TEXAS COMMISSION ON LAW ENFORCEMENT

APPLICANT'S PERSONAL HISTORY STATEMENT

WASHINGTON CO SHERIFF' OFFICE

NAME	
DATE ISSUED	
COMPLETE AND RETURN BY	,
I am applying for:	
 Peace Officer PID# County Jailer PID# Telecommunicator PID# Civilian Employment 	

All applicants must also complete the County of Washington's application and submit with this personal history statement before any candidate will be considered for hire. All attached documents as noted, must be included before submitting your application.

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. <u>It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding</u>. 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. <u>ALL ADDRESSES MUST BE COMPLETE</u> WITH ZIP CODES.
- 5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
- 6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**
- 7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
- 8. Any candidate submitting an incomplete application <u>WILL NOT BE CONSIDERED FOR EMPLOYMENT</u>. Your application will be evaluated on completeness and neatness.
- 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. HAVE FINGERPRINTS SUBMITTED BY THE FAST ELECTRONIC SUBMISSION SYSTEM (FORM INCLUDED).

BMI	ISSION SYSTEM (FORM INCLUDED).
	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.
	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 ANY TCOLE FORMS (L-2, L-3, F-5,) ISSUED BY ANY LAW ENFORCEMENT
	AGENCY.
	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.

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- - 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. THE WASHINGTON CO SHERIFF'S OFFICE RESERVES ALL RIGHTTS TO SELECT OR NOT SELECT ANY APPLICANT FOR A PERSONAL INTERVIEW, BACKGROUND CHECK, OR ANY OTHER SELECTION PROCESS AS IT DEEMS FOR THE POSITION.
 - 13. MUST HAVE ALL RELEASE'S SIGNED AND NOTORIZED AND INCLUDED IN THIS APPLICATION PACKET.

Applicant Qualification Section

Initial:

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet <u>all</u> five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

I am a citizen of the United States of America.
I have earned a high school diploma or a GED.
I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
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.

DISQUALIFICATION

There are very few <u>automatic</u> basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, <u>deliberate misstatements or omissions</u> 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.

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APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden		
Street Address		Apt. No.			
Street Address		Apt. No.			
City		State & Zip Code			
Mailing Address (if different from residence)	State & Zip Code			
Home Telephone No.	Work Telephone No.	Cellular No.			
		Pager No.			
Date of Birth	Social Security No.	Drivers License No. & State			
Have you ever been known or gone	e by any other name (excluding	nick-names)? If yes, give	details.		
Place of Birth (City, County, State,	Country)				
Are you a U.S. Citizen by Birth?	Are you a Natu	ralized Citizen?			
Height Weight	Eye Color	На	air Color		
Scars, Tattoos (description and loc	ation) or other distinguishing m	narks			
Do you have a social networking, in service provider(s)			s, provide screen name(s),		
List ALL E-Mail Addresses (S)					
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Single	Married	Engaged	Co-habiting	
Spouse's/	Co-habitant's name (include	maiden name)		1 -
Ad	ddress			
			te of Marriage	
Er	mployer(s)			
Er	mployer & Address			
Н	ome Telephone No		Work Telephone No	
Roommate	e(s)(do not include parents	or cohabitants)		
Da	ate(s) of birth			
Date of Ma	arriaget		Date of Marriage	1
Separated Divorced_ Widowed_ Annulled_ Court or S Ex-spouse Date of Bi	Date Date Date		City & State Separated Divorced Widowed Annulled Court or State issued Ex-spouse's Name Date of Birth Telephone No	Date Date Date
Separated Divorced_ Widowed_ Annulled_ Court or S Ex-spouse Date of Bi Telephone	Date Date Date Date State issued S's Name Th		City & State Separated Divorced Widowed Annulled Court or State issued Ex-spouse's Name Date of Birth	Date Date Date
Separated Divorced_ Widowed_ Annulled_ Court or S Ex-spouse Date of Bi Telephone	Date Date Date Date State issued S's Name Th		City & State Separated Divorced Widowed Annulled Court or State issued Ex-spouse's Name Date of Birth Telephone No	Date Date Date
Separated Divorced_ Widowed_ Annulled_ Court or S Ex-spouse Date of Bi Telephone	Date	spouse (Natural, Step-	City & State Separated Divorced Widowed Annulled Court or State issued Ex-spouse's Name Date of Birth Telephone No	Date Date Date
Separated Divorced_ Widowed_ Annulled_ Court or S Ex-spouse Date of Bi Telephone	Date	spouse (Natural, Step-	City & State Separated Divorced Widowed Annulled Court or State issued Ex-spouse's Name Date of Birth Telephone No	Date Date Date

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	ssion on L	aw Enforcement				Perso	nal History Statem
fy relative	es in the fo	ollowing order: F	ather, M	other (include	maiden name), step-parents (if an	y), brothers and sis
nship N	lame		Complet	te Address		Phone Number	DOB
							I
	<u> </u>						
DENCES		where you have	lived in ar. Incl u	the last 10	years, beginn assignments.	ing with the most (No TDY's)	recent,_includin
fy all res	sidences \ ∍ss. List o	late by month/ye					
fy all res	ess. List o	late by month/ye			City		Sate & Zip code
fy all res	ess. List o				City		Sate & Zip code
fy all res	ess. List o				City		Sate & Zip code
fy all res	ess. List o				City		Sate & Zip code

		-				
PERSONA	L REFEREN	CES				
) persons who		gh to provide cur	rent information about yo	ou. <u>Do not li</u>	st relatives, former o
Name					_ Years know	vn
Address						
Home Tele	phone			Alternate Telephone		
Nature of F	Relationship_					
				Alternate Telephone		
Nature of F	Relationship_					
Name					_ Years know	vn
Address						
Home Tele				Alternate Telephone		
Nature of I	Relationship_					
				Alternate Telephone		
Nature of I	Relationship_					
Name					_ Years know	wn
Address_						
				Alternate Telephone		
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Nature of F	Relationship					
Identify bel	ow any employe	ees of the Texas Com	mission on Law Enf	orcement with	whom you are acc	quainted:
TRAFFIC	RECORD					
TRAFFIC I						
Year		u currently own or ope	Color	License	Plate No.	Owner
Please list	your current au	tomobile insurance ca	rrier:		Expires:	
	ever possessed details below:	a driver's license issu	ed by any state oth	er than Texas	? Yes	No
Driver's Lic	cense No			state	Date issu	ed
Driver's Lic	cense No			state	Date issu	ed
	ever had your d					on, date, and length of
1-1		and a standard base has	منسنات ما امام المام المام	the lest 10 w		
Date	motor venicie a	accidents you have been Location	en involved in dunin	g the last 10 ye	Police Rep	ort: Yes/No
Cause of Acc	cident (e.g., ran red	l light, failed to control speed)			
Date		Location			Police Rep	ort: Yes /No
Cause of Acc	cident (e.g., ran red	light, failed to control speed)			

Month/Year	Violation	ou have received wit	City & State	s, excluding par		defensive driving, dismissed)
ADDECTO	DETENTIONS	ANDLITICATION				
		, AND LITIGATION				
		ted or detained by law				
Yes	No	If yes, compl	ete the following tab	ole:		
Agency		Offense	Date	Location		Outcome
				-		
household assault, or injury, ass	against anothe sexual assault	or that is a threat the assault, but does no	nily or household that reasonably places	at is intended s the member i	to result in phy in fear of immir	a member of a family or ysical harm, bodily injury, nent physical harm, bodily lf.) (Texas Family Code
another, the should rea	reaten another sonably believe	with imminent bodily e that the other will re	injury, or to cause pegard the contact as	ohysical contac s offensive or p	t with another worovocative.) (T	
Have you	ever been cons		spect in a criminal in	_		e? If yes, explain:
Have you	ever been a pa	rty to a civil suit or act	ion? If yes, explain			

Have you ever been invenforcement was called	rolved in any incident (do? ? If yes, explain:			ch a police report w	
in the commission of -	vould have been sealed a felony crime, serious r cement? If yes, explain:	misdemeanor, or a crim	e involving mora	al turpitude that wen	t undetected or
Do you anticipate being	sued or named in any ty <u>'ES' ARRESTS</u>	pe of lawsuit or proceed	ding? Yes	No	
Have members of your i	mmediate family or close	e relatives have ever be	en arrested?		
Yes No	If yes, comple	ete the following table:			
Name/Relationship	Charge/Offense	Outcome	Year	Agency	7
1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 ,					
	,				
FINANCIAL HISTORY					
Your current net monthl	y income	Spouse's curre	ent net monthly i	ncome	
Source		Amount	Freque	ency	
	nts with a financial institu	ution? Yes No			
Name(s) of fina	ncial institution(s)			_	
Type(s) of acco	unt(s)			_	

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Appr	ox Balance
CREDIT INFORMATION				
Have you ever filed bankruptcy persona	ally or on behalf of a business?		Yes	No
If "Yes" to above, indicate type				
Have you ever had any personal or rea	I property repossessed or foreclosed?		Yes	No
Have you ever failed to pay Federal, st	ate, or other taxes?		Yes	No
Have you ever failed to file a tax return	when required by law?		Yes	No
Have you ever had a lien placed agains	other debts?	Yes	No	
Have you ever had a judgment entered	against you?		Yes	No
Have you ever defaulted on any type o	f loan?		Yes	No
Have you ever had bills or debts turned	l over to a collection agency?		Yes	No
Have you ever had any credit account	suspended, charged off, or cancelled for	failure to pay?	Yes	No
Have you ever written a check that was	s later returned for Non Sufficient Funds	(NSF)?	Yes	No
Have you ever been delinquent on cou	rt-imposed alimony or child support payr	nents?	Yes	No
Have you ever been disciplined regard	ing the use of a travel/credit card provide	ed by an employer	? Yes	No
Are you currently more than sixty (60)	days delinquent on any debts?		Yes	No
Have you ever applied for unemployme	ent compensation? Yes No_	When?		
Have you ever received unemploymen	t compensation? Yes No_	When?		
	you are more than 30 days late in pay hild support payments, and any other de		tgages, ve	hicle payments
Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days La	ate Rea	son

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EMPLOYMENT HISTORY				
Beginning with your present or most rec	ent job, list all em	nployment since the age	e of seventeen (17). I	nclude full-time, part-
time, temporary, seasonal, military assig	nments, or unpai	d internships, plus all p	eriods of unemployme	ent.
If you are currently employed, may we				
1. Employer		From_	To	
Address				
Telephone No				
Job Title	Beginni	ng and Ending Salary _		
Work Schedule				
Name of supervisor		_ Supervisor contact inf	ormation	
Name of a co-worker		Co-worker contact info	ormation	
5 # ***				
Duties:				

Identify any disciplinary actions you received:

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Was there an unemployment period between previous employment and the one listed above?				
f yes, provide dates and explain:				
3. Employer	From	To		
Address				
Telephone No				
Job Title	_ Beginning and Ending Salary			
Work Schedule				
Name of supervisor	Supervisor contact information			
Name of a co-worker	Co-worker contact information		-	
Duties:				
Identify any disciplinary actions you received: _				
Reason for Leaving:				

Was there an unemployment period between previous employment and the one listed above?YesNo				
If yes, provide dates and explain:				
4. Employer	From	To		
Address				
Telephone No				
Job Title				
Work Schedule				
Name of supervisor	Supervisor contact information			
Name of a co-worker	Co-worker contact information			
Duties:				
·				
Identify any disciplinary actions you received: _				
Reason for Leaving:				

f yes, provide dates and explain:			
5. Employer	From	To	
Address			
Геlephone No			
Job Title	Beginning and Ending Salary		
Work Schedule			
Name of supervisor	Supervisor contact information _		
Name of a co-worker	Co-worker contact information _		
Duties:			
Identify any disciplinary actions you received: _			
Reason for Leaving:			

Was there an unemployment period between previous employment and the one listed above?YesNo				_No
If yes, provide dates and explain:				
6. Employer	From	To		
Address				
Telephone No				
Job Title	Beginning and Ending Salary	/		
Work Schedule				
Name of supervisor	Supervisor contact information			
Name of a co-worker	Co-worker contact information			
Duties:				
Identify any disciplinary actions you received: _				
Reason for Leaving:				

Was there an unemployment period between previous employment and the one listed above?					No
If yes, provide dates and explain:					
7. Employer	From	1	To		
Address					
Telephone No					
Job Title	_ Beginning and Ending Salary		/		
Work Schedule					
Name of supervisor	Supervisor contact ir	nformation			
Name of a co-worker	Co-worker contact in	formation			
Duties:					
Duties:					
Identify any disciplinary actions you received: _					
- administration of the second					
Reason for Leaving:					

If yes, provide dates and explain:		
3. Employer	From	To
Address		
Telephone No		
Job Title	Beginning and Ending Salary	
Work Schedule		
Name of supervisor	Supervisor contact information	
Name of a co-worker	Co-worker contact information	
Identify any disciplinary actions you received:		
Reason for Leaving:		

	ect to court martial			he Uniform Code of Military ary court(s) or authority(ies),
SPECIAL QUALIFICATION	IS & SKILLS			
Identify any special licenses	s you hold (e.g., pilo	t, radio operator):		
If you know a foreign langua	age, indicate your fl	uency in each block below	(excellent, good, fair))
Language	Understanding	Speaking	Reading	Writing
Do you have any experienc	e with firearms? Ye	es No		
MEMBERSHIP IN ORGAN	IZATIONS (PAST A	AND PRESENT)		
Name & Address	Туре	(e.g., social, fraternal, profession	aal) From	То
	or violence to disco			at advocates or practices the the U.S. Constitution or right
PERSONAL DECLARATION	<u>ons</u>			
Do you consume alcoholic l	beverages? Yes	No	_ If "Yes", how o	ften?
Have you ever used mariju	ana or hashish? Ye	es No	If yes, when last use	ed?
Have you ever used any ille	egal drug (including	a performance-enhancing	steroid) not prescribe	ed by a physician?
Yes	No	If yes how often_	When I	ast used
Provide explanation	n:			
Have you ever sold or furni	shed controlled sub	stances or prescription dru	gs to anyone? Yes_	No
If yes, give details:				

Signature of applicant

Date

Before me personally appearedintent was explained to him/her that he/she has full knowledge his/her free will and accord.	who stated this document and its ge of its purpose and that he/she executed this instrument or
Sworn to and subscribed before me on this day of	
SEAL or STAMP	Signature of Notary My Commission Expires:



WASHINGTON Co SO BRENHAM

This document is your FAST Fingerprint Pass for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting http://www.identogo.com or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for FAST services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

- Logon to http://www.identogo.com
- Select: Texas

- Select: Option A Electronic Submission
 Select: Yes, I have a FAST Fingerprint Pass

Enter: TX23900H1

Select: English or Espano Enter: First and Last Name Select: All Others		10. 11.	Follow the prompts to enter requested information. Bring this completed form with you to your appointment.
Section One: Qualified Entity Inform	nation		
ORI#: <u>TX23900H1</u>	Original TCN:(if	resubmission for rejected fi	ingerprints)
Agency/Entity/Organization Name:	WASHINGTON Co SO BRE	ENHAM	
Section Two: Applicant Name (To b	e completed by applicant)		
Look	Firet:		Middle:
Last: (Please print)	(P	Please print)	Middle: (Please print)
Section Three: Waiver Information	(To be completed and sign	ned by applicant)	
Safety (DPS) to access Texas and Fe Authorized Agency or Qualified Entity Applicant Clearinghouse of Texas and I authorize the Texas Department of F submitted information to available rec potentially pertinent information to the this application is being submitted. It collection of fingerprints and related in to further disseminations by the FBI a any criminal history record check and Entity. I also understand the Qualified check is completed. If a need arises it may send a written challenge request Group, 1000 Custer Hollow Road, Clean	ederal criminal history record with which I am or am seeki d as authorized by Texas Go Public Safety to submit my firords in order to identify other a DPS during the processing understand that the FBI may information, where all such do as may be authorized under the challenge the accuracy and Entity may deny me access to challenge the FBI record reto the FBI's Criminal Justice arksburg, WV 26306.	information that pertain ing to be employed or to overnment Code Chapte neerprints and other apper information that may be of this application and fealso retain my fingerprints at will be subject to combe Federal Privacy Act (completeness of the infect o	e and accurate. I authorize the Texas Department of Public as to me and disseminate that information to the designated a serve as a volunteer, through the DPS Fingerprint-based at 411 and any other applicable state or federal statute or policy. Dication information to the FBI for the purpose of comparing the pertinent to the application. I authorize the FBI to disclose for as long hereafter as may be relevant to the activity for which into and other applicant information in the FBI's permanent imparisons against other submissions received by the FBI and (SUSC 552a(b)). I understand I am entitled to obtain a copy of formation before a final determination is made by the Qualified of, or individuals with disabilities until the criminal history record tact the agency that submitted the information to the FBI, or you CJIS) Division at FBI CJIS Division, Attention: Correspondence
Signature:			Date:
Section Four: Service Center Inform	mation (To be completed by	y FAST Enrollment Ag	gent)
Date Prints Taken	Amo	unt Charged For Service	e:
Paid by: ☐ Check ☐ Money Orde	r □ Visa □ MasterCard	☐ Billing Acct	
TCN:			
I HAVE COMPARED THE G DETERMINATION; I HAVE I	GOVERNMENT-ISSUED IDE FINGERPRINTED THE SAM	NTIFICATION PRESEN ME PERSON.	NTED BY THE APPLICANT AND ATTEST THAT TO MY BEST
F A Name:		E.A. Signature	e:
E.A. Name: (Please print)			Revised 04/13