



MAGNOLIA POLICE DEPARTMENT



**18111 Buddy Riley Blvd
Magnolia, Texas 77354
Office: (281) 356-2500**

The City of Magnolia is a flourishing community that is part of one of the fastest growing counties in America. Currently, the greater Magnolia area has an estimated population of 138,000. Magnolia is located at the junction of FM 1774 and FM 1488, approximately 45 miles northwest of Downtown Houston. As an emerging city with increasing residential and commercial development, there will be many opportunities for career advancement. Work in a pro-law enforcement community with a responsible, ethical, and aggressive District Attorney's Office. The goal of the Magnolia Police Department is to recruit self-disciplined and forward-thinking individuals who seek to be part of a progressive police organization.



POLICE OFFICER APPLICANT MINIMUM QUALIFICATIONS

Once an individual has taken and passed the entry level examination for the Police Department, they must then meet the employment requirements. An individual not meeting any of the following requirements will not be eligible for employment even though they may have passed the entry exam.

A. AGE- A qualified applicant:

1. Must be over the age of 21.

B. CITIZENSHIP- A qualified applicant:

1. Must be a citizen of the United States, and
2. Must be able to read, understand, and write the English Language.

C. CRIMINAL RECORD- A qualified applicant shall not:

1. Be on probation for a criminal offense;
2. Have been convicted of a misdemeanor offense above the grade of a Class C misdemeanor within the last 10 years in the State of Texas, or equivalent grade in another state or any Class C misdemeanor conviction for assaulting involving family violence.
3. Have ever been convicted of a felony offense.

D. DRIVING RECORD-A qualified applicant must:

1. Possess a valid Texas Driver's License at the time of official acceptance.
2. Not have had their driver's license suspended in any state within the last 24 months months prior to applying.
3. Not have been convicted of Driving While Intoxicated nor Driving Under the Influence of Drugs in the ten-year period immediately prior to the most recent application.
4. Reflect a mature responsibility toward his/her driving privilege, and
5. Conform to the Department's standard for driving history.

E. EDUCATION-A qualified applicant must:

1. Have graduated from an accredited senior high school. In lieu of a high school diploma, the applicant must have obtained a G.E.D.
2. Possess the ability to read, learn, and understand the laws, policies, and procedures governing the police officer's position.

F. MORAL CHARACTER-A qualified applicant must:

1. Be of good moral character, and
2. His/her reputation must be of the highest order as will be determined by a complete background investigation.



POLICE OFFICER APPLICATION PACKET



G. VISION- A qualified applicant must possess:

1. Corrected visual acuity of 20/40, with uncorrected acuity in each eye not worse than 20/200.
2. Normal tests results for color blindness and night blindness.

H. HEARING- A qualified applicant must possess:

1. Normal hearing without the aid of listening devices.

I. DRUG DEPENDENCY-A qualified applicant must submit and pass an examination for drug dependency or illegal drug usage.

J. PHYSICAL PERFORMANCE-A qualified applicant must pass a physical performance test, an explanation of which is attached.

An offer of employment to any applicant shall be withdrawn if it shall be determined upon the basis of medical examination that the employment of such applicant poses a direct threat to the health or safety of the applicant or others in the workplace and that the threat may not be eliminated or satisfactorily reduced through reasonable accommodation.

The City of Magnolia will make reasonable accommodations to qualified applicants for the purpose of enabling individuals with a disability to perform the essential functions of the position. Such reasonable accommodations shall be determined upon the basis of individual consultation with the applicant. The City may decline particular accommodations where it determines that undue hardship may result or where a direct threat may not be eliminated or satisfactorily reduced through reasonable accommodation.

K. LICENSING REQUIREMENTS-A qualified applicant **must** meet current TCOLE minimum standards for initial licensure except for minimum training requirements.

L. PSYCHOLOGICAL REQUIREMENTS-A qualified applicant must submit to and pass a psychological examination.

M. LITIGATION-A qualified applicant must explain in full any lawsuit(s) in which he/she is or was in any way involved.

N. WORK HISTORY-

1. A qualified applicant must be able to show through his/her work history that he/she is an honest, competent, and cooperative employee and the applicant must be able to fully account for any periods of unemployment.
2. A qualified applicant may not have been dismissed for "just cause" from unemployment by any unit of federal, state, or local government within the five year period immediately prior to the entrance examination.



POLICE OFFICER APPLICATION PACKET



O. FALSE STATEMENT-

1. An applicant who makes any false statement, either oral, written, or by omission, relating to the applicant's qualifications or other required application information shall be subject to rejection at any time during the application process and shall not be eligible for reapplication for a period of not less than three years, unless the reason for rejection has been eliminated or resolved.

P. POLYGRAPH- Candidates may be required to submit to a polygraph examination.

MAGNOLIA POLICE DEPARTMENT HIRING STANDARDS DISQUALIFIERS

In addition to the minimum requirements, physical, and psychological standards, the Department has established guidelines regarding elements of an applicant's personal history that, if present, could cause an applicant to be eliminated from consideration.

A. CONTRADICTORY INFORMATION

Asserted contradictory information may serve as a ground for disqualification, or may be given appropriate weight in the decision to reject or to approve an applicant.

When the asserted contradiction is restricted to information supplied by the applicant, or to admission of the applicant, the applicant shall be advised of the asserted contradiction, and be given a fair and equitable opportunity to explain.

Where the asserted contradiction is based upon information supplied by a third party under assurances of confidentiality, the degree of specificity and details of the asserted contradiction that are provided to the applicant shall be as much as can reasonably be provided without disclosing or jeopardizing the source of the confidential information.

An applicant shall be **permanently disqualified** if he/she intentionally falsifies, inaccurately reports, or omits information.

When false, inaccurate, or omitted information is discovered and it cannot be determined that the contradicted information was intentional, the applicant may be **temporarily disqualified** for a minimum period of three years from the date of consideration.

B. CREDIT AND FINANCIAL RESPONSIBILITY

An applicant's history of credit problems as evidence of financial irresponsibility may properly be considered and/or serve as a basis for disqualification under the following circumstances:

1. An applicant may be temporarily disqualified until the selection criteria is met if:
 - a. At the time of application, the applicant had a total of at least \$500 in debt, other than for medical or hospital services, which were past due by at least 90 days; or
 - b. At the time of application, the applicant had experienced at least two collection actions-either accounts placed for collection with a collection agency or lawsuits filed- within the 24 months immediately preceding the



POLICE OFFICER APPLICATION PACKET



- application; and if there is no evidence that the applicant attempted to defraud his/her creditor; or
 - c. At the time of the application, the applicant has declared bankruptcy within a 24 month period prior to the date of the application and there is no attempt on the part of the applicant to make restitution to his/her creditor; or
 - d. The Texas Guaranteed Student Loan Corporation (TGSLC) lists the applicant as being delinquent on student loan payments; or
 - e. Verifiable information is received that the applicant is delinquent on child support payments.
2. An applicant shall be disqualified a minimum of ten years from the date of consideration if:
- a. There exists a pattern of applicant conduct evidencing efforts by the applicant to defraud his/her creditors; or
 - b. The applicant's cashing of worthless checks was in a number or under circumstances demonstrating either serious financial irresponsibility or an attempt to defraud.

C. CRIMINAL BEHAVIOR

Criminal behavior on the part of the applicant, regardless of the date of the offense and whether identified by admission or conviction, will be examined very closely. Criminal behavior may result in temporary or permanent disqualification depending on such factors as recency, frequency, or serverity of the offense.

1. General Provisions

- a. An applicant shall be subject to search of local, state, and national records to disclose any criminal record.
- b. An applicant shall not be on probation for a criminal offense at the time of his/her application.
- c. An applicant shall not have ever executed a confession to a Felony offense, such a confession being admissible as evidence against the person in any criminal proceeding in any state of federal court.
- d. An applicant shall not be under indictment for a felony offense at the time of his/her application.
- e. The current State of Texas Statutes will determine whether, because of the a applicant's admission, a crime was committed and if the statute of limitation is still in effect.
- f. Admissions-For the purposes of applicant consideration concerning admissions:
 - i. Felony and misdemeanor admissions will carry the same disqualification as the criminal behavior.
 - ii. Admissions of criminal attempt, criminal conspiracy, and criminal solicitation:
 - 1. (a) The statute of limitation for criminal attempt is the same as that of the offense attempted.



POLICE OFFICER APPLICATION PACKET



2. (b) The statute of limitation for criminal conspiracy is the same as that of the most serious offense that is the object of the conspiracy.
 3. (c) The statute of limitation for criminal solicitation is the same as that of the felony solicited.
2. Juvenile Criminal Behavior- Juvenile criminal behavior, identified by a record of convictions or admissions, may be considered for disqualification and accorded appropriate weight, depending upon the relevant surrounding facts and circumstances.

An applicant will be **permanently** disqualified if:

- A. As a juvenile, the applicant committed a felony for which the applicant was tried and convicted as an adult; or
- B. As a juvenile, the applicant committed a crime involving the infliction of, or an attempt to inflict serious physical injury on another person; or
- C. As a juvenile, committed or attempted to commit a sexual assault upon another person; or,
- D. As a juvenile, used or attempted to use deadly or prohibited weapon.
- E. Juvenile thefts will be assessed in the same manner as adult thefts.

3. Adult Criminal Behavior

- A. Felony Convictions: An applicant shall be **permanently** disqualified by a record of convictions or admissions under the following conditions:
 - i. Applicant shall not have ever been convicted at any time of a felony offense as defined by the Texas Penal Code. For the purposes of this section, a person is convicted of a felony when an adjudication of guilt on a felony offense entered against the person by a court of competent jurisdiction, whether or not:
 - ii. The sentence is subsequently probated and the person is discharged from probation.
 - iii. The applicant received deferred adjudication or similar judicial processing of the offense; or
 - iv. The person is pardoned of the offense, unless the pardon is expressly granted for subsequent proof of innocence.
- B. In the case of plea bargaining where an applicant is charged with a felony offense, but is punished for a misdemeanor, the applicant shall be permanently disqualified for the admission of the original felony offense charged.
- C. Misdemeanor Convictions
 - i. An applicant will be disqualified for a period of **ten years** from the date of the adjudication of the offense if convicted of a Class A and/or Class B misdemeanor.
 - ii. Applicants convicted of Class C Misdemeanor(s) (other than theft) are generally not disqualified. Accumulation and recency of



POLICE OFFICER APPLICATION PACKET



pending court matters will be taken into consideration and may be cause for temporary disqualification.

- iii. Theft offenses will be evaluated on a case by case basis and may even result in permanent disqualification using the same criteria as listed in b. Additional Permanent Disqualifiers.

D. Criminal Non-Support

If it is determined the applicant is not current in child support payments, the applicant will be disqualified, and remain ineligible for consideration for a period of one year from the date on which the applicant becomes current in his/her payments.

D. DRUGS

1. The below listed selection criteria can result in **permanent disqualification** of an applicant upon admission or discovery through investigation.
 - a. Unlawful manufacture or Delivery of any Controlled Substance
 - b. A positive response from a drug screen to any controlled substance not prescribed by a doctor.
 - c. The use of any human growth hormone or any anabolic steroids not prescribed by a doctor.
 - d. The usage of cocaine, methamphetamines, heroin, and all other PG1 controlled substances, including the introduction of any illegal substance into the body intravenously, can result in permanent disqualification.
2. An applicant that has used the following drugs prior to application can be temporarily disqualified until criteria is met:
 - a. The use of marijuana within the **last three** years.
 - b. Excessive usage of marijuana-this will be considered on a case by case basis.
3. Permitting the use and/or associating with those who use controlled substances. The guidelines for disqualifications will depend on the frequency with which the applicant has permitted and/or associated with the usage of controlled substances and the severity of the drug in question.
 - a. A distinction will be made between:
 - i. Residing within a household where the use and/or sale of controlled substances has or is taking place,
 - ii. Close association with individuals (e.g., family, friends, and relatives) who either sell and/or frequently use controlled substances.
 - b. Power to terminate the use of controlled substances within any given casual social situation
 - c. Power to extricate oneself from the social situation
 - d. Prior knowledge of the use of controlled substance within any given casual social situation.
 - e. Each of the above situations in this section will be considered on a case by case basis.



POLICE OFFICER APPLICATION PACKET



E. DRIVING

1. The driving record scale is designed to balance out the number and age of accidents and citations. Each category is given a point value. This point value is reduced according to the age of the citation or accident.

POINTS ASSIGNED

MONTHS	0-12	13-24	25-36	37-60
At fault accidents	6	4.50	3.0	1.5
No insurance	5	3.75	2.5	2.5
No fault accident	5	3.75	2.5	2.5
Non-hazardous citations	2	1.50	1.0	.50

2. An applicant will be temporarily disqualified, until the criteria is met, if:
 - a. The applicant fails to have a valid Texas Driver's License prior to acceptance of employment with the City of Magnolia.
 - b. The applicant is in danger of having their driver's license suspended or revoked.
 - c. The applicant accrues 18 or more points on the above driving point scale.
 - d. The applicant is involved in two or more at fault accidents in the past 12 months.
 - e. The applicant is involved in 4 or more at fault accidents in the past 36 months.
 - f. The applicant's driver's license has been suspended in the last 24 months in any state.
 - g. The applicant cannot provide current proof of liability insurance.

F..MILITARY HISTORY

1. Applicants who are veterans must conform to the standards set by TCOLE.
2. Applicants who were rejected or discharged from the military for medical reasons or received disability compensation must furnish the Department with all available military records, as well as recent medical evaluation of the medical condition causing the discharge or disability. This full documentation will be evaluated by the Department and the Department's Physician to determine if the medical condition would jeopardize the safety of the applicant, other officers, or citizens. If the Department Physician recommends temporary disqualification, the applicant will be advised by the Department. The disqualification shall be based on the physician's recommendation on the length of time before another application can be accepted.
3. Any military arrest or conviction according to the Uniform Code of Military Justice will be considered in the same manner as a civilian arrest or conviction with respect to the grade of offense; (i.e. felony or misdemeanor).



POLICE OFFICER APPLICATION PACKET



ENTRY EXAM PROCESS

Complete an Application for Employment and submit it to the Magnolia Police Department prior to the posted current exam date.

REGISTRATION

Applicants will be required to:

- a. present a valid form of U.S. Government and/or State issued identification
- b. submit a signed copy of the "Release of Liability" at test day registration
- c. applicants with prior military service will be required to bring the original and one of copy of their DD-214.

The physical agility test must be attempted the same day as the written exam. The schedule of events will be as follows:

- a. Applicant registration at the Magnolia City Hall
- b. Introduction, welcome and explanation of testing
- c. Exam instructions
- d. Physical Agility Test
- e. Written exam
- f. Scoring of exams
- g. Information and instructions on application for employment and hiring process
- h. Explanation of background investigation process, question and answer session

TESTING

The physical agility test will be administered prior to the written exam

Police applicants will be required to appear at the Magnolia City Hall located at 18111 Buddy Riley Blvd. Magnolia, Texas 77354. **APPLICANTS ARRIVING LATE WILL NOT BE ALLOWED TO TAKE ANY PART OF THE ENTRY-LEVEL EXAM.**

PHYSICAL AGILITY TEST

RUN 1 1/2 MILE-TIME LIMIT-16.30 MIN/SEC

OBSTACLE COURSE-TIME LIMIT-TWO MINUTES

1. The applicant will sit in the driver's seat of a marked patrol unit and close the door.
2. The applicant's time will begin when the trunk release inside the passenger area of the patrol vehicle is depressed, thereby opening the trunk of the vehicle.
3. The applicant will exit the patrol vehicle, proceed to the trunk of the vehicle, remove the spare tire, and place it on the ground directly behind the patrol vehicle.
4. The applicant will run 150' to the 6' wooden fence, which the applicant will be required to negotiate by going over the top of it.



POLICE OFFICER APPLICATION PACKET



5. After negotiating the 6' fence, the applicant will exit to the left and run 60' to the next obstacle, a 5' window, which the applicant will climb through.
6. After clearing the 5' window, the applicant will perform a balance walk on a set of three telephone poles. If the applicant falls off of one of the poles while performing the task, they must start the balance walk from the beginning.
7. Upon completing the balance walk, the applicant will proceed to an 8' chain link fence and negotiate it by going over the top of it.
8. When the applicant clears the 8' chain link fence they will move to the 165 pound mannequin, which will be lying on the ground next to the chain link fence.
9. The applicant will be required to drag the mannequin 25' to the roadway.
10. The applicant's time stops when the mannequin has been dragged 25' to the roadway.

ORAL BOARD

Upon the successful completion of the previously listed steps, candidates will be scheduled for an oral board interview. Chosen candidates will be interviewed by a panel of three to four supervisors of the Magnolia Police Department.

Applicants who successfully complete and pass all phases of the testing, background investigation, and oral board interview will be hired based on the current eligibility list. Applicants not meeting employment requirements will receive a formal letter of rejection. Applicants receiving this letter are encouraged to reapply at our next entry exam opportunity.

The Magnolia Police Department reserves the right to modify or bypass any of the aforementioned steps in the process for employment.

IMPORTANT INFORMATION

TCOLE Personal History Statement Template Instructions

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

PID #:

County Jailer

PID #:

Telecommunicator

PID #:

Civilian Employment

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
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 accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation, or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

B. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

C. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark “N/A” if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A	A. Father's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A	B. Step-Father's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A	C. Mother's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A	D. Step-Mother's Name:	D.O.B.:
Home Address:		
City:	State:	Zip:
Work Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Email:		

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A	2. Name:		Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):		
Address:				
City:	State:	Zip:		
Contact Number:	Email:			
N/A	3. Name:		Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):		
Address:				
City:	State:	Zip:		
Contact Number:	Email:			
N/A	4. Name:		Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):		
Address:				
City:	State:	Zip:		
Contact Number:	Email:			
N/A	5. Name:		Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):		
Address:				
City:	State:	Zip:		
Contact Number:	Email:			
N/A	6. Name:		Male	Female
D.O.B.:		Custodial parent or guardian (if other than you):		
Address:				
City:	State:	Zip:		
Contact Number:	Email:			

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name:	Address:			
City:	State:	Zip:		
Company/Work Address:				
City:	State:	Zip:		
Home Phone:	Work Phone:	Cell Phone:	Email:	
How do you know this person (friend, teacher, family, co-worker)?				
How long have you known this person?				

2. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

3. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

4. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

5. Name: _____ **Address:** _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

6. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

7. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

8. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:
How do you know this person (friend, teacher, family, co-worker)?
How long have you known this person?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name:	City:	State:
From:	To:	Did you graduate? Yes No
2. Name:	City:	State:
From:	To:	Did you graduate? Yes No

List all colleges or universities attended:

1. Name:	City:	State:
From:	To:	Type of Degree Earned: Total Units Earned:
2. Name:	City:	State:
From:	To:	Type of Degree Earned: Total Units Earned:

3. Name:	City:	State:
From:	To:	Type of Degree Earned:
Total Units Earned:		

List any trade, vocational, or business schools/institutes attended:

1. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
2. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
3. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City:	State:	Zip:
If renting; property manager, rent collector, or owner:		Contact Number:
Address of property mgr., rent collector, or owner:		Email:
City:	State:	Zip:
From:	To:	
N/A Name(s) of those with whom you live:		

2. Former Address:

City:	State:	Zip:
If renting; property manager, rent collector, or owner:		Contact Number:
Address of property mgr., rent collector, or owner:		Email:
City:	State:	Zip:
From:	To:	
N/A Name(s) of those with whom you live:		

Reason for moving:

3. Former Address:

City:	State:	Zip:
If renting; property manager, rent collector, or owner:		Contact Number:
Address of property mgr., rent collector, or owner:		Email:
City:	State:	Zip:
From:	To:	
N/A Name(s) of those with whom you live:		

Reason for moving:

4. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:
Current Street Address:
City: State: Zip:
Nature of relationship (friend, relative, landlord, housemate only):

Have you ever been evicted or asked to leave a residence? Yes No

Have you ever left a residence owing rent? Yes No

If you answered “**Yes**” to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? Yes No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other

3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

5. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No
2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

If you answered “**Yes**” to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: _____ per month Explain: _____

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

5. Have any of your bills ever been turned over to a collection agency? Yes No

6. Have you ever had purchased goods repossessed? Yes No

7. Have your wages ever been garnished? Yes No

8. Have you ever been delinquent on income or other tax payments? Yes No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

10. Have you ever had an employment bond refused? Yes No

11. Have you ever avoided paying any lawful debt by moving away? Yes No

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If “Yes,” do you currently have any outstanding debts as a result of gambling? Yes No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)? ☐ Yes ☐ No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No

16. Have you written three or more bad checks in a one-year period? Yes No

17. Are you in arrears on court-ordered child support? Yes No

If you answered “**Yes**” to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered **"Yes"** to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No

- | | | |
|--|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |
| 24. Hit and run collision (no injuries) | Yes | No |
| 25. Hunting or fishing without a license | Yes | No |
| 26. Illegal gambling | Yes | No |
| 27. Impersonating a peace officer | Yes | No |
| 28. Indecent exposure (including flashing or mooning) | Yes | No |
| 29. Joyriding (using a car or other vehicle without owner's permission) | Yes | No |

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

- | | | |
|---|-----|----|
| 30. Arson (intentionally destroying property by setting a fire) | Yes | No |
| 31. Assault with a deadly weapon | Yes | No |
| 32. Theft of a vehicle and/or vehicle parts | Yes | No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No |
| 34. Child molestation (performing unlawful acts with a child) | Yes | No |
| 35. Accessing, producing, or possessing child pornography | Yes | No |
| 36. Injury to a child, elderly, and/or disabled | Yes | No |
| 37. Embezzlement (theft of money or other valuables entrusted to you) | Yes | No |
| 38. Felony drunk driving (involving injuries) | Yes | No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity | Yes | No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 41. Hit and run (with injuries) | Yes | No |
| 42. Hate crime | Yes | No |
| 43. Insurance fraud | Yes | No |
| 44. Theft (value of over \$500 and/or any firearm) | Yes | No |
| 45. Murder, homicide, or attempted murder | Yes | No |
| 46. Perjury (lying under oath) | Yes | No |
| 47. Possession of an explosive/destructive device | Yes | No |
| 48. Robbery (theft from another person using a weapon, force, or fear) | Yes | No |
| 49. Stalking | Yes | No |
| 50. Blackmail or extortion | Yes | No |
| 51. Any other act amounting to a felony | Yes | No |

If you answered “**YES**” to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.	Heroin/Opium
Barbiturates (Downers)	Marijuana
Cocaine/Crack Cocaine	Mescaline
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Morphine
GHB (Date Rape Drug)	PCP/Angel Dust
Glue	Quaaludes
Hallucinogens (Peyote, LSD, Mushrooms)	Steroids
Hashish/Hashish Oil	Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

List your current liability insurance on your vehicle(s):

4. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver’s license to be withheld due to any of the following? (Check all that apply).

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details:

11. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

The Magnolia Police Department and the public expect all personnel to maintain high standards of appearance and conduct. The mission of the department is to work with all members of the community to preserve life, maintain human rights, protect property, and promote individual responsibility and community commitment.

Initial
Below

As a law enforcement officer, my fundamental duty is to serve the community; to safeguard lives and property, to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality, and justice.

I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or my agency. I will maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities, or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice, or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of police service. I will never engage in acts of corruption or bribery, nor will I condone such acts by other law enforcement officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession . . . law enforcement.

SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:

MAGNOLIA POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____