

**PLEASE HAVE ALL COPIES MADE WHEN YOU TURN IN YOUR
APPLICATION.**

***** YOU CAN GET COPIES MADE AT OFFICE DEPOT*****

THANK YOU!

Bring the completed Personal History Statement and appropriate items outlined above in in person to: Henderson County Sheriff's Office, 206-A N. Murchison, Athens, Texas 75751

We will notarize your signature when you turn in your application to Administration.

Failure to comply with the instructions may result in immediate rejection from the application process.

HENDERSON COUNTY SHERIFF'S OFFICE

APPLICANT

PERSONAL HISTORY STATEMENT



This application contains requests for personal history data as required by the Texas Commission on Law Enforcement Officer Standards and Education.

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.

12. Applicant Qualification Section

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 or jailer in Texas.

Initial: _____ I am a citizen of the United States of America

_____ I have earned a high school diploma or a GED

_____ 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 the state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis 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.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name:	First:	Middle:	Suffix:
Street Address (Apt/Unit):		Maiden Name:	
City:		State & Zip Code:	
Mailing Address (if different from residence)		State & Zip Code:	
Home Telephone No.:	Work Telephone No.:	Cellular No:	
		Fax No.:	
Date of Birth:	Social Security No.:	Driver License No. & State:	

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

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

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Physical Description: _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing mark: _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s).

List ALL E-Mail Address (S): _____

Other Phone #(s): _____

Have you ever worked for the H.C.S.O. before as a reserve or in any other capacity? Yes _____ No _____ If yes, explain:

Are you related to any employee(s) of the H.C.S.O.? Yes _____ No _____

(If yes, give name, relationship, and division): _____

Do you know anyone currently employed by the H.C.S.O.? Yes _____ No _____

(If yes, give name, relationship, and division): _____

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 of Training Coordinator: _____ Contact Number: _____

Did you graduate? Yes _____ No _____

B. Academy Name: _____ From: _____ To: _____

Location (City, State): _____

Name of 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): _____

Check each step 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): _____

Check each step 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): _____

Check each step 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

D. Name of Agency: _____ Position Applied for: _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

Background Investigator's Name (if known): _____

Contact Number, (ext): _____

Check each step 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: RELEATIVES AND REFERENCES – IMMEDIATE FAMILY

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

If you need additl. 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 #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A **B. Step-Father's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A **C. Mother's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A **D. Step-Father's Name:** _____ **D.O.B.:** _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A E. Spouse/Registered Domestic Partner's Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
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 #: _____ Cell #: _____ Work #: _____
Email: _____

____ N/A G. Mother-in-Law's Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____

____ N/A H. Former Spouse/Cohabitant's Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____
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: _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

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.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A 2. Name: _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A 3. Name: _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

____ N/A **4.** Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____

____ N/A **5.** Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____

____ N/A **6.** Name: _____ D.O.B.: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
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/guardian (if other than you): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Contact #: _____
Email: _____

____ N/A **2.** Name: _____ ____ Male ____ Female
D.O.B.: _____ Custodial parent/guardian (if other than you): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Contact #: _____
Email: _____

____ N/A **3.** Name: _____ ____ Male ____ Female
D.O.B.: _____ Custodial parent/guardian (if other than you): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Contact #: _____
Email: _____

____ N/A **4.** Name: _____ ____ Male ____ Female
D.O.B.: _____ Custodial parent/guardian (if other than you): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Contact #: _____
Email: _____

____ N/A **5.** Name: _____ ____ Male ____ Female
D.O.B.: _____ Custodial parent/guardian (if other than you): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Contact #: _____
Email: _____

____ N/A **6.** Name: _____ ____ Male ____ Female
D.O.B.: _____ Custodial parent/guardian (if other than you): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Contact #: _____
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: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Company/Work Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____
How long have you known this person? _____

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

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

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

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

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

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

8. Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Cell #: _____ Work #: _____
 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 of 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 #: _____

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

City: _____ State: _____ Zip: _____

From: _____ To: _____

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

Reason for moving: _____

2. Former Address: _____

City: _____ State: _____ Zip: _____

If renting: property manager, rent collector, or owner: _____ Contact #: _____

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

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 #: _____

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

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

Current Address: _____

City: _____ State: _____ Zip: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

2. Housemate Name: _____ Contact #: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

3. Housemate Name: _____ Contact #: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

4. Housemate Name: _____ Contact #: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

5. Housemate Name: _____ Contact #: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

6. Housemate Name: _____ Contact #: _____ Email: _____

Current 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).
- List ALL periods of unemployment in excess of 30 days.

1. Name: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact #: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

_____ Full-Time _____ Part-Time _____ Temporary _____ Self-Employed _____ Unemployed

Name 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: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact #:** _____ **Email:** _____

Job Title: _____ **Reason for Leaving:** _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact #:** _____ **Email:** _____

Job Title: _____ **Reason for Leaving:** _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact #: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ From: _____ To: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Contact #: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact #:** _____ **Email:** _____

Job Title: _____ **Reason for Leaving:** _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact #:** _____ **Email:** _____

Job Title: _____ **Reason for Leaving:** _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact #:** _____ **Email:** _____

Job Title: _____ **Reason for Leaving:** _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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: _____ **From:** _____ **To:** _____

Address or Base: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact #:** _____ **Email:** _____

Job Title: _____ **Reason for Leaving:** _____

Duties/Assignments: _____

Full-Time Part-Time Temporary Self-Employed Unemployed

Name 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 call 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 Question 18-28, 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 of 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 _____
5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes _____ No _____

If you answered "YES" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

**SECTION 7: FINANCIAL
INCOME AND EXPENSES**

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 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 _____
13. Have you ever borrowed money to pay for a gambling debt? Yes _____ No _____
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 Questions 4 – 17, 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 _____

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 or Penalty: _____

4. Approximate Date: _____ Arresting or detaining agency: _____
 Charge: _____
 Disposition or Penalty: _____
5. Have you ever been place 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 to 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 claim? Yes _____ No _____
14. Have you ever filed a false insurance or workers' compensation claim? Yes _____ No _____

If you answered "YES" to any 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 if money or other valuables entrusted to you) Yes _____ No _____
- 38. Felony drunk driving (involving injuries) Yes _____ No _____
- 39. Forcible rape or other act if unlawful intercourse/sexual activity Yes _____ No _____
- 40. Forgery (falsifying any type if 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 you 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:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: _____ State of Issue: _____ Expiration Date: _____

Full name under which license was granted: _____

List other states where you have been licensed to operate a motor vehicle:

1. **N/A** Current Driver License #: _____ State of Issue: _____ Exp. Date: _____

Full name under which license was granted: _____

2. **N/A** Current Driver License #: _____ State of Issue: _____ Exp. Date: _____

Full name under which license was granted: _____

3. **N/A** Current Driver License #: _____ State of Issue: _____ Exp. Date: _____

Full name under which license was granted: _____

Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, 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 #: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact #: _____

5. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy #: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact #: _____

6. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy #: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact #: _____

7. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy #: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact #: _____

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: _____

Have you ever driven a vehicle without auto insurance, as required by law? Yes No

If yes, give reason: _____

Date: _____ Location (Street, City, State, Zip): _____

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? Yes _____ No _____

If yes, give reason: _____

Insurance Company: _____ Date: _____

Location (Street, City, State, Zip): _____

Use this space for additional information you would like to include regarding your driving record.

- 15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes _____ No _____
- 16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes _____ No _____
- 17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? Yes _____ No _____
- 18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? Yes _____ No _____

If you answered "YES" to **any** of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat, etc.)? Yes _____ No _____

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

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.

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:

DO NOT SIGN THIS FORM – YOU ARE REQUIRED TO SIGN THIS FORM IN THE PRESENCE OF A PERSONNEL SECTION STAFF MEMBER AND MUST HAVE YOUR SIGNATURE DULY NOTARIZED



Botie Hillhouse
SHERIFF, HENDERSON COUNTY
206-A N. MURCHISON
ATHENS, TEXAS 75751 * 903-675-5128



Personal Inquiry Wavier
Authority for Release of Information

I, _____ do hereby authorize a review of, and full disclosure of, all records, and information concerning myself to any duty authorized Agent of the Henderson County Sheriff's Office, whether the said records are of private, public or confidential nature, and regardless of any agreement I may have made with you previously to the contrary. 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 loans, the records of commercial or retail, credit agencies (including credit reports and/or ratings): and any other financial statements and records wherever filed; employment and Pre-employment records, including background reports; efficiency ratings: complaints or grievances filed by or against me; records and recollections of Attorney at Law or other Counselor (whether representing me or another person in any case), either criminal or civil, in which I presently have or have had an interest in. I understand that any information obtained by the Personal History Statement and Background Investigation, which is developed directly or indirectly, in whole or in part, upon this release of authorization, will be considered in determining my suitability for employment by the Henderson County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Information received from all sources will be kept confidential and will not be released to the Applicant. Information will be released to any Law Enforcement Agency requesting same and presenting a valid release form signed by Applicant. Information received becomes part of the Employee's Personnel File on date of hire and may be used for internal reviews and investigation.

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

Signature (including maiden name): _____

Address: _____
Street City State Zip Code

Phone: _____ **Date of Birth:** _____ **SS #:** _____

Subscribed and sworn to before me by said,

This _____ day of _____, 20 _____, to certify which witness my hand and seal of Office.

Notary Public in and for Henderson County, Texas

Commission Expiring