3301 Carmen Avenue Rancho Viejo, Texas 78575 Phone (956)350-4093 Fax (956)350-4156

Chief of Police M. Cruz, Jr.

<u>INSTRUCTIONS</u>

Note: READ THE 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 legal directories. All requested information must be supplied by you. The Police Department will not be responsible for acquiring information such as phone numbers, addresses, 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 may result in disqualification.

PERSONAL HISTORY STATEMENT:

Information provide	ded in this section	n is used for Identifica	tion Purposes.
Last Name:		First:	Middle:
Other Name Used:			
Name by which yo	ou prefer to be ac	ddressed:	
Date of Birth:		Age:	
Social Security:		U.S. Citizen:	: Yes: No:
Drivers License: _		State:	Expiration:
Place of Birth:			
City County State			
Height:	Weight:	Hair Color:	Eye Color:
IDENTIFYING M	IARKS:		
Scars:			
Tattoos:			
POLICE APPLICA	ANT ADDEND	UM:	
Are you currently	TCLEOSE certi	fied? Yes No	0
Date you complete	ed physical exam	nination:	
Date you complete	ed psychological	examination:	
CURRENT POLIC	CE OFFICER C	ERTIFICATION:	
Basic Certification	ı:		-
Date			
Intermediate Certi	fication:		
Date			
Advanced Certific	ation:		
Date			
Master Certification	on:		
Date			
Name & Location	of Police Acade	my Attended:	
Basic Academy Tr	aining Complete	ed:	Date:

RANCHO VIEJO POLICE DEPARTMENT

EMPLOYMENT APPLICATION

Date of Application:			
Name:			
Mailing Address:			
Social Security Number: _		Date o	of Birth:
Telephone number, Home:		Othe	er:
Position Applied for:			
The Town of Rancho Viejo	o has adopted a I	Orug and Alcohol Po	licy to maintain a drug free work
place. Any applicant for en	nployment with	the Town will be rec	juested to submit to testing to
screen for illegal drug use	prior to employn	nent. Employment w	vill be contingent upon a negative
drug test result.			
Will you submit to drug tes	sting? Yes:	No:	
Have you ever been arreste			
Yes: No:	•		
10	11000.	ii yes, i ieuse provie	e details below.
PREVIOUS EMPLOYME	NT:		
List all employment, include	ding military ser	vice. Begin with you	ir present position, and work
back.			
Attach additional sheets or	resume providir	ng sufficient qualifyi	ng experience data.
1.) From:	To:		Annual Salary:
Position:		Telephone:	·
Firm Name:		Address:	
Reason for Leaving:			
Description of Work:			
2.) From:	To:		Annual Salary:
Position:		Telephone:	Annual Salary:
Firm Name:		Address:	
Reason for Leaving:		· ———	
Description of Work:			·

Reason for Leaving: Description of Work: 5.) From: Position: To: Telephone: Firm Name: Reason for Leaving: Description of Work:	: Annual Salary:
Firm Name:	Telephone:
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Date graduated: or last grade completed: COLLEGE, UNIVERSITY, TRADE BUSINESS:	
COLLEGE, UNIVERSITY, TRADE BUSINESS:	? Yes: No:
	or last grade completed:
School name Dates Major areas of study Semester hours Degrees granted Date graduated	E BUSINESS:
	tudy Semester hours Degrees granted Date graduated
LIST ALL PRESENT LICENSES	
Type:	per:Exp. date:
Type:	per: Exp. date:
Specify all equipment or office machines you can operate:	nines you can operate:
Are you related to any member of the Board of Alderman or any person now employed with	e Board of Alderman or any person now employed with the
Town? Yes: No:	
If yes please give person's name, Dept. (If applicable) any relationship to you:	ept. (If applicable) any relationship to you:

Person to contact in			
Name:	Address:		Phone:who have knowledge of your
character, experienc		, other then relatives, v	who have knowledge of your
Please indicate any a qualify you for the p		nd training you have h	ad which in your opinion would
PERIODS OF UNE Record any period o		you graduated from H	igh School. (A period of
unemployment is an	y time you did not have	e a job) If you were a f	full time college student and
held only seasonal e	mployment during scho	ool breaks just indicate	your beginning and ending
school dates. In the	work history section ho	wever; list any job you	a worked while attending
college, even if it wa	as of a seasonal nature.		
From: (mo / yr) To: (m	o / yr) Length of unemplo	yment Reason for unem	ployment
WORK RECORD A	AND BACKGROUND	INFORMATION	
1. Have you indicate	ed all previous jobs in th	nis application, both te	mporary and full time?
Yes:	_ No:		
2. Have you failed to	o list any job because yo	ou felt you could not g	get a favorable
recommendation?			
Yes:	_ No:		
3. Have you ever res	signed from a job to kee	p from being fired? Y	es: No:
4. Have you ever be	en asked to resign from	a job? Yes:	No:
5. Have you ever be	en fired from a job? Yes	s : No :	
6. What is the most s	serious disciplinary acti	on you have received	on the job?
7. Have you ever wa	alked off of a job when y	you got mad or were u	inder pressure?
Yes: No	:		
8. Have you ever qu	it a job without notice?	Yes: No:	

> . 1100 · O j o	u ever used sick	leave without actually being sick? Yes:	No:
10. Have ye	ou ever been rep	primanded for being late for work? Yes:	No:
How often	are you late for	work?	
11. Have ye	ou ever been rej	ected for employment with any law enforceme	nt agency?
Yes:	No:		
If so, Pleas	e name the agen	ncy(ies)	
12. Have ye	ou ever slept on	the job? Yes: No:	
13. Have ye	ou ever consum	ed any alcoholic beverage on the job? Yes:	No:
14. Have ye	ou ever used any	y illegal drug or the job? Yes: No:	
15 Do you	have any objec	tions to us contacting any of your current or pa	st employers?
13. Do you			

MARITAL AND FAMILY HISTORY

What is your current marital status? Single Engaged Married Separated Divorced Widowed

If Engaged:	
Name of fiancé:	Date of Birth:
Address:	Phone No.:
If Married:	
Spouse name:	Date of Birth:
Maiden name:	Work No.:
If Separated:	
Spouse name:	Date of Birth:
Current address:	Work No.:
Separation date:	Divorce petition filed? Date:
Who filed divorce?	Home No.:
IF YOU HAVE EVER BEEN	N DIVORCED:
Former Spouse's name:	Date of Birth:
Current address:	Home No.:
Date decree issued:	Court / State issued:
Note: If you have more than	one divorce, please list those on a separate sheet of paper and
attached to this application.	
IF WIDOWED:	
Former spouse's name:	Date of Birth:
Date of death:	Cause of death:

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 THAN

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	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 we	ere you ever arrested for any offense which resulted in a trial by
Deck Court or Summary, Speci	al 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 [] Standb	y
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's
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.

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:

Rancho Viejo Police Department LEGAL CONTACTS

CRIMINAL: Have you ever been arrested by the Police? Yes No
If yes explain:
Have you ever been detained (other than a traffic ticket) by the Police? Yes No If yes explain:
Have you ever been summoned into court to answer to a criminal offense or a complaint which was filed against you? Yes No If yes explain:
Have you ever been indicted by a Grand Jury? Yes No If yes explain:
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? Yes No If yes explain:

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

RESIDENCES

LIST ALL RESIDENCES WHERE YOU LIVED DURING THE LAST 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
HAVE YOU BEEN EVICTED FROM A RESIDENCE FOR ANY REASON? Yes ____ No ___
If yes, explain & indicate dates, addresses, and reason, etc. ______

Investigators Notes:

FINANCIAL HISTORY

Applicant:		
What is your present salary or wage	(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 worked:
LIST ANY INCOME FROM ANY	SOURCE OTHER T	HAN YOUR PRINCIPAL
OCCUPATION. (Exclude income f	rom your spouse's pr	imary occupation).
Source Amount Frequency		
Do you own any real estate?		
If yes, Value:	_ Location:	
Do you own an automobile? Yes: _	No: i:	f yes indicate make/model/year/color &
license number:		
Bank address: Phone:		
Current balance: When opened:		pened:
Checking account: Bank:		
Current balance: When opened:		pened:

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.

Creditors
Name/Address
Debt Reason Original Balance Amount Due Monthly
Payment
Past Due
(Yes/No)
TOTALS:
Have you ever had any property repossessed? Yes: No:
If yes, explain:
Have you ever defaulted on any bill or debt? Yes: No:
If yes, explain:
Have you ever had or do you now have any judgments against you? Yes: No:
If yes, explain:
Do you owe more money per month than you take per month? Yes: No:
If yes, explain:
Have you ever had a check bounce? Yes: No:
Last time? Amount?

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	(s) hepatitis
(b) epilepsy	(t) cancer
(c) diabetes	(u) cyst
(d) asthma	(v) breathing disorder
(e) sinus problems	(w) mononucleosis
(f) dizzy spells	(x) kidney troubles
(g) malaria	(y) hernia, rupture
(h) meningitis	(z) eye trouble
(i) polio	(aa) foot trouble
(j) convulsions	(bb) nervous disorder
(k) AIDS	(cc) emotional trouble
(l) herpes	(dd) alcoholism
(m) blood pressure problems	
(n) dyslexia	(ff) alcohol abuse problems
(o) stomach trouble	(gg) venereal disease
(p) ear trouble / hearing loss	(hh) back /neck /injury or problem
(q) migraine problems	(ii) learning disorder
(r) hemorrhoids	(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 No	
Do you frequent clubs or bars? Yes No	
Do you become intoxicated often? Yes No	
Have you ever lost time from work because of a hangover or drinking?	Yes No
Did you ever seek or get treatment for alcohol abuse? Yes No	
DRUG USE:	
HAVE YOU EVER USED ANY OF THE FOLLOWING?	
Hashish Barbiturates	
Amphetamines Cocaine	
Heroin Marijuana	
Speed LSD or Acid	
Peyote Tranquilizers	
Quaaludes Designer drugs (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 anyone who uses marijuana, drugs	, or narcotics?
Yes No	
Would you arrest a friend for drug violations if you were a police office	er? Yes No
Have you ever sold or furnished marijuana, drugs, or narcotics to anyor	ne? Yes No
Have you ever abused any prescription medication? Yes No	
Have you ever illegally transported marijuana or other illegal drugs or r	narcotics? Yes 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 Officer?
Why is becoming a Police Officer important to you?

LIST YOUR PAST / P	RESENT MEMBERSHIP IN GROUPS, ASSOCIATIONS, OR
CLUBS:	
(Jaycees, Rotary, etc	
Official Name of Organization	on Type: social, fraternal, professional, etc
Office(s), Membership From	/ To
HOBBIES AND SPOR	RTS YOU PARTICIPATE IN:
Sport or Activity Length	n of time involved Level of Proficiency
, , , , , , , , , , , , , , , , , , ,	CIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY
	R SUITABILITY TO PREFORM THE DUTIES WHICH YOU MAY
BE	
	NDERTAKE OR WHICH MIGHT REQUIRE FURTHER
EXPLANATION?	
Yes No	If yes, please explanation:

Wp-8 Employment Application (12-00) mcjr

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

Wp-8 Employment Application (12-00) mcjr

Rancho Viejo Police Department

3301 Carmen Ave. Rancho Viejo, Texas 78575

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	
Texas Driver's License #	Social Security #	D.O.B.	-		
Place of Birth	County or City	State		Country	

I, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Rancho Viejo Police Department, whether the said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigations which may provide pertinent data for the Rancho Viejo Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rancho Viejo Police Department. I understand that all materials pertaining to this background investigation become the property of the Rancho Viejo Police Department and will not be returned to me.

I agree indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

		Signature:	
Subscribed and sworn before me this		Street Address:	
day of	20	City:	
My commission expires	20	State:	
Notary:		Zip Code:	

Wp-8 Employment Application (08-11) mcip