

CITY OF VAN ALSTYNE

Personal History Statement – Civilian

Personal

CONFIDENTIAL

Position applied for:

The following information is requested of you for verification and contact purposes: (USE BLUE OR BLACK INK OR TYPE)

| | | | | |
|--|--------|---|---|----------|
| 1. Please print or type your full legal name | | | | |
| Last | | First | | Middle |
| Other names (including nicknames) you have used or been known by including maiden name | | | | |
| 2. Residence | | | | |
| Number | Street | City | State Texas | Zip Code |
| 3. Please list your residence phone and an alternate number for messages | | () _____ Residence | () _____ <input type="checkbox"/> Other <input type="checkbox"/> Work | E-Mail |
| Please list mailing address if different from residence address | | | | |
| Number | Street | City | State Texas | Zip Code |
| 4. Birthdate | | Have you ever applied to the City Of Van Alstyne before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Month | Day | Year | | |
| | | | | |
| 5. Social Security Number | | (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.) | | |
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| 6. List and describe all tattoos: (indicate where they are located) | | | | |
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Education

| 7. Please indicate below all the schools you have attended beginning with high school . During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts. | | | | | | |
|--|--------------------------------------|----------------|----|-------|--------------|---------------|
| Name of School | Location of School (City & State) | Dates Attended | | Major | Units Earned | Degree Earned |
| | | From | To | | | |
| | | | | | | |
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| 8. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If "yes" please explain (include school, date, and circumstances): _____ | | | | | | |
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This information is available in alternative formats upon request.

Personal History Statement – Civilian

References, Acquaintances

Type or print your name

9. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and co-workers. Example: neighbors, teachers, classmates, family friends, roommates, etc.

| Name | Address where person can be contacted (Include City, State and Zip Code) | Telephone/E-Mail |
|------------|---|------------------|
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Occupation | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Occupation | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Occupation | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Occupation | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Occupation | E-Mail | Home |

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10. Please list 3-5 individuals such as co-workers and supervisors who have knowledge of you and your qualifications. Exclude relatives. Past co-workers and supervisors are acceptable.

| | | |
|----------|---|------------|
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Employer | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Employer | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Employer | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Employer | E-Mail | Home |
| | <input type="checkbox"/> Home <input type="checkbox"/> Work | Work/Other |
| Employer | E-Mail | Home |

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11. Below, please list those individuals with whom you have resided during the last 3 years (list no information prior to your 15th birthday. Exclude family members. If more space is needed, please continue on page 16.

| | | |
|------------|---------------------------------|------------|
| | Home Work | Work/Other |
| Occupation | E-Mail <input type="checkbox"/> | Home |
| | Home Work | Work/Other |
| Occupation | E-Mail <input type="checkbox"/> | Home |
| | Home Work | Work/Other |
| Occupation | E-Mail <input type="checkbox"/> | Home |
| | Home Work | Work/Other |
| Occupation | E-Mail <input type="checkbox"/> | Home |
| | Home Work | Work/Other |
| Occupation | E-Mail <input type="checkbox"/> | Home |

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Personal History Statement – Civilian

Relatives

Print your name _____

12. During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for the position. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name.

| Name of your: | | Residence Address (include Zip Code) | Telephone (include Area Code) | |
|---------------|-----|--------------------------------------|-------------------------------|--------------------------|
| Spouse | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Father | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Mother | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Stepfather | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Stepmother | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Father-in-law | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Mother-in-law | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Brother | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Brother | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Brother | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Sister | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Sister | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Sister | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Sister | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Stepbrother | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |
| Stepsister | | | Home | <input type="checkbox"/> |
| Occupation | Age | E-Mail | Work | <input type="checkbox"/> |

Personal History Statement – Civilian

Experience and Employment

Type or print your name

13. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 7 years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided. Include military service as employment.

| | | | | | | | |
|---------------------------------------|-----------|---|--|---------------|-----------|-------------------------------|-----------|
| Dates of employment | | Name and complete address of employer, include zip code | | | | Name of supervisor | |
| From | To | | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | Salary | | Name | |
| <input type="checkbox"/> Part-time | | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | | Name | |
| | | | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | | |
| <input type="checkbox"/> Not employed | | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | | Name of supervisor | |
| From | To | | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | Salary | | Name | |
| <input type="checkbox"/> Part-time | | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | | Name | |
| | | | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | | |
| <input type="checkbox"/> Not employed | | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | | Name of supervisor | |
| From | To | | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | Salary | | Name | |
| <input type="checkbox"/> Part-time | | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | | Name | |
| | | | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | | |
| <input type="checkbox"/> Not employed | | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | | Name of supervisor | |
| From | To | | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | Salary | | Name | |
| <input type="checkbox"/> Part-time | | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | | Name | |
| | | | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | | |
| <input type="checkbox"/> Not employed | | | | From | Mo. / Yr. | To | Mo. / Yr. |

Personal History Statement – Civilian

Experience and Employment Continued

Type or print your name

| | | | | | | |
|---------------------------------------|-----------|---|---------------|-----------|-------------------------------|-----------|
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | Title or duties (for identification purposes) | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | Name | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | Title or duties (for identification purposes) | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | Name | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | Title or duties (for identification purposes) | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | Name | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | Title or duties (for identification purposes) | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | Name | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | Title or duties (for identification purposes) | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | Name | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |

Personal History Statement – Civilian

Experience and Employment Continued

Type or print your name _____

| | | | | | | |
|---------------------------------------|-----------|---|---------------|-----------|-------------------------------|-----------|
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |
| Dates of employment | | Name and complete address of employer, include zip code | | | Name of supervisor | |
| From | To | | DNS | LS | | |
| Mo. / Yr. | Mo. / Yr. | | | | E-Mail | |
| <input type="checkbox"/> Present | | HR E-Mail | Telephone No. | | Name & e-mail of co-worker(s) | |
| <input type="checkbox"/> Full-time | Yrs. | | | | Name | |
| <input type="checkbox"/> Part-time | | | | | E-Mail | |
| <input type="checkbox"/> Voluntary | Mos. | | | | E-Mail | |
| Reason for leaving (be specific) | | | | | | |
| <input type="checkbox"/> Not employed | | | From | Mo. / Yr. | To | Mo. / Yr. |

Personal History Statement – Civilian

Experience and Employment Continued

Type or print your name

| | | |
|---|----------|---------------|
| 14. Have you ever held employment under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain (include when, where, circumstances) (include maiden name). | | |
| Name Used | | Employer |
| Name Used | | Employer |
| 15. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, circumstances). If more room is needed, explain on page 16. | | |
| Date | Employer | |
| | | |
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| | | |
| Date | Employer | |
| | | |
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| 16. Have you ever been suspended by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, where, circumstances). If more room is needed, explain on page 17. | | |
| Date | Employer | |
| | | |
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| 17. Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the following information.</i> | | |
| Date | Employer | |
| Details and results of investigation | | |
| | | |
| | | |
| | | |
| 18. Have you ever received a formal written reprimand from an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i> | | |
| Date | Employer | Circumstances |
| | | |
| | | |

Personal History Statement – Civilian

Military Service

Type or print your name

| | | | |
|---|-----------------------|---|-------------------|
| 19. Did you comply with the draft registration law? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Selective Service Number | |
| 20. Have you ever served in any of the Armed Forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 21. If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> Discharged | | | |
| Branch of Service | Unit / Occupation | Enlistment Date | Discharge Date |
| Service Number | Highest Rank Attained | Rank at Discharge | Type of Discharge |
| Separation Code | Re-enlistment Code | If active or current reserve, list your Commanding Officer's name | |
| 22. Were you ever investigated for any criminal activity while in the military or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i> | | | |
| | | | |
| | | | |
| 23. Have you ever been reduced in pay grade or been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i> | | | |
| Approximate Date | Violation | Penalty | |
| | | | |
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| 24. Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you received a discharge other than honorable, please explain.</i> | | | |
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Personal History Statement – Civilian

Legal

Type or print your name

26. Have you ever been convicted of a Felony? ☐ Yes ☐ No
 27. Have you ever been convicted of a Misdemeanor? ☐ Yes ☐ No
 28. Have you ever been charged with a Felony, in which the charges were reduced to a Misdemeanor? ☐ Yes ☐ No
If yes to any question above, provide the following information. Start with the most recent.

| Date | Charges | Police Agency | Penalty |
|-----------------------|---------|---------------|---------|
| | | | |
| Explain circumstances | | | |
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| | | | |
| Date | Charges | Police Agency | Penalty |
| | | | |
| Explain circumstances | | | |
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| | | | |
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| | | | |
| Date | Charges | Police Agency | Penalty |
| | | | |
| Explain circumstances | | | |
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29. Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? (not listed above) ☐ Yes ☐ No
Includes charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with the most recent.

| Date | Charges | Police Agency | Results |
|-----------------------|---------|---------------|---------|
| | | | |
| Explain circumstances | | | |
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| | | | |
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| | | | |
| Date | Charges | Police Agency | Results |
| | | | |
| Explain circumstances | | | |
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Personal History Statement – Civilian

Type or print your name

Legal Continued

30. Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned or fingerprinted by any law enforcement agency or military authority? ☐ Yes ☐ No
If yes, provide the following information.

| Date | Charges or reason for investigation | Police Agency |
|-----------------------|-------------------------------------|---------------|
| | | |
| Explain circumstances | | |
| | | |
| | | |
| | | |
| Date | Charges or reason for investigation | Police Agency |
| | | |
| Explain circumstances | | |
| | | |
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31. Have you ever received a misdemeanor citation in lieu of going to jail? ☐ Yes ☐ No

If yes, explain on page 28, giving details, dates and name of the law enforcement agency issuing the citation.

32. Have you ever been placed on court probation? ☐ Yes ☐ No Are you currently on probation? ☐ Yes ☐ No *If yes to either question, explain below, giving all details, dates and reason. If you were on probation more than once, please indicate below.*

| Date | Details |
|------|---------|
| | |
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33. Have you ever violated probation? ☐ Yes ☐ No *If yes, please explain.*

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34. Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?

☐ Yes ☐ No *If yes, please explain on page 16.*

35. Have you ever been reported to a law enforcement agency as a missing person or runaway? ☐ Yes ☐ No *If yes, please explain.*

| Date | Details |
|------|---------|
| | |
| | |
| | |
| | |

36. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

☐ Yes ☐ No *If yes, explain giving details, dates and location.*

| Date | Details |
|------|---------|
| | |
| | |
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Personal History Statement – Civilian

Type or print your name

Legal Continued

| | | |
|--|---|---------|
| 37. Have you ever applied for a permit to carry a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i> | | |
| Date applied | Was permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | Weapon? |
| Name of agency were applied (City, County & State) | | |
| For what purpose? | | |

| | | |
|--|-------------------|---|
| 38. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever had a judgement rendered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to either question, provide the following information.</i> | | |
| Date | Location of Court | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
| Details | | |
| | | |
| Date | Location of Court | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
| Details | | |
| | | |

| | | |
|---|--|--|
| 39. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons, which advocated or advocates, the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our present form of government? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 40. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons, which advocated or advocates, acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 41. Are you now associating with or have you ever associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the type of organizations identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to any of the above three questions, please explain.</i> | | |
| | | |
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| | | |
| | | |
| | | |
| 42. Have you ever participated in an unlawful demonstration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i> | | |
| | | |
| | | |
| | | |
| | | |
| 43. Are you now or have you ever been associated with any organization, movement or group who engages in civil disobedience? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i> | | |
| | | |
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| | | |

Personal History Statement – Civilian

Type or print your name

Traffic History / Motor Vehicle Operation

OPERATION OF A MOTOR VEHICLE MAY BE AN INTEGRAL PART OF THE POSITION. AN INVESTIGATION OF YOUR DRIVING HISTORY WILL BE MADE.

| | | |
|--|----------------------------------|-----------------|
| 44. Texas driver's license number | Class or type | Expiration date |
| 45. Name under which license was granted | Other names used (married names) | |

| | | | |
|---|---------------------------|---------------------------|---------------------------|
| 46. List other states where you are or have been licensed to operate a motor vehicle. | | | |
| State | State | State | State |
| Name under license issued | Name under license issued | Name under license issued | Name under license issued |
| Number | Number | Number | Number |

| |
|--|
| 47. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i> |
| |
| |

| |
|--|
| 48. Have you ever applied for or obtained a driver's license or state identification card under a fictitious name or date of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i> |
| |
| |

| |
|---|
| 49. Has your driver's license ever been suspended, revoked or placed on negligent operator's probation by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i> |
| |
| |

| | | | |
|---|-------------------|-----------------------|-----------------------------|
| 50. Have you ever failed to appear in court on a traffic citation or parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i> | | | |
| Approx. Date | Traffic Violation | City / County / State | Reason you failed to appear |
| | | | |
| | | | |

| | | | |
|---|-------------------|-----------------------|---------|
| 51. Have you ever had a warrant issued for you regarding a traffic citation or parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i> | | | |
| Approx. Date | Traffic Violation | City / County / State | Penalty |
| | | | |
| | | | |
| | | | |

Personal History Statement – Civilian

Type or print your name

Traffic History / Motor Vehicle Operation

Continued

52. Have you ever received a traffic citation? ☐ Yes ☐ No *If yes, list all traffic citations for the last 7 years. Start with most recent citation.*

| Month / Year | Traffic Violation | City & State | What action resulted? Dismissed, Fine, Traffic School |
|--------------|-------------------|--------------|---|
| | | | |
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53. List all vehicles that you own and/or that are registered to you. (Include vehicles you use frequently)

| Year | Make / Model | Color | License Number & State | Is the vehicle currently registered? |
|------|--------------|-------|------------------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

54. As a driver, have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No *If yes, provide the following information.*

| | | | |
|------------------------------------|----------------|---|--|
| Date | City and State | Were you at fault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Police agency that took the report | | Was there a police report taken?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Did the accident cause injury to another person?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Were you cited or arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Was the accident a hit & run?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date | City and State | Were you at fault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Police agency that took the report | | Was there a police report taken?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Did the accident cause injury to another person?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Were you cited or arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Was the accident a hit & run?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date | City and State | Were you at fault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Police agency that took the report | | Was there a police report taken?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Did the accident cause injury to another person?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Were you cited or arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Was the accident a hit & run?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

55. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself? ☐ Yes ☐ No
(Hit & Run) *If yes, please explain.*

| |
|--|
| |
| |
| |

Personal History Statement – Civilian

Type or print your name

Prior Applications

| | |
|--|----------|
| 56. Have you ever applied to the City of Van Alstyne before? (for any position) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the date, the position and results. Check all boxes that apply. Do not include this current application.</i> | |
| Date applied | Position |
| <input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other: | |
| Date applied | Position |
| <input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other: | |

Applications With Other City

| | |
|---|--------------|
| 57. Have you ever applied for any other City? (City, County, State or Federal Agencies) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list every agency you have applied with. Start with most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of outcome or current status. Check all boxes that apply for each agency.</i> | |
| Name of agency and complete address including zip code | Date applied |
| | Position |
| <input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Background Pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application | |
| What was your background investigator's name and phone number? | Phone |

| | |
|---|--------------|
| Name of agency and complete address including zip code | Date applied |
| | Position |
| <input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Background Pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application | |
| What was your background investigator's name and phone number? | Phone |

☐ ☐

Personal History Statement – Civilian

Type or print your name

Marital Status

59. ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Annulled ☐ Divorced

| | | | | |
|--|--|-----------------------------|------------------------|-----|
| Full Name of Spouse | Maiden Name | Other Names Spouse has used | Date of Birth | Age |
| Date of Marriage | Place of Marriage (City, County & State) | | E-Mail | |
| Spouse's Employer | | Occupation or Position | How Long Employed | |
| Current Address of Spouse if not living with you | | Home Phone (area code) | Work Phone (area code) | |

60. If divorced, widowed or had an annulment, provide the following information.

| | | | | | | |
|--|--------------------------------|--|-----------------------------|--|---|-----|
| Full Name of Former Spouse | | Maiden Name | Other Names Spouse has used | | Date of Birth | Age |
| Date of Marriage | | Place of Marriage (City, County & State) | | | E-Mail | |
| Former Spouse's Employer | | | Occupation or Position | | How Long Employed | |
| Current Address of Former Spouse or last known address | | | Home Phone (area code) | | Work Phone (area code) | |
| Date Filed for Divorce | City, County, State of Divorce | | | | Is Divorce Final? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Full Name of Former Spouse | | Maiden Name | Other Names Spouse has used | | Date of Birth | Age |
| Date of Marriage | | Place of Marriage (City, County & State) | | | E-Mail | |
| Former Spouse's Employer | | | Occupation or Position | | How Long Employed | |
| Current Address of Former Spouse or last known address | | | Home Phone (area code) | | Work Phone (area code) | |
| Date Filed for Divorce | City, County, State of Divorce | | | | Is Divorce Final? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

61. List any additional experience or qualifications you have which may be beneficial.

Personal History Statement – Civilian

Type or print your name

Financial

62. The management of personal finances is relevant to an individual's qualifications for a position within the Police Department. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

| Current Monthly Income | | | Current Monthly Expenditures | | |
|-----------------------------|----|--|--------------------------------------|----|--|
| Monthly Salary | \$ | | Real Estate (mortgage) Payments | \$ | |
| Spouse's Salary | | | Rent | | |
| Other Income | | | Credit Cards (charge accounts) | | |
| Other Income | | | Utilities and Other Monthly Payments | | |
| TOTAL MONTHLY INCOME | \$ | | TOTAL MONTHLY EXPENDITURES | \$ | |

| Current Assets | | | Current Liabilities | | |
|--|----|--|--|----|--|
| Savings | \$ | | Real Estate Indebtedness | \$ | |
| Checking | | | Long Term Loans | | |
| Real Estate | | | Credit Cards (Total amount of charge accounts) | | |
| Stocks & Bonds | | | Other Liabilities | | |
| Life Insurance (Cash value of whole life policy) | | | Other Liabilities | | |
| Autos | | | Other Liabilities | | |
| Other Assets | | | Other Liabilities | | |
| TOTAL ASSETS | | | TOTAL LIABILITIES | | |

63. Please list all banks or savings institutions where you have current accounts.

| | | |
|------|---------|---|
| Bank | Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? Yrs.: Mos.: |
| Bank | Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? Yrs.: Mos.: |

64. Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities.

| Name of Creditor, Bank, Firm or Lender | Reason for Debt | Monthly Payment | Current Balance | List the number of times you have been late 30 days or more |
|--|-----------------|-----------------|-----------------|---|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

Personal History Statement – Civilian

Type or print your name

Financial Continued

65. Have you ever filed for or declared bankruptcy? ☐ Yes ☐ No *If yes, please explain reasons below.*

| | |
|------|---------|
| Date | Reasons |
| | |
| | |

66. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No *If yes, was it more than once?* ☐ Yes ☐ No

| | |
|------|--|
| Date | Reasons (give the year(s) involved and the current status) |
| | |
| | |

67. Have you ever had your wages attached or garnisheed? ☐ Yes ☐ No

| | |
|------|---------|
| Date | Reasons |
| | |

68. Have you ever had any of your bills, accounts or loans turned over to a collection agency? ☐ Yes ☐ No *If yes, list all accounts.*

| | |
|------|--------------------------|
| Date | Account / current status |
| Date | Account / current status |
| Date | Account / current status |
| Date | Account / current status |

69. Have you ever had any purchased goods, vehicles, property or any items repossessed? (This includes voluntary repossession) ☐ Yes ☐ No

| | |
|------|---------|
| Date | Reasons |
| | |
| | |

70. Have you ever been refused credit? ☐ Yes ☐ No

| | |
|------|---------|
| Date | Reasons |
| | |
| | |

71. Are you currently an owner, partner or investor in any business enterprise that requires the attainment of a Federal, State, County or City permit or license to operate? ☐ Yes ☐ No

| |
|-------------------------------------|
| Name and Type of Business & Address |
| |

72. If employed by this agency, do you anticipate any other income other than your city salary or spouse's salary? ☐ Yes ☐ No
If yes, what?

| |
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| |
|--|

Personal History Statement – Civilian

Type or print your name

Residence

| | | | |
|--|---|---------------------|----------------------|
| 73. List all of your residences during the last 10 years. List no information prior to your 15th birthday. Begin with your most current residence. | | | |
| Current Address | | City & State | Since (month & year) |
| With whom do you live (names) | If renting, provide address and phone of person collecting rent | | |
| | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |
| Address | City & State | From (month & year) | To (month & year) |
| With whom did you live (names) | If rented, provide name and complete address and phone of person who collected rent | | |
| Reason for moving | E-Mail | | Phone |

Personal History Statement – Civilian

General Information

Type or print your name

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION

If you are responding to a question, please write the number of the question.

I UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A THOROUGH BACKGROUND INVESTIGATION. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND COMPLETE AND I UNDERSTAND THAT ANY DISCREPANCIES, MISSTATEMENTS, OMISSIONS AND/OR FALSIFICATIONS WILL CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBLE LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT WAS MADE.

I HAVE READ THE ABOVE STATEMENT AND PRIOR TO SUBMITTING MY PERSONAL HISTORY STATEMENT, I HAVE REVIEWED IT CAREFULLY FOR ACCURACY.

FULL SIGNATURE

DATE

LEAVE BLANK

DATE OF PACKET REVIEW WITH APPLICANT:

DATE

B.I.