3461 Carmen Avenue Rancho Viejo, Texas 78575 Phone (956) 350-4093 Fax (956) 350-4156

Chief of Police M. Cruz, Jr.

**INSTRUCTIONS** 

Note: READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.

These instructions are provided as a guide to assist you in properly completing your Personal

History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- 1. Your personal History Statement should be printed legibly in black ink, in your handwriting. 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 addresses and telephone numbers. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local directories. All requested information must be supplied by you. The Police Department will not be responsible for acquiring information such as phone numbers, address, zip codes, etc...
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- 6. An accurate and complete form will help expedite your investigation. On the other Hand, deliberate omissions or falsification my result in disqualification.

### PERSONAL HISTORY STATEMENT:

Information pr	rovided in this sectio	n is used for Identificat	tion Purposes.	
Last Name:		First:	Mic	ddle:
Other Name U	Jsed:			
Name by which	ch you prefer to be ac	ddressed:		
Date of Birth:		Age:		
Social Security	y:	U.S. Citizen:	Yes: No	o:
Drivers Licens	se:	State:	Expiration: _	
Place of Birth:	<b>!</b>			
	City	County Hair Color:	State	Country
Height:	Weight:	Hair Color:	Eye C	Color:
<b>IDENTIFYIN</b>	G MARKS:			
Scars:				
Tattoos:				
POLICE APP	LICANT ADDEND	UM:		
		fied? Yes No		
Date you com	pleted physical exam	nination:		
•		examination:		_
CURRENT PO	OLICE OFFICER C	ERTIFICATION:		
Basic Certifica				
		Date		
Intermediate C	Certification:			
		Date		
Advanced Cer	tification:			
		Date		
Master Certific	cation:			
		Date		
Name & Loca	tion of Police Acade	my Attended:		
Basic Academ	y Training Complete	ed:		
		Date		
		Date		

### RANCHO VIEJO POLICE DEPARTMENT

EMPLOYMENT API	PLICATION	
Date of Application:		
Name:		
Mailing Address:		
Social Security Number	r:	Date of Birth:
		Other:
Position Applied for: _		
place. Any applicant for	or employment with th	ug and Alcohol Policy to maintain a drug free work to Town will be requested to submit to testing to screen ployment will be contingent upon a negative drug test
Will you submit to drug	g testing? Yes:	_ No:
		her than traffic violations?
Yes:No:	Note: If	yes, Please provide details below.
PREVIOUS EMPLOY		
		ce. Begin with your present position, and work back. sufficient qualifying experience data.
1.) From:	To:	Annual Salary:
Position:		Telephone:
		_ Address:
Reason for Leaving:		
Description of Work: _		
2.) From:	To:	Annual Salary:
Position:		Telephone:
		Address:
Description of Work:_		
=		

3.) From:	To:		Annual Salary:
Position:		Telephone:	
Description of Work: _			
-			
4.) From:	To:		Annual Salary:
Position:		Telephone:	
Description of Work: _			
			Annual Salary:
Position:		Telephone:	
Firm Name:		_ Address:	
Description of Work: _			
6.) From:	To:		Annual Salary:
Position:		Telephone:	
Firm Name:		_ Address:	
Reason for Leaving:			
Description of Work: _			
EDUCATION:			
Did you graduate from	High School? Yes:	No:	
Date graduated:			
<u></u>			
COLLEGE, UNIVERS	SITY, TRADE BUSIN	ESS:	
			Degrees granted Date graduated
	<i>y</i>		
LIST ALL PRESENT	LICENSES		
			_ Exp. date:
Type:	Number:		_ Exp. date:
- 1 L	1,6,111001.		
Specify all equipment	or office machines you	can operate:	
Are you related to any Town? Yes: If yes please give personal to a second control of the property of th	_ No:		y person now employed with the tionship to you:

Person to contact i	n case of emergency: Address:		Phone:
	address of three person		ives, who have knowledge of your
	additional experience position you seek.:	e and training you ha	ave had which in your opinion wo
PERIODS OF UN	EMPLOYMENT		
unemployment is a If you were a full t indicate your begin	ny time you did not h ime college student ar	ave a job) nd held only seasona ool dates. In the work	High School. (A period of all employment during school break history section however; list any onal nature.
From: ( mo / yr )	Го: ( mo / yr ) Lengtl	h of unemployment	Reason for unemployment
1. Have you indica Yes:	No: to list any job because	n this application, bo	N both temporary and full time? I not get a favorable recommendat
<ul><li>4. Have you ever b</li><li>5. Have you ever b</li></ul>		om a job? Yes : No	o:
Yes: N	uit a job without notic		-

9. Have you ever used sick leave without actually being sick? Yes: No:
10. Have you ever been reprimanded for being late for work? Yes: No:
How often are you late for work?
11. Have you ever been rejected for employment with any law enforcement agency?
Yes: No:
If so, Please name the agency(ies)
12. Have you ever slept on the job? Yes: No:
13. Have you ever consumed any alcoholic beverage on the job? Yes: No:
14. Have you ever used any illegal drug or the job? Yes: No:
15. Do you have any objections to us contacting any of your current or past employers?
Yes: No: If yes, please explain why:
(Investigator's notes)

#### MARITAL AND FAMILY HISTORY

w nat is	your current	maritai stat	us?		
Single	Engaged	Married	Separated	Divorced	Widowed
If Engag	ged:				
Name of	f fiancé:			Date of	Birth:
Address	S:			Phon	e No.:
<u>If Marri</u>	ed:				
				Date of	Birth:
Maiden	name:			Work N	No.:
If Seper	ated:				
-				Date of	Birth:
Current	address:			Work N	Io.:
Separati	ion date:		_ Divorce pe	tition filed? _	Date:
Who file	ed divorce? _			Home No	.:
IF YOU	HAVE EVE	R BEEN D	IVORCED:		
					Date of Birth:
					Home No.:
Date de	cree issued: _		Court	/ State issued	:
Note: If	you have mo	re than one	divorce, plea	se list those o	on a separate sheet of paper and attached
to this a	pplication.				
<u>IF WID</u>	OWED:				
Former	spouse's nam	e:		I	Date of Birth:
Date of	death:			Cause of de	eath:

#### LIST ALL CHILDREN RELATED TO YOU OR YOU SPOUSE

(Natural, Step-children, Adopted or Foster)

Child's Full Name	Date of Birth	Relationship	Home address (if different)

LIST OTHER FAMILY MEMBERS (including those related by marriage). If deceased, indicate year of death (step / natural /in- law /mother / father / brothers / sisters)

Full name / D.O.B.	Relationship	Occupation	Address

IF YOU CURRENTLY SHARE A RESIDENCE WITH ANY PERSON(S) OTHER THEN FAMILY MEMBERS LIST BELOW: (Include friends, room- mates, Etc.)

Full name / D.O.B.	Relationship	Occupation	How long

Investigator's Notes:

#### MILITARY SERVICE

Have you ever been rejected by any branch of the armed forces? Yes No  If yes, please indicate date and explain:				
Have you ever been a member of any branch of the U.S. Armed Forces? Yes No				
Branch of service: Highest rank attained:				
Date inducted: Date discharged:				
Type of discharge:				
Special school / training:				
While in the military service were you ever arrested for any offense which resulted in a trial by Deck Court or Summary, Special or General Court Martial? Yes No If yes indicate date, place, law enforcement authority, type of court, or court martial, charge, and action taken for each incident:				
Are you currently a member of a U.S. Reserve or National or State Guard organization?  Yes No  Branch of service:				
STATUS:				
[ ] Active [ ] Inactive [ ] Standby				
Investigator's Notes:				

#### **DRIVING RECORD**

How many traffic citations have you received since you began driving?				
How many moving traffic citations have you received in the past (3) years?				
Have you ever had your driver's license or privilege to drive suspended in this or any other state?  Yes No If yes please explain:				
Have you ever had your driver's license placed on probation for any reason? Yes No If yes, please explain:				
Do you have or have you had a driver's license in any other state besides Texas?  Yes No If yes, indicate issuing state:				
Have you ever been denied a driver's license for any reason? Yes No  If yes, Please explain:				
Have you ever had to appear before a medical advisory board? Yes No  If yes, Please explain:				
Have you ever been involved in any way in an accident and then left the scene without identifying yourself? Yes No  If yes, Please explain:				
Have you ever been in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes No  If yes, Please explain:				
Have you ever struck an unattended vehicle and then left without leaving identifying information? Yes No If yes, Please explain:				

# LIST TO THE BEST OF MEMORY, ALL TRAFFIC CITATIONS YOU HAVE EVER RECEIVED FOR ANY REASON.

Date	Violation	Issuing Agency	Disposition

#### LIST ALL ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN AS A DRIVER.

Date	Location	Investigation Agency	Brief description of
			accident:

#### **LEGAL CONTACTS**

### <u>CRIMINAL:</u>

Have you ever been arrested by the Police?  If yes explain:	Yes	No
Have you ever been detained (other than a traffic ticket) by the Police If yes explain:		No
Have you ever been summoned into court to answer to a criminal off filed against you?  If yes explain:	Yes	complaint which was No
Have you ever been indited by a Grand Jury?  If yes explain:		No
Have you been with someone else when they committed a crime?	Yes	No
Do you have any old unpaid parking, or fish & wildlife violations?	Yes _	No
If yes explain:		
Have you ever run from the Police in a car or on foot?  If yes explain:	Yes _	No

#### CIVIL:

Have you ever been involved in any type of lawsuit?  If yes explain:		_ No
Have you ever been sued?  If yes explain:	Yes	No
Have you ever sued anyone?  If yes explain:		No
Have you ever filed bankruptcy?  If yes explain:		No
Has anyone ever threatened to take you to court for non payment of a bill?  If yes explain:		

Investigators Notes:

#### **RESIDENCES**

LIST ALL RESIDENCES WHERE YOU LIVED DURING THE PAST TEN ( 10 ) YEARS BEGINNING WITH YOUR PRESENT ADDRESS. LIST BY MONTH AND YEAR. ATTACH ADDITIONAL PAGE IF NECESSARY .

FROM ( mo / yr.)	TO ( mo / yr.)	Address	Neighbor's Name
		ENCE FOR ANY REASOnson, etc.	
Investigators Notes:			

#### FINANCIAL HISTORY

Applicant:			
What is your present salary or	wages?		( monthly / gross )
Applicant's Spouse:			
What is your present salary or	wages?		( monthly / gross )
Spouse's employer :		Job title :	
Business address :			
Work Phone :		Hours / Days wo	rked:
LIST ANY INCOME FROM OCCUPATION. (Exclude in			
Source	•	Amount	Frequency
Do you own any real estate? _			
If yes, Value:	Locati	ion:	
Do You own an automobile? & license number:			cate make / model / year/ color
Bank address: Phone:			
Current balance:		When opened:	
Bank address:		Phone:	
Current balance:		When opened:	

Give the name and address of the individuals, companies, or others to whom you owe money and the amount of your debt. Include rent , mortgages, vehicle payment, charge accounts, and credit cards, loans, child support payments, and any other debts, and payments. Include all debts owed by your spouse.

Creditor's Name/Address	Debt Reason	Original Balance	Amount Due	Monthly Payment	Past Due (Yes/ No)
		TOTALS:			
	nad any property:				
	defaulted on any l				
	nad or do you nov			? Yes: N	Vo:
•	ore money per mo	-	-	No:	
Have you ever l	nad a check bound	ce? Yes:	No:		
•				<del></del>	

# HAVE YOU EVER HAD , BEEN TREATED FOR , COUNSELED FOR , OR DO YOU NOW

**HAVE:** (Circle the letter corresponding to any that apply )

- (a) heart attack or ailment
- (b) epilepsy
- (c) diabetes
- (d) asthma
- (e) sinus problems
- (f) dizzy spells
- (g) malaria
- (h) meningitis
- (i) polio
- (j) convulsions
- (k) AIDS
- (1) herpes
- (m) blood pressure problems
- (n) dyslexia
- (o) stomach trouble
- (p) ear trouble / hearing loss
- (q) migraine problems
- (r) hemorrhoids

- (s) hepatitis
- (t) cancer
- (u) cyst
- (v) breathing disorder
- (w) mononucleosis
- (x) kidney troubles
- (y) hernia, rupture
- (z) eye trouble
- (aa) foot trouble
- (bb) nervous disorder
- (cc) emotional trouble
- (dd) alcoholism
- (ee) drug habit
- (ff) alcohol abuse problems
- (gg) venereal disease
- ( hh ) back /neck /injury or problem
- (ii) learning disorder
- ( jj ) injury or problem of the joints/ knees / elbows

Investigators Notes:

### PERSONAL DECLARATIONS:

ALCOHOL USE: Do you drink alcoholic beverages? Yes _	No		
What are your usual drinking habits?			
Do you drink daily? Yes N	No		
Do you frequent clubs or bars? Yes	No		
Do you become intoxicated often? Yes _	No		
Have you ever lost time from work becar	use of a hangover or dr	inking? Yes	No
Did you ever seek or get treatment for al	cohol abuse ? Yes	No	_
DRUG USE : HAVE YOU EVER USED ANY OF TH	IE FOLLOWING :		
Hashish	Barbiturates		
Amphetamines	Cocaine		
Heroin	Marijuana		
Speed	LSD or Acid		
Peyote	Tranquilizers		
Quaaludes	Designer drugs ( E	Ecstasy, eve, etc.)	
Cough medicine ( for a high )	PCP	• , , ,	
Inhalants (glue, paint, oxide, etc.)	Valium		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Any other drug:_		
If yes , number of times used :	Last time	used :	
Do you associate, live or reside with any Yes No	one who uses marijuan	a, drugs, or narcotics	s ?
Would you arrest a friend for drug violat	tions if you were a poli	ce officer ? Yes	No
Have you ever sold or furnished marijua	na, drugs, or narcotics	to anyone ? Yes	No
Have you ever abused any prescription n	nedication ? Yes	No	
Have you ever illegally transported mari	juana or other illegal d	rugs or narcotics? Ye	es No

Did you ever seek or get treatment for drug abuse? Yes No
Have you ever been involved in any way, in the manufacturing, growing, or cultivation of an illegal drug? Yes No
Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium , or a pain killer? Yes No
Have you ever sold furnished or bought marijuana, drugs, or any controlled substance? Yes No
Investigators Notes:

#### **MISCELLANEOUS INFORMATION:**

HAVE YOU EVER MADE AN APPLICATION FOR EMPLOYMENT ( any position ) WITH THIS OR ANY OTHER LAW ENFORCEMENT RELATED AGENCY? IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

Name of Agency & Address	Application of Date	Status of application (rejected/pending, etc)
How have you prepared yourself	to be a Rancho Viejo Police Offic	eer ?
Why is becoming a Police Office	er important to You ?	

LIST YOUR PAST / PRESENT MEMBERSHIP IN GROUPS , ASSOCIATIONS , OR CLUBS :

(Jaycees, Rotary, etc...)

Official Name of Organization	Type: social, fraternal, professional,	Office(s), Membership
	etc	From/ To
HOBBIES , AND SPORTS	YOU PARTICIPATE IN:	
Sport or Activity	Length of time involved	Level of Proficiency
	-	
ARE THERE ANY INCIDEN	NTS IN YOUR LIFE NOT MENTIO	NED HEREIN WHICH MAY
REFLECT UPON YOUR SU	ITABILITY TO PREFORM THE D	UTIES WHICH YOU MAY BI
CALLED UPON TO UNDEF	RTAKE OR WHICH MIGHT REQU	IRE FURTHER
EXPLANATION?		
Yes No	If yes, please explanation:	

# PLEASE ATTACH COPIES OF THE BELOW LISTED DOCUMENTS IF THEY APPLY TO YOU.

- 1. Birth Certificate
- 2. Marriage License
- 3. Dissolution of Marriage Papers
- 4. High School Transcripts and Diploma
- 5. College Transcript
- 6. DD214 / Military Discharge Papers
- 7. G.E.D. Certificate
- 8. Naturalization Papers
- 9. Copy of Drivers License

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING, AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED BELOW.

- 1. I certify that the information on this application and on any attached documents is true and correct to the best of my knowledge and I give it freely of my own will for the purpose of gaining employment with the Town of Rancho Viejo.
- 2. I understand that any misstatement or omission of material facts or any false information given to obtain employment, promotion, or agency benefits may result in unfavorable consideration or dismissal from employment.
- 3. I understand that if employed I will serve an initial probationary period in an employment-atwill status which means I may be dismissed during this period for any reason or no reason.
- 4. I understand that as a condition of employment, I am required to provide legal proof of identity and of U.S. Citizenship. (Example: drivers license, social security card, birth certificate, etc.)
- 5. I understand that this appointment will be at the discretion of the department head concerned, subject to the approval of the Town Board, and that this application is the property of the Town and will become a part of my personnel file if I am accepted for employment.
- 6. I understand that this application, when signed and submitted, becomes public record, and becomes subject to public inspection.

7. The Town of Rancho Vi	iejo does not discriminat	e on the basis of Race, (	Color, National
Origin, Sex, Religion, Age	e, and Disability in empl	loyment, or the provision	n of service.
Date			

Signature of Applicant

# Rancho Viejo Police Department 3461 Carmen Ave.

3461 Carmen Ave. Rancho Viejo, Texas 78575

#### **AUTHORITY FOR RELEASE OF INFORMATION**

Last Name	First Name	Middle Name	Sex	Race
Social Security #	D.O.B.			
Place of Birth	County or City	State	Country	
I, , do hereby authorize a review authorized agent of the Rancho The intent of this authorization financial or credit institutions, i and also the records of commer employment and pre-employment against me, salary records, real filed; records of complaint, arretraffic records; the results of an located, and to include the record person in any case in which I proceeds to the Ranch Policy of the Ranch Pol	Viejo Police Department, is to give my consent for fincluding records of deposicial or retail credit agencie ent records, including backgand personal property tax set trial and/or convictions by polygraph examinations; rds and recollections of attorices.	whether the said records are of all and complete disclosure of its, withdrawals and balances of including credit reports and ground reports, efficiency rational statements and records, and other cords of complaint of a civilorneys at law, or of other course.	f public, private or the records of educ of checking and sav /or ratings); public ngs, complaints or ther financial statem of law, including of l nature made by or	confidential nature. cational institutions; ings accounts, and loans, utility companies; grievances filed by or nents and records wherever criminal, civil and/or r against me, wheresoever
I reiterate, and emphasize that t personal life, for the specific pu Police Department to consider i access to personal information, identified herein.	rpose of pursuing a backgr n determining my suitabili	ound investigations which ma ty for employment by that dep	y provide pertinent partment. It is my sp	t data for the Rancho Viejo pecific intent to provide
I understand that any information in whole or in part, upon this re Viejo Police Department. I under Rancho Viejo Police Department.	lease authorization will be erstand that all materials pe	considered in determining my ertaining to this background in	suitability for emp	ployment by the Rancho
I agree indemnify and hold harr claims, damages, losses and exp I further understand that in the o	penses, including reasonabl	e attorneys fees, arising out o	f or by reason of co	implying with this request.
A photocopy of this release for writing of my signature.	m will be valid as an origin	al hereof, even though the said	d photocopy does n	ot contain an original
MUST BE SIGNED IN THE	PRESENCE OF A NOTA	ARY: Signatur	re:	
Subscribed and sworn before m		Street A	ddress:	
My commission expires		City:		
Notary:		State:		
		Zip Cod	e:	