



# *Highland Village Police Department*

## *Personal History Statement*

Applicant: \_\_\_\_\_  
*Last First Middle*

*Date Given To Applicant* \_\_\_\_\_

*Date Returned* \_\_\_\_\_

*Equal Opportunity Employers*

## **READ THESE INSTRUCTIONS CAREFULLY**

**These instructions are provided as a guide to assist you in properly completing your Personal History Statement.**

**IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!!!**

During your pre-employment process with the Highland Village Police Department, it is important to dress appropriately (as you would for any job interview). Unless otherwise instructed, T-shirts, shorts, tennis shoes, sweat clothes, etc., are not to be worn to any of your appointments or review boards, psychological and polygraph. You need to let us know promptly if you cannot make an appointment due to an emergency.

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be hand printed legibly in ink. Do not type it or have anyone else fill it out for you. Correct all mistakes completely and return all pages. Your Personal History Statement 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.
2. Answer all questions completely. If a question does not apply 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 sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. On phone numbers include the area code.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.

**Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.**

In addition to the Personal History Statement, you are required to submit:

1. An official high school transcript and a copy of the diploma or G.E.D., if applicable;
2. An official college transcript and a copy of the diploma, if applicable;
3. Copies of any divorce or other civil papers that may apply;
4. A copy of the applicant's military Form DD214 discharge papers showing an Honorable Discharge, if applicable;
5. A copy of the applicant's Birth Certificate;
6. Letters of recommendation, if applicable; and
7. Copies of any Police related training, if applicable.

## REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these required documents, indicate why in the space at the bottom of the page and the anticipated date they will be submitted.

**Your background investigation may be delayed or your application may be rejected if these documents are not submitted promptly.**

- Certified Copy of Birth Certificate;
- Naturalization papers (if applicable);
- Photo copy of Drivers License;
- Certified copy of High School transcript;
- Photo copy of High School diploma or G.E.D.;
- Certified copy of College or University transcript (from each school attended);
- Photo copy of College diploma (if applicable);
- Photo copy of Marriage Certificate;
- Photo copy of Divorce decree;
- Photo copy of Military discharge paper (DD-214) showing the type of discharge;
- Photo copy of Social Security card;
- Photo copy of proof of liability insurance;
- Photo copies of any training that relates to the position for which you are applying;
- Photo copies of any litigation that you have been a party to;
- Photo copies of any TCLEOSE certificates (if applicable); and,
- A recent photograph.

**If for some reason you cannot submit the required documents, you must contact the assigned Background Investigator and/or attach explanation. Otherwise, you may be removed from consideration for employment.**

Comments:

---

---

---

---

---

---

---

---

---

---

## PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Name: \_\_\_\_\_  
Last First Middle

Other names used: Maiden, Adoption, Etc. \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. Street Name City State Zip

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen:  Yes  No

Place of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
Number State of Issue Expiration Date

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye

Color: \_\_\_\_\_

Identifying Marks:

Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pager Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment? [ ] Yes [ ] No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you ever quit a job because you suspected you were about to be fired? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been fired from a job? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever quit a job without giving notice? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever used alcohol on the job? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever used any illegal drugs on the job? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever missed work due to alcohol usage? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever missed work due to illegal drug usage? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. Have you had any prior law enforcement related experience? [ ] Yes [ ] No If yes, give location, type of experience, number of years, duty, training, rank, awards, and citations. Indicate past employment which you think will specifically qualify you for the position for which you have made this application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

**A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!**

Circle appropriate job description(s)      Full time      Part time      Temporary      Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street #/ Address      City/State      Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ = Total time \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while with this company? [ ] Yes [ ] No

Name of final supervisor: \_\_\_\_\_ Are you eligible for rehire? [ ] Yes [ ] No

Reason for leaving this position: \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....













Name and type of school and Location	Dates attended From / To	Degree and / or Credit hours earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been expelled from any school you have attended? [ ] Yes [ ] No

School: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason: \_\_\_\_\_

Have you ever been placed on academic probation? [ ] Yes [ ] No

School: \_\_\_\_\_ . Dates: \_\_\_\_\_  
Reason: \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL EDUCATION AND PERSONAL INFORMATION**

School Activities: (Clubs, Sports, Etc.) High School/College (circle grade)

_____	9th ...	10th ...	11th ...	12th.....	Frshmn.	Soph.	Jr.	Sr.
_____	9th ...	10th ...	11th ...	12th.....	Frshmn.	Soph.	Jr.	Sr.
_____	9th ...	10th ...	11th ...	12th.....	Frshmn.	Soph.	Jr.	Sr.
_____	9th ...	10th ...	11th ...	12th.....	Frshmn.	Soph.	Jr.	Sr.
_____	9th ...	10th ...	11th ...	12th.....	Frshmn.	Soph.	Jr.	Sr.

Positions of Leadership: (Indicate position/organization/dates held): \_\_\_\_\_

---

---

---

Community Activities: \_\_\_\_\_

---

---

---

Awards, Commendation or Items of Special Recognition: \_\_\_\_\_

---

---

---

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

---

---

**MILITARY SERVICE**

Have you registered with selective service?  Yes  No When? \_\_\_\_\_

Have you ever been rejected by any branch of the armed forces?  Yes  No

Have you ever been a member of any branch of the U. S. Armed Forces?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Mo Day Year ..... Mo Day Year

Awards: (Type)	Date awarded:
_____	_____
_____	_____
_____	_____

Special Schools/Training:

---

---

---

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial?  Yes  No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

---

---

Last duty station and name of commanding officer: \_\_\_\_\_

---

Are you currently a member of a U.S. Reserve, National or State Guard organization?  Yes  No

Branch of Service \_\_\_\_\_ Grade & Service # \_\_\_\_\_

Are you:  Active  Inactive  Standby

Organization Station Unit and Location \_\_\_\_\_

---

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

---

### ARREST or DETENTION

Have you ever been charged or cited for any family violence offense?  Yes  No

If "Yes", Explain: (list juvenile as well as adult occurrences) \_\_\_\_\_

---

Have you ever been arrested by the Police? [ ] Yes [ ] No

If "Yes", Explain: (list juvenile as well as adult occurrences) \_\_\_\_\_

\_\_\_\_\_

Have you ever been detained (other than a traffic ticket) by the Police? [ ] Yes [ ] No

If "Yes", Explain: (list juvenile as well as adult occurrences) \_\_\_\_\_

\_\_\_\_\_

Have you ever been summoned into court for a criminal offense? [ ] Yes [ ] No

If "Yes", Explain: (list juvenile as well as adult occurrences) \_\_\_\_\_

\_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LITIGATION**

Have you ever been involved in any type of law suit? (even as a witness) [ ] Yes [ ] No

Were you sued? [ ] Yes [ ] No

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

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

Has anyone ever threatened to take you to court for non-payment of a bill? [ ] Yes [ ] No

(Explain any "Yes" answers) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD**

How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three (3) years? \_\_\_\_\_

Have you ever driven a motor vehicle, since your 17th birthday, without a valid drivers license for that vehicle?  
 Yes  No

Have you ever driven a motor vehicle without the proper insurance as required by law?  Yes  No

Have you ever had your drivers license suspended?  Yes  No

Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_

Date Lifted: \_\_\_\_\_

Have you ever had your drivers license placed on probation for receiving an excessive number of traffic citations?  Yes  No

Have you ever had a hearing for probation/suspension, etc.?  Yes  No

Have you ever been placed as an assigned risk for vehicle insurance?  Yes  No

Have you ever had your insurance revoked due to the number of traffic citation you have received?  
 Yes  No

Have you ever knowingly driven a motor vehicle after your drivers license was suspended/or after it had been revoked?  Yes  No

Do you have a valid drivers license in more than one state? If so, list:

\_\_\_\_\_

Have you ever been denied a drivers license for any reason?  Yes  No

Have you ever had to appear before a medical advisory board?  Yes  No

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_

Have you had any reason to believe you might have problems with depth perception?  Yes  No

Have you ever been involved in an accident and then left the accident scene without identifying yourself?  
 Yes  No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage?  Yes  No

Have you ever struck an unattended vehicle and then left without leaving your identification?  Yes  No

\*With what company do you carry automobile insurance? \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

Policy Number \_\_\_\_\_ Effective Dates \_\_\_\_\_

**\*Attach a copy of your current insurance card in the space below.**

List, to the best of your memory, **all driving citations** you have received:

Date Received	Type of Violation	Issuing Agency	Disposition (Paid, Not Guilty, Etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List **all** accidents in which you have been involved **as a driver**:

Date	Location	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INVESTIGATOR'S NOTES:** \_\_\_\_\_  
\_\_\_\_\_



Relationship	Occupation / Work Number	Time Lived Together
--------------	--------------------------	---------------------

2) \_\_\_\_\_  

Full Name	Date of Birth
-----------	---------------

Relationship	Occupation / Work Number	Time Lived Together
--------------	--------------------------	---------------------

3) \_\_\_\_\_  

Full Name	Date of Birth
-----------	---------------

Relationship	Occupation / Work Number	Time Lived Together
--------------	--------------------------	---------------------

4) \_\_\_\_\_  

Full Name	Date of Birth
-----------	---------------

Relationship	Occupation / Work Number	Time Lived Together
--------------	--------------------------	---------------------

List all children related to you or to your spouse (Natural, Step-Children, Adopted or Foster)

Child's Full Name	Date of Birth	Relationship	Home Address (If different than your own)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other immediate family members (father, mother, siblings) of both you and your spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Date of Birth	Relationship	Occupation	Address City/State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INVESTIGATOR'S NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCES**

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year. Attach an additional page, if necessary. Include apartment complex names and the office telephone number.

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office:** ( ) \_\_\_\_\_

INVESTIGATOR'S NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City State Zip

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office:** ( ) \_\_\_\_\_

INVESTIGATOR'S NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office: ( )** \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_



**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office: ( )** \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office: ( )** \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

---

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office:** ( ) \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office:** ( ) \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Length of Residency (Yrs./Mos.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

**Name of Apartment Complex:** \_\_\_\_\_

**Telephone # of Complex Office:** ( ) \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



From \_\_\_\_\_ To \_\_\_\_\_ Length of Residency (Yrs./Mos.) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Name of Apartment Complex: \_\_\_\_\_

Telephone # of Complex Office: ( ) \_\_\_\_\_

INVESTIGATOR'S NOTES: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL HISTORY**

What is your present salary or wages? \_\_\_\_\_ (monthly - net)

List any income from any other source other than your principal occupation:

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Vehicles:**

Do you own or lease a car(s)? [ ] Yes [ ] No Make and Model: \_\_\_\_\_

Vehicle ID# (VIN): \_\_\_\_\_ LP# \_\_\_\_\_ St: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Vehicle ID# (VIN): \_\_\_\_\_ LP# \_\_\_\_\_ St: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Vehicle ID# (VIN): \_\_\_\_\_ LP# \_\_\_\_\_ St: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Vehicle ID# (VIN): \_\_\_\_\_ LP# \_\_\_\_\_ St: \_\_\_\_\_

INVESTIGATOR'S NOTES: \_\_\_\_\_

## PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

	# Times In Life	Last Date Used	Form Used
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Marijuana</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hashish</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>"Speed"</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cocaine</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>LSD</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>"XTC"</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>PCP</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Peyote</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Mushrooms</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Quaaludes</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Tranquilizers</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Barbiturates</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Heroin</b>	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any Designer Drug</b>	_____	_____	_____

Have you ever sold any of the items specified above? \_\_\_Yes \_\_\_No

Which? \_\_\_\_\_ When? \_\_\_\_\_ #Times \_\_\_\_\_

Have you ever bought any of the items specified above? \_\_\_Yes \_\_\_No

Which? \_\_\_\_\_ When? \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever had an illegal drug injection? \_\_\_Yes \_\_\_No Of what? \_\_\_\_\_

Have you ever inhaled paint, glue, any petroleum product? \_\_\_Yes \_\_\_No

When was the last time? \_\_\_\_\_

Have you ever abused any prescribed medication? \_\_\_Yes \_\_\_No Type \_\_\_\_\_

How did you abuse (misuse)? \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug? \_\_\_Yes \_\_\_No

What drug? \_\_\_\_\_

Describe your involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc? \_\_\_Yes \_\_\_No Explain\_\_\_\_\_

Do others use drugs in your presence? \_\_\_Yes \_\_\_No

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

**ALCOHOL USE**

Do you use alcoholic products? \_\_\_Yes \_\_\_No

Describe the use\_\_\_\_\_

Have you ever used cough medicine to get a "high"? \_\_\_Yes \_\_\_No

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

List five (5) persons who have known you for more than two years and know you well enough to provide current information about you. It is your responsibility to provide correct addresses and phone numbers! **Do not list relatives or past/present employers.**

**Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Home address: \_\_\_\_\_ **Years Known** \_\_\_\_\_  
Street # & Name City State Zip

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Briefly describe your relationship with this person\_\_\_\_\_

\_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_



**Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Years Known** \_\_\_\_\_  
Street # & Name City State Zip

**Home Phone # ( )** \_\_\_\_\_ **Work Phone # ( )** \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Years Known** \_\_\_\_\_  
Street # & Name City State Zip

**Home Phone # ( )** \_\_\_\_\_ **Work Phone # ( )** \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Years Known** \_\_\_\_\_  
Street # & Name City State Zip

**Home Phone # ( )** \_\_\_\_\_ **Work Phone # ( )** \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

**INVESTIGATOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home address: \_\_\_\_\_ Years Known \_\_\_\_\_  
Street # & Name City State Zip

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

INVESTIGATOR'S NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

List your past/present memberships in groups, associations or clubs:

Official Name of Organization	TYPE: Social, Fraternal, Professional, Etc.	Office(s) Held	Dates of Membership	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hobbies and Sports you participate in:

Name of Sport	Length of Time	Level of Proficiency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or your spouse have a relative currently employed with the city of Highland Village? \_\_\_Yes \_\_\_No  
If yes, give name/relationship/position with which City.

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement related agency? \_\_\_Yes \_\_\_No

Name of Agency	Type of Position	Date of Application	Status of Application (rejected, pending, not pursued, etc)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* If there are additional agencies, list them on a separate sheet of paper.

**INVESTIGATOR'S NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.***

***I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Preparation