

| G. Former Address | | | City | State | Zip |
|---|---|---|---|---|---|
| From | To | If renting; property manager, rent collector or owner | | Contact Number | |
| Address of property mgr., rent collector, owner | | City / State / Zip | | Email | |
| ☐ NA | Names of those with whom you lived. | | | | |
| Reason for moving | | | | | |

**22**. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. 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.

| A. Name | | | Contact Number |
|---|---|---|---|
| Current Address Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| B. Name | | | Contact Number |
|---|---|---|---|
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| C. Name | | | Contact Number |
|---|---|---|---|
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| D. Name | | | Contact Number |
|---|---|---|---|
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| E. Name | | | Contact Number |
|---|---|---|---|
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | Email | |

| F. Name | | | Contact Number |
|---|---|---|---|
| Street | City | State | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) | | 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 Questions 23 and / or 24 explain (include when, where and circumstances). |

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**25**. JOB EXPERIENCE

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

| | | | |
|---|---|---|---|
| A. Name of employer or military unit. | | From | To |
| Address or Base | City | State | Zip |
| Supervisor | Contact Number Ext. | Email | |
| Job Title | Reason for leaving | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | |
| Names of co-workers | Co-workers Phone Number | | |
| Would there be a problem if we contact your current employer? ☐ Yes ☐ No | If yes, explain. | | |

| | | |
|---|---|---|
| B. PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |

| C. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp<br>☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| D. PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel<br>☐ Other | From | To |
|---|---|---|

| E. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp<br>☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| F. PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel<br>☐ Other | From | To |
|---|---|---|

| G. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| H. PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

| I. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| **J.** PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

| **K**. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| **L.** PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

| **M**. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| **N.** PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

| **O**. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| **P.** PERIOD OF UNEMPLOYMENT<br>Check applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other | From | To |
|---|---|---|

| **Q**. Name of employer or military unit. | | | From | To |
|---|---|---|---|---|
| Address or Base | City | | State | Zip |
| Supervisor | Contact Number Ext. | Email | | |
| Job Title | Reason for leaving | | | |
| Duties /Assignments | | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ Volunteer | | |
| Names of co-workers | Co-workers Phone Number | | | |

| | |
|---|---|
| 26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions? | ☐ Yes ☐ No |
| 27. Have ever 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 resigned without giving two weeks-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 lateness or absences | ☐ Yes ☐ No |
| 34. Did you ever receive an unsatisfactory performance review? | ☐ Yes ☐ No |
| 35. Have you ever sold, released, or given away legally confidential information? | ☐ Yes ☐ No |
| 36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness? | ☐ Yes ☐ No |

| |
|---|
| 37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number): |

| | |
|---|---|
| 38. Has your work performance ever been affected by your use of alcohol or drugs? | ☐ Yes ☐ No |
| When? | Name of Employer |
| 39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? | ☐ Yes ☐ No |
| When? | Name of Employer |

**SECTION 6: MILITARY EXPERIENCE**

| | | |
|---|---|---|
| 40. Are you required to register for the Selective Service ☐ Yes ☐ No<br>If yes, have you registered ☐ Yes ☐ No<br>If no explain: _____ | | |
| 41. Branch of Service | Date of Service<br>From | To: |
| 42. Type of Discharge ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable<br>Re-entry Code (1-4) if applicable; *refer to your DD-214* | | |
| 43. Are you currently participating in one of the following?<br>☐ Military Reserve ☐ National Guard | If checked, date obligation ends: | |
| 44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No | | |
| 45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? ☐ Yes ☐ No | | |

| If you answered YES to questions 44 and or 45, Explain ( Include dates and circumstances) |
|---|
| |

**SECTION 7 FINANCIAL**

| 46. INCOME AND EXPENSES<br>For each of the following questions fill in the amounts to the nearest dollar |
|---|
| A. From your employer(s), what is your take home monthly income? $_____ |
| B. Do you have income other than from your salary or wages? ☐ Yes ☐ No<br>If yes, fill in amount: $_____per month Explain:_____ |
| C. Approximately how much do you spend each month? $_____<br>Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have. |

| | |
|---|---|
| 47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13) | ☐ Yes ☐ No |
| 48. Have any of your bills ever been turned over to a collection agency? | ☐ Yes ☐ No |
| 49. Have you ever had purchased goods repossessed? | ☐ Yes ☐ No |
| 50. Have your wages ever been garnished? | ☐ Yes ☐ No |
| 51. Have you ever been delinquent on income or other tax payments? | ☐ Yes ☐ No |
| 52. Have you ever failed to file income tax or cheated/lied on an income tax form | ☐ Yes ☐ No |
| 53. Have you ever had an employment bond refused? | ☐ Yes ☐ No |
| 54. Have you ever avoided paying any lawful debt by moving away? | ☐ Yes ☐ No |
| 55. Have you ever defaulted on a loan, including a student loan? | ☐ Yes ☐ No |
| 56. Have you ever borrowed money to pay for a gambling debt?<br>If yes, do you currently have any outstanding debts as a result of gambling | ☐ Yes ☐ No<br>☐ Yes ☐ No |
| 57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? | ☐ Yes ☐ No |
| 58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? | ☐ Yes ☐ No |
| 59. Have you written three or more bad checks in a one-year period? | ☐ Yes ☐ No |
| 60. Are you in arrears on court ordered child support? | ☐ Yes ☐ No |

| If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why). |
|---|
| |

**SECTION 8: LEGAL**

**Disclosure of Arrests and Convictions**

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

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

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.

**61. 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 | |
| Disposition or Penalty | |

| B. Approximate Date | Arresting or detaining agency |
|---|---|
| Charge | |
| Disposition or Penalty | |

| C. Approximate Date | Arresting or detaining agency |
|---|---|
| Charge | |
| Disposition or Penalty | |

| D. Approximate Date | Arresting or detaining agency |
|---|---|
| Charge | |
| Disposition or Penalty | |

| | |
|---|---|
| 62. Have you ever been placed on court probation as an adult? | ☐ Yes ☐ No |
| 63. 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 |
| 64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? | ☐ Yes ☐ No |
| 65. Have the police ever been called to your home for any reason? | ☐ Yes ☐ No |
| 66. Have you or your spouse/partner ever been referred to Child Protective Services? | ☐ Yes ☐ No |
| 67. Have you ever been the subject of an emergency protective, restraining or stay-away order? | ☐ Yes ☐ No |
| 68. 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 |
| 69. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance? | ☐ Yes ☐ No |
| 70. Have you ever filed a false insurance or workers' compensation claim? | ☐ Yes ☐ No |

If you answered yes to any of Questions 62–70, explain (include court case or document, dates, and circumstances; indicate corresponding number):

**71. 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 misdemeanors?

| | |
|---|---|
| A. Annoying / obscene phone calls | ☐ Yes ☐ No |
| B. Assault (use of force or violence upon another) | ☐ Yes ☐ No |

| | |
|---|---|
| C. Assault (use of force or violence upon a family member) | ☐ Yes ☐ No |
| D. Brandishing a weapon (any type of weapon) | ☐ Yes ☐ No |
| E. Carrying a concealed weapon without a 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're not able to care for yourself) | ☐ Yes ☐ No |
| J. Hit and run collision (no injuries) | ☐ Yes ☐ No |
| K. Hunting or fishing without a license. | ☐ Yes ☐ No |
| L. Illegal gambling | ☐ Yes ☐ No |
| M. Impersonating a peace officer | ☐ Yes ☐ No |
| N. Indecent exposure (including flashing or mooning) | ☐ Yes ☐ No |
| O. Joyriding (using a car or other vehicle without owner's permission | ☐ Yes ☐ No |
| **72. UNDETECTED ACTS - PART 2**<br>At any time in your life have you **ever** committed any of the following? | |
| 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, producing, or possessing child pornography | ☐ Yes ☐ No |
| G. Injury to a child/elderly/or disabled | ☐ 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 / sexual activity | ☐ Yes ☐ No |
| K. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | ☐ Yes ☐ No |
| L. Hit and run (with injuries) | ☐ Yes ☐ No |

| | |
|---|---|
| M. Hate crime | ☐ Yes ☐ No |
| N. Insurance fraud | ☐ Yes ☐ No |
| O. Theft (value of over $500, 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 | ☐ Yes ☐ No |

If you answered yes to **any** item(s) in **section 72** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (72-A etc) for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines / Methamphetamine Uppers, Speed, Crank, etc.
Barbiturates (Downers)
Cocaine / Crack Cocaine
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
GHB (Date Rape Drug)
Glue
Hallucinogens (Peyote, LSD, Mushrooms)
Hashish / Hashish Oil
Heroin / Opium
Marijuana
Mescaline
Morphine
PCP / Angel Dust
Quaaludes
Steroids
Tetrahydrocannabinol (THC)

**73. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

**74**. Prior to the past three years (check all that apply):

☐ I have never used any drug recreationally.

☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).
If checked, give details including drug(s) used, most recent date used, and circumstances.

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

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

**SECTION 9: MOTOR VEHICLE OPERATION**

| 76. Current Driver License # | State of Issue | Expiration date | Name under which license was granted |
|---|---|---|---|
| | | | |

77. List other states where you have been licensed to operate a motor vehicle.

| State of issue | Type of license | Name under which license was granted and license number |
|---|---|---|
| | | |
| | | |
| | | |

78. Have you ever been refused a driver's license by any state ☐ Yes ☐ No

If yes, explain ( include when, where and circumstances):

| 79. Has your driver's license ever been suspended or revoked? | ☐ Yes ☐ No |
|---|---|
| If yes, explain ( include when, where and circumstances): | |

| 80. List your current liability insurance on your vehicle(s) | | | | |
|---|---|---|---|---|
| A. Type of Coverage<br>☐ Insured ☐ Bonded ☐ Cash Deposit | Vehicle Make | Year | Vehicle License | |
| Insurance Company | Policy number | Expires | | |
| Address | City | State | Zip | Contact Number |
| B. Type of Coverage<br>☐ Insured ☐ Bonded ☐ Cash Deposit | Vehicle Make | Year | Vehicle License | |
| Insurance Company | Policy Number | Expires | | |
| Address | City | State | Zip | Contact Number |
| C. Type of Coverage<br>☐ Insured ☐ Bonded ☐ Cash Deposit | Vehicle Make | Year | Vehicle License | |
| Insurance Company | Policy Number | Expires | | |
| Address | City | State | Zip | Contact Number |
| D. Type of Coverage<br>☐ Insured ☐ Bonded ☐ Cash Deposit | Vehicle Make | Year | Vehicle License | |
| Insurance Company | Policy Number | Expires | | |
| Address | City | State | Zip | Contact Number |

| **81**. List all traffic citations, excluding parking citations, you have received within the past seven years: | |
|---|---|
| A. Nature of Violation | Location Street, City, State, Zip |
| Date Violation Occurred | Action Taken<br>☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |

| B. Nature of Violation | Location Street, City, State, Zip |
|---|---|
| Date Violation Occurred | Action Taken<br>☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |
| C. Nature of Violation | Location Street, City, State, Zip |
| Date Violation Occurred | Action Taken<br>☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |

D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
☐ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

**82**. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No
If yes, give details.

| A. Date | Location (Street, City, State, Zip | |
|---|---|---|
| Police Report<br>☐ Yes ☐ No | Law Enforcement Agency | ☐ Injury ☐ Non Injury |
| A. Date | Location (Street, City, State, Zip | |
| Police Report<br>☐ Yes ☐ No | Law Enforcement Agency | ☐ Injury ☐ Non Injury |
| A. Date | Location (Street, City, State, Zip | |
| Police Report<br>☐ Yes ☐ No | Law Enforcement Agency | ☐ Injury ☐ Non Injury |

83. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

If yes, give reason

| Date | Location Street, City, State, Zip |
|---|---|

84. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? ☐ Yes ☐ No

| If yes, give reason: | Insurance Company |
|---|---|
| Date | Location Street, City, State, Zip |

| 85. Use this space for additional information you would like to include regarding your driving record. |
|---|
| |

| | |
|---|---|
| 86. 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 |
| 87. Do you 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 |
| 88. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? | ☐ Yes ☐ No |
| 89. Have you ever hit or physically overpowered a spouse, romantic partner or family members? | ☐ Yes ☐ No |

| If you answered yes to any of **Questions 86-89**, give details dates and circumstances; indicate corresponding number. |
|---|
| |

**SECTION 11: SOCIAL MEDIA SITES**

| | |
|---|---|
| 90. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? | ☐ Yes ☐ No |
| 91. List all social media sites, blogs or websites you have created. (Provide website URL and your username) | |

## SECTION 12: CERTIFICATION

92.. 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

Notary Seal or Stamp _____

Signature of Notary

| ADDITIONAL SPACE |
| --- |
| • Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.<br>• Identify the corresponding question and specific item being referenced. |

## Applicant Qualification

I understand that nothing contained in this application or in the granting of an interview with the Hiring Committee, creates a contract between the Harris County Precinct 3 Constable's Department, Harris County, Texas, or its governing body, The Commissioners Court of Harris County, Texas, and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee, if made, is binding upon the Harris County Precinct 3 Constable's Department, Commissioners Court, or Harris County, Texas unless made in writing. If an employment relationship is established, I acknowledge that no consideration has been furnished to the Harris County Precinct 3 Constable's Department, Commissioners Court, or Harris County, Texas, for employment other than my services, and I understand I have a right to terminate my employment at any time, and that the Constable of Precinct 3, Harris County, Texas and Commissioners Court of Harris County, Texas, has that same right.

I am a citizen of the United States of America. I have earned a high school diploma or a GED. I have never been convicted, plead guilty (nolo contendere), nor have 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 bad conduct discharge.

I hereby swear/affirm that I am in good physical condition, free from disease or defects that would interfere with the satisfactory performance of the duties of the position of reserve deputy or regular deputy.

I hereby swear/affirm that the foregoing information contained in this application for employment is true and correct. I further understand that any untrue statement made by me in this application will constitute cause for rejection of this application from consideration, or termination after employment. I am also aware that I will not be considered for the position of regular deputy or reserve deputy, Harris County Precinct 3 Constable's Department unless I meet the minimum requirements for that position, which are set out in this application.

I also understand that my references will be interviewed, past employer interviewed and background checked.

_____
Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, this day of A. D. 201 , to certify which witness my hand and seal of office.

_____
NOTARY PUBLIC in and for the
STATE OF_____
My commission expires:_____
Notary's printed name:_____

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Harris County Precinct 3 Constable's Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address:_____

_____

Telephone Number:_____

Applicant's Notarized Signature:_____

NOTARY SEAL

Sworn to and signed before me, on this the_____ day of_____ ,_____
, in and for_____ county, in the state of_____.

Signature of Notary Public:_____

Printed Name of Notary Public_____

My Commission Expires:_____

Attach personal photograph full body in color with solid color background minimum of 4”x6”