



CITY OF BENBROOK POLICE DEPARTMENT

APPLICANT

PERSONAL HISTORY STATEMENT

NAME _____

BEST CONTACT (PHONE) _____

ALT. PHONE _____

PRIMARY EMAIL _____

I am applying for:

- peace officer
- telecommunicator

INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

THESE INSTRUCTIONS ARE PROVIDED AS A GUIDE TO ASSIST YOU IN PROPERLY COMPLETING YOUR PERSONAL HISTORY STATEMENT (PHS). IT IS ESSENTIAL THAT THE INFORMATION BE ACCURATE IN ALL ASPECTS. IT WILL BE USED AS THE BASIS FOR A BACKGROUND INVESTIGATION THAT WILL DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.

1. Your PHS must be hand printed and filled out by you personally and by no other person. 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 submitted. Copies of the completed Personal History Statement will not be accepted. Answer all 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 your information is correct and in 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. Errors will not be viewed favorably. Zip codes and area codes must be included.
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. Attach copies of all diplomas, transcripts, certificates, training, and DD-214.
7. A complete Personal History Statement will help expedite your background investigation. Any omissions, falsifications, inaccuracies, or incompleteness may result in disqualification from the process.
8. Failure to complete all blanks on the PHS may result in disqualification from the process.
9. Your PHS is part of the assessment process. The ability to follow instructions and to prepare neat, accurate, thorough, and legible documents is an integral part of police work, and will be evaluated accordingly.

If you fail to return the PHS you will be removed from the selection process.

All the Personal Inquiry Waivers at the back of the application must be signed and notarized prior to returning the application. DO NOT use raised notary seals, use ONLY inked notary seals.

REQUIRED DOCUMENTS

The following documents must be submitted with your PHS. If there is a delay in obtaining these documents, indicate the reason in the space at the bottom of this page along with the anticipated date of receipt. Your background investigation may be delayed or your application may be rejected if these documents are not submitted promptly.

- _____ 1. Original certified copy of your birth certificate. (No photo copy)
- _____ 2. Original certified copy of your naturalization papers, if applicable.
- _____ 3. Photocopy of driver's license;
- _____ 4. Copy of high school transcripts;
- _____ 5. Copy of high school diploma or GED certificate;
- _____ 6. Copy of college or university transcript (from each school attended);
- _____ 7. Copy of college diploma (if applicable);
- _____ 8. Copy of marriage certificate(s);
- _____ 9. Copy of divorce decree(s);
- _____ 10. Copy of military discharge papers (DD-214) showing the type of discharge;
- _____ 11. Copy of proof of liability insurance;
- _____ 12. Copy of Social Security card;
- _____ 13. Copies of any training that relates to the position for which you are applying;
- _____ 14. Copies of any TCOLE or POST certificates (if applicable);
- _____ 15. A recent color photograph;
- _____ 16. Letters of reference, certificates of special qualifications, or special licenses.
- _____ 17. Copy of peace officer Certificate from police academy. (Peace Officer Applicants Only)
- _____ 18. Copy of peace officer license and training certificates. (Peace Officer Applicants Only)

PHS will be kept on file for one year. Submit updated contact information to the Benbrook Police Department, 1080 Mercedes Street, Benbrook, TX 76126

If for any reason you are unable to submit the required documents, you must contact the Background Investigator. Otherwise, you may be removed from consideration for employment.

Comments:

Applicant Qualification Section

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 or jailer in Texas.

- Initial: _____ 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 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.

Applicant Identification

FULL NAME (Last, First, Middle)				
ADDRESS				
HOME PHONE		WORK PHONE		CELL PHONE
PERSONAL EMAIL		ALTERNATE EMAILS		
COUNTRY OF CITIZENSHIP			ARE YOU A RESIDENT ALIEN WHO IS ELIGIBLE AND HAS APPLIED FOR CITIZENSHIP? Y N	
DATE OF BIRTH	PLACE OF BIRTH (city, county, state)		SOCIAL SECURITY NUMBER	
DRIVERS LICENSE (number, state)	HEIGHT	WEIGHT	HAIR	EYES
INDICATE ALL OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN, ADOPTIVE, NICKNAMES, ETC.				
INDICATE ALL TATTOOS, SCARS, PIERCINGS, AND OTHER DISTINGUISHING MARKS, ALONG WITH RESPECTIVE LOCATIONS				
NAME, RELATIONSHIP, ADDRESS, PHONE, EMAIL OF A PERSON WHO CAN ALWAYS CONTACT YOU				
CURRENT STATUS: SINGLE MARRIED ENGAGED DIVORCED SEPARATED WIDOWED DOMESTIC PARTNER IN A RELATIONSHIP				

COMPLETE THIS SECTION IF YOU ARE MARRIED, ENGAGED, HAVE A DOMSETIC PARTNER, OR HAVE A BOYFRIEND/GIRLFRIEND

OTHER PERSON'S FULL NAME, INCLUDE MAIDEN NAME(S)		DATE OF BIRTH	WEDDING DATE	
COMPLETE ADDRESS				
HOME PHONE		WORK PHONE		CELL PHONE
EMAIL		OCCUPATION AND EMPLOYER		
IF MARRIED, LOCATION OF CEREMONY (CITY, COUNTY, STATE)				

Marital and Family History

IDENTIFY CHILDREN RELATED TO YOU OR TO YOUR SPOUSE. INCLUDE NATURAL, STEP, ADOPTED, AND FOSTER CHILDREN.

RELATION	NAME	DATE OF BIRTH	ADDRESS

COMPLETE THIS SECTION IF YOU ARE WIDOWED

SPOUSE'S FULL NAME, INCLUDING MAIDEN NAME(S)	DATE OF BIRTH	DATE OF DEATH
CAUSE OF DEATH	LOCATION (CITY, COUNTY, STATE)	

COMPLETE THIS SECTION IF YOU ARE DIVORCED

FORMER SPOUSE'S FULL NAME, INCLUDE MAIDEN NAME(S)	DATE OF BIRTH	WEDDING DATE
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	
LOCATION OF CEREMONY (CITY, COUNTY, STATE)	DATE AND LOCATION OF DIVORCE (CITY, COUNTY, STATE)	

FORMER SPOUSE'S FULL NAME, INCLUDE MAIDEN NAME(S)	DATE OF BIRTH	WEDDING DATE
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	
LOCATION OF CEREMONY (CITY, COUNTY, STATE)	DATE AND LOCATION OF DIVORCE (CITY, COUNTY, STATE)	

Identify relatives in the following order: father, mother, step-parents (if any), brothers and sisters, and in-laws. If deceased, write DECEASED in the address blank. Attach additional sheets if needed.

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

NAME / RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL	OCCUPATION AND EMPLOYER	

Complete if any member of your immediate family or close relatives has been arrested.

NAME/RELATIONSHIP	CHARGE	OUTCOME	MONTH/YEAR	AGENCY

Residential History

List all residences during the last 15 years. Use complete addresses. Do not use PO Boxes. Begin with your present address and work back. List date by month and year. Attach additional sheets if necessary.

PRESENT ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX OR OWNERS NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVE	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX OR OWNERS NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX OR OWNERS NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX OR OWNERS NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX OR OWNERS NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

FORMER ADDRESS	DATES
IF RENTING, APARTMENT COMPLEX OR OWNERS NAME, ADDRESS, PHONE	
NAMES OF THOSE WITH WHOM YOU LIVED	

Y N Have you ever been evicted or asked to leave a residence?

Y N Have you ever left a residence owing rent or payment?

If yes to either, explain, provide complete details, dates. Attach additional sheets if needed.

Education

Indicate your high school, then indicate all colleges, universities, technical or trade schools you have attended, beginning with any in which you are currently enrolled, regardless of whether or not you graduated and/or completed the prescribed course of study.

NAME OF HIGH SCHOOL AND LOCATION	DATES ATTENDED	GRADUATED WITH DIPLOMA?
NAME OF HIGH SCHOOL AND LOCATION	DATES ATTENDED	GRADUATED WITH DIPLOMA?

NAME / LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED	MAJOR
HOURS COMPLETED	GRADUATED?	IF GRADUATED, TYPE OF DEGREE

NAME / LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED	MAJOR
HOURS COMPLETED	GRADUATED?	IF GRADUATED, TYPE OF DEGREE

NAME / LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED	MAJOR
HOURS COMPLETED	GRADUATED?	IF GRADUATED, TYPE OF DEGREE

NAME / LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED	MAJOR
HOURS COMPLETED	GRADUATED?	IF GRADUATED, TYPE OF DEGREE

NAME / LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED	MAJOR
HOURS COMPLETED	GRADUATED?	IF GRADUATED, TYPE OF DEGREE

Special Training, Skills, Abilities

Describe any special training/abilities that would be of value to the Benbrook Police Department.

Indicate any relevant or special licenses, training, or qualifications held. Attach copies of certificates.

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

Indicate any foreign language in which you are proficient and level of proficiency.

Hobbies and sports in which you participate, including level of proficiency.

List past and current memberships in groups, associations, or clubs. Include dates and offices held.

If it became necessary to take a human life in the course of your duties, could you? Y N
If no, explain.

Do you have a lifestyle that would prevent you from fully performing the duties of a police officer, including working weekends, holidays or evening and night shifts? Y N If yes, explain.

List any TCOLE or POST license(s) you have.

Awards, commendations, or special recognitions:

Employment History

Begin with your current or most recent job. List all employment since age 16, including part-time, temporary, or seasonal employment. List dates by month and year. Failure to list any job may terminate your application. Attach extra copies of these sheets if needed, ensuring that all required information is included.

Y N May we contact your present employer?

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

EMPLOYER / TYPE OF BUSINESS			
START DATE	END DATE	Part-time Full-time Temp	PHONE
COMPLETE ADDRESS (ZIP CODE REQUIRED)			DID YOU RECEIVE WRITTEN REVIEWS? Y N
POSITION / JOB TITLE / DUTIES			STARTING SALARY
			ENDING SALARY
NAME AND CONTACT INFORMATION OF SUPERVISOR			
NAME AND CONTACT INFORMATION OF TWO CO-WORKERS			
DETAILED REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			
START DATE	END DATE	Part-time Full-time Temp	PHONE
COMPLETE ADDRESS (ZIP CODE REQUIRED)			DID YOU RECEIVE WRITTEN REVIEWS? Y N
POSITION / JOB TITLE / DUTIES			STARTING SALARY
			ENDING SALARY
NAME AND CONTACT INFORMATION OF SUPERVISOR			
NAME AND CONTACT INFORMATION OF TWO CO-WORKERS			
DETAILED REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			
START DATE	END DATE	Part-time Full-time Temp	PHONE
COMPLETE ADDRESS (ZIP CODE REQUIRED)			DID YOU RECEIVE WRITTEN REVIEWS? Y N
POSITION / JOB TITLE / DUTIES			STARTING SALARY
			ENDING SALARY
NAME AND CONTACT INFORMATION OF SUPERVISOR			
NAME AND CONTACT INFORMATION OF TWO CO-WORKERS			
DETAILED REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			
START DATE	END DATE	Part-time Full-time Temp	PHONE
COMPLETE ADDRESS (ZIP CODE REQUIRED)			DID YOU RECEIVE WRITTEN REVIEWS? Y N
POSITION / JOB TITLE / DUTIES			STARTING SALARY
			ENDING SALARY
NAME AND CONTACT INFORMATION OF SUPERVISOR			
NAME AND CONTACT INFORMATION OF TWO CO-WORKERS			
DETAILED REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			
START DATE	END DATE	Part-time Full-time Temp	PHONE
COMPLETE ADDRESS (ZIP CODE REQUIRED)			DID YOU RECEIVE WRITTEN REVIEWS? Y N
POSITION / JOB TITLE / DUTIES			STARTING SALARY
			ENDING SALARY
NAME AND CONTACT INFORMATION OF SUPERVISOR			
NAME AND CONTACT INFORMATION OF TWO CO-WORKERS			
DETAILED REASON FOR SEPARATION			

EMPLOYER / TYPE OF BUSINESS			
START DATE	END DATE	Part-time Full-time Temp	PHONE
COMPLETE ADDRESS (ZIP CODE REQUIRED)			DID YOU RECEIVE WRITTEN REVIEWS? Y N
POSITION / JOB TITLE / DUTIES			STARTING SALARY
			ENDING SALARY
NAME AND CONTACT INFORMATION OF SUPERVISOR			
NAME AND CONTACT INFORMATION OF TWO CO-WORKERS			
DETAILED REASON FOR SEPARATION			

Many people have taken things from a place of employment without permission. The items taken may have been cash, merchandise, or property. You may have simply borrowed one of these items and had forgotten to return it, given merchandise to another person, or padded your expense account; however, this agency is interested in any incidents of theft or misappropriation from an employer that you may have committed or been involved in.

In the space provided below, list everything you have ever taken which you did not have permission to take. Do not leave anything out, no matter how insignificant you believe it is. Also include the value, the date (as close as possible) the item was taken, and the location where the property was taken from.

Item	Value	Date	Employer
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Record any period of unemployment since the age of 17. A period of unemployment is any 30-day period in which you were not employed. List dates and reasons for unemployment.

The questions on this page require complete answers, to include the employer, approximate dates, and other specifics. Attach additional sheets if needed.

Have you ever walked off of a job because you were angry?

Have you ever quit a job without giving notice?

Have you ever been fired, asked to leave, or resigned in lieu of termination from a job?

Have you ever had any disciplinary action taken against you by any employer? If yes, indicate the employer, the reason, and the action taken.

Military Service

- Y N Are you registered with Selective Service? Registration # _____
- Y N Have you served in the US armed forces or state military forces?
- Y N Have you ever been turned down for military service?

BRANCH	DATES	HIGHEST RANK HELD	TYPE OF DISCHARGE
BRANCH	DATES	HIGHEST RANK HELD	TYPE OF DISCHARGE
BRANCH	DATES	HIGHEST RANK HELD	TYPE OF DISCHARGE

- Y N Did you complete your service time/obligation?
- Y N Did you ever go AWOL?
- Y N Were you ever given company punishment?
- Y N Were you ever confined to the brig or guardhouse?
- Y N Were you ever reduced in rank?
- Y N Were you ever held back in rank?
- Y N Were you ever given a court martial?
- Y N Were you discharged prior to the end of duty tour?
- Y N Were you ever disciplined while in the Military?
- Y N Were you ever given a Captain's Mast?
- Y N Were you ever given an Article 15?
- Y N Were you ever awarded a security clearance?

Are you currently on (circle all that apply): ACTIVE RESERVE IN-ACTIVE RESERVE NATIONAL GUARD

Last duty station: _____

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

List ALL military discipline, including dates, specific charges, and disposition. Include non-judicial, Captain's Mast, etc. Attach additional sheets if needed.

Prior Law Enforcement

Have you any prior law enforcement related experience or worked in a law enforcement agency? Y N

If yes, complete the next section.

Have you ever accepted money or material objects in return for not enforcing the law? Y N

Have you ever made a false statement in any type of police report or document? Y N

Have you ever committed any crime(s) while employed as a police officer, on or off-duty? Y N

Have you used illegal drugs or illegally obtained drugs since becoming a police officer? Y N

Have you ever been accused of brutality? Y N

Have you ever abused a prisoner or violated a person's civil rights? Y N

Have you ever been accused of misconduct while employed as a Police Officer? Y N

Have you ever received any written or oral reprimands or suspensions? Y N

Have you ever been classified as ineligible for re-hire by a former employer? Y N

Have you ever been offered an opportunity to resign or be terminated? Y N

Have you ever resigned while under investigation for an allegation of misconduct? Y N

Have you ever consumed any type of alcoholic beverage while on-duty? Y N

Have you ever reported for work while under the influence of an alcoholic beverage/drug? Y N

If the answer to any of the above is YES, indicate the specific circumstances and disposition of the incident, to include dates and agencies. Attach reports, findings, and other documentation. Attach additional sheets if needed.

OTHER AGENCIES

Indicate all law enforcement agencies with which you have applied, list each time applied, and give the status of every application (e.g. – did not pass entrance exam; did not pass (specify); Personal History Statement submitted; ranked on eligibility list (give rank); withdrew (reason); background investigation/processing in progress/completed (name contact at agency); Other (explain):

Date Applied	Name of Agency	Status

Were you ever denied employment for any position with any law enforcement agency? Y N

If yes, provide the dates, agencies, and reason:

Driving History

NOTE: This section pertains not only to your “official” driving record or what you believe will be discovered. You are required to list all citations, accidents, and other information.

DRIVERS LICENSE NUMBER, STATE, TYPE/CLASS, RESTRICTIONS _____

OTHER STATES IN WHICH YOU HELD A LICENSE _____

HOW LONG HAVE YOU BEEN A LICENSED DRIVER? _____

CITATIONS RECEIVED IN LAST THREE YEARS? _____ LIFETIME? _____

List each and every citation you have received in the past ten years, in Texas and in every other state in which you’ve received citations. List all juvenile and adult incidents. Attach additional sheets if needed.

Offense	City and state (agency)	Date	Disposition

List all motor vehicle-related accidents and collisions you have been involved in as a driver, regardless of whether they were investigated by a police agency or a report was taken.

DATE	CITY / STATE	WHO WAS AT FAULT?	INJURIES

List all vehicles currently owned, leased, financed, and / or contain your name in the registration.

MAKE AND MODEL	YEAR	LICENSE PLATE / STATE	OWNED OR LEASED

Y N	Have you <u>ever</u> driven a motor vehicle without a valid driver's license or proper insurance?
Y N	Have you <u>ever</u> had your driver's license put on probation, suspended, or revoked?
Y N	Have you <u>ever</u> been placed as an assigned risk for vehicle insurance?
Y N	Has your insurance <u>ever</u> been revoked due to the number of citations you have received?
Y N	Have you <u>ever</u> knowingly driven while your license was suspended or revoked?
Y N	Have you <u>ever</u> been denied a driver's license for <u>any</u> reason?
Y N	Are there any citations you received that are not listed above?
Y N	Have you <u>ever</u> struck an unattended vehicle and then left without leaving identification?
Y N	Have you <u>ever</u> been involved in an accident when you were driving after you had been drinking any type and <u>any amount</u> of alcoholic beverage?
Y N	Have you ever committed, been charged with, been or convicted of driving while impaired, intoxicated, or under the influence of alcohol or any drug?
Y N	Have you ever committed, been charged with, or been convicted of hit and run or failure to stop and render aid?

If yes to any of the above, explain. Include dates and complete details.

Legal History

Have you ever:

- 1 Y N been arrested by any law enforcement agency (including traffic offenses)?
- 2 Y N been detained (other than a traffic ticket) by any law enforcement agency?
- 3 Y N been summoned into court for a criminal offense?
- 4 Y N committed any act of assault on any person?
- 5 Y N intentionally damaged / destroyed any property belonging to another person?
- 6 Y N entered another's vehicle, home, or property with intent to commit theft?
- 7 Y N been involved in breaking into a coin-operated machine?
- 8 Y N entered / stayed on another's property knowing you did not have permission?
- 9 Y N (you or your spouse/partner) been referred to Child Protective Services?
- 10 Y N impersonated a police officer?
- 11 Y N shoplifted?
- 12 Y N changed or altered the price on merchandise?
- 13 Y N falsified or altered identification for any reason?
- 14 Y N engaged in prostitution or solicited a prostitute?
- 15 Y N solicited a minor, on-line or otherwise?
- 16 Y N engaged in identity theft, or used a fake or altered identity for any purpose?
- 17 Y N vandalized property, including "tagging?"
- 18 Y N intentionally filed a false police report?
- 19 Y N forced a sexual act upon anyone?
- 20 Y N committed any sexual act with a minor?
- 21 Y N accessed or possessed child pornography?
- 22 Y N sent or received nude, semi-nude, or sexually explicit images depicting minors (sexting)?
- 23 Y N participated in a hate crime?
- 24 Y N committed insurance fraud?
- 25 Y N committed perjury or lied under oath?
- 26 Y N unlawfully possessed an explosive or destructive device?
- 27 Y N engaged in stalking, harassment, blackmail, or extortion?
- 28 Y N possessed or discharged a firearm unlawfully?
- 29 Y N been involved in any other misdemeanor or felony not listed above?
- 30 Y N possessed, sold, or pawned stolen property?
- 31 Y N been involved in any type of police related matter?

- 32 Y N Have you ever assaulted another person?
("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01)
- 33 Y N Have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement?
- 34 Y N Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called?
- 35 Y N Have you ever committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004)
- 36 Y N Have you ever been involved in any type of lawsuit?
- 37 Y N Have you ever been sued, or have you ever sued anyone?
- 38 Y N Do you currently have any pending lawsuits?
- 39 Y N Do you anticipate being sued or being named in any type of lawsuit or proceeding?

If the answer to any of the above questions on this page is "YES", explain each and every incident (list juvenile and adult incidents). Note beside each answer the question number with which it is associated. Attach additional sheets if necessary.

Illegal sexual conduct consists of any form of the following: Engaging in sexual contact 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 minor; sexual contact with an animal, sexual contact with a member of your family (including step-children) other than your spouse, rape, or sexual assault by force or threat of injury.

Have you ever participated in any form of illegal sexual conduct? If yes, explain.

Y N

Drugs

The sale of illegal drugs is common in our society. For the purpose of employment, this agency treats the sale of each illegal drug differently. In all cases, we are concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; and the cultivation of illegal drug plants or any other way being involved in transaction involving illegal drugs.

In the space provided below, list the type of illegal drug sold, the amount of the illegal drug sold, your age at the time, and the number of times you sold the illegal drug.

TYPE OF DRUG	AMOUNT OF DRUG	YOUR AGE	# OF TIMES
TYPE OF DRUG	AMOUNT OF DRUG	YOUR AGE	# OF TIMES
TYPE OF DRUG	AMOUNT OF DRUG	YOUR AGE	# OF TIMES
TYPE OF DRUG	AMOUNT OF DRUG	YOUR AGE	# OF TIMES

Have you ever used any illegal drug or a drug not prescribed to you by your physician? Y N

If yes, explain in detail; include dates, number of times used and types of drugs.

If there are any other **ILLEGAL DRUGS** you have used that are not listed on the next page, list them below:

Have you used any of the drugs listed on the next page or any other illegal or unlawful drug?

Y N

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

- Sold Y N Details:
- Purchased Y N Details:
- Cultivated Y N Details:
- Manufactured Y N Details:
- Furnished Y N Details:
- Carried Y N Details:
- Held for another Y N Details:

It is important that the department be aware of your past and current **ILLEGAL** drug usage because as a peace officer you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug use, and you could be asked about your own drug use.

Complete the following chart, indicating the month and year, the maximum number of times, and how you used the drug. If you have never used the particular drug, then check the appropriate **NEVER** area. List only drugs not prescribed to you that you have used. Use of a prescription drug prescribed to another person, even though legally prescribed, must be listed.

Substance	First time used month / year	Last time used month / year	Maximum times used	How used	Never used
Marijuana					
Hashish					
Synthetic cannabinoid, including K-2					
PCP					
Angel dust					
THC					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamine					
Biphtamine					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin/PBZ					
Speed					
Inhalants					
Methamphetamine					
Psilocybin (mushrooms)					
Steroids					
Others					

Financial History**Present gross salary or wages _____ Your spouse / domestic partner _____****Other income (source, amount, frequency)**

- Y N Are any of your accounts in collections?
- Y N Have you ever had any credit account suspended, charged-off, or cancelled for failure to pay?
- Y N Have you incurred any debt as a result of a business enterprise?
- Y N Have you ever been delinquent on payments of any loans or charge accounts?
- Y N Have you ever filed bankruptcy?
- Y N Have you ever had a lien placed on you?
- Y N Have you ever had a judgment placed against you?
- Y N Have any of your bills ever been turned over to a collection agency?
- Y N Have you ever had purchased goods repossessed?
- Y N Have your wages ever been garnished?
- Y N Have you ever been delinquent on income or other taxes?
- Y N Have you ever failed to file income tax?
- Y N Have you ever had an employment bond refused?
- Y N Have you ever avoided paying any lawful debt by moving away?
- Y N Have you ever defaulted (failed to pay) a loan?
- Y N Have you ever borrowed money to pay for a gambling debt?
- Y N Have you ever spent money for illegal purposes? (drugs, prostitution, fraudulent documents, etc.)
- Y N Have you ever failed or been late on a court-ordered payment? (child support, alimony, etc.)
- Y N Have you ever written a check that was returned non-sufficient funds?
- Y N Have you written three or more bad checks in a one-year period?
- Y N Have you ever applied for unemployment compensation?
- Y N Have you ever received unemployment compensation?

If you answered yes to any of the above, give complete details, including dates. Attach additional sheets if needed.

List all financial obligations you and/or your spouse have, to include, but not limited to monies owed to individuals, companies or others for items such as student loans (including those that are deferred), autos, housing, credit cards, child support payments, charge accounts, personal loans, and any other debt or payment, (exclude routine monthly household utility payments - unless these payments are in arrears). List all outstanding debts that have not been paid.

NAME / ADDRESS OF CREDITOR	REASON FOR DEBT	BALANCE	MONTHLY PAYMENT	PAST DUE?

Neighbors and References

List 6 people who know you well, such as friends, co-workers, and military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere in this document. Names, addresses, and contact information must be complete, accurate, and current. This includes area and zip codes.

Name and Relationship			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name and Relationship			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name and Relationship			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name and Relationship			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name and Relationship			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name and Relationship			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

List neighbors that live on both sides of your current residence and any others you'd like. If you do not know your neighbors, meet them.

Name			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Name			Years Known
Address			
Occupation and Employer			
Home Phone	Work	Cell	email

Personal Declarations

- Y N Do you drink alcoholic beverages?
- Y N Have you ever had a fight while you were intoxicated?
- Y N Have you been intoxicated in a public place during the last 12 months?
- Y N Have you operated a motor vehicle while consuming alcohol in the last 12 months?
- Y N Have you operated a motor vehicle while intoxicated in the last 12 months?

If you answered yes to any of the above questions, explain, provide dates, locations, and details.

- Y N Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?
- Y N 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?
- Y N Have you ever been refused a permit or license to carry a firearm?
- Y N 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, sexual preference, or disability?
- Y N Have you, or have you ever had, a tattoo or other marking 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, sexual preference, or disability?
- Y N Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?
- Y N Have you ever hit or physically overpowered a spouse or romantic partner?

If the answer to any of the above questions is "YES", explain each and every incident (list juvenile and adult incidents.) Attach additional sheets if necessary.

In your own words explain why you want to become a police officer for the City of Benbrook.

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

Signature of applicant

Date

BENBROOK POLICE DEPARTMENT

PERSONNEL SECTION - CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Benbrook 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.

I have read and fully understand the above statement.

Signature of applicant

Date

THE STATE OF TEXAS

COUNTY OF _____

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/she 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 _____ County, Texas.

BENBROOK POLICE DEPARTMENT

1080 Mercedes Street, Benbrook, Texas 76126 Phone (817) 249-1610 Fax (817) 249-4803

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 Benbrook 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 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 Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, previous polygraph and psychological records, 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 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 Benbrook 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 Benbrook 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.

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

APPLICANT (PRINT FULL NAME) APPLICANT'S SIGNATURE DATE

ADDRESS DRIVER'S LICENSE # SOCIAL SECURITY #

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

NOTARY PUBLIC, _____ COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE

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 APPLICANT (PRINT FULL NAME) APPLICANT'S SIGNATURE DATE

 ADDRESS DRIVER'S LICENSE # SOCIAL SECURITY #

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

NOTARY PUBLIC, _____ COUNTY, TEXAS.

 NOTARY PUBLIC SIGNATURE

BENBROOK POLICE DEPARTMENT

1080 Mercedes Street, Benbrook, Texas 76126 Phone (817) 249-1610 Fax (817) 249-4803

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NOTARY PUBLIC, _____ COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE