IDALOU POLICE DEPARTMENT

BACKGROUND INVESTIGATION PACKET

AUTHORITY FOR RELASE OF INFORMATION AND WAIVER

I,_____ do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Idalou Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me) and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Idalou Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

_____ _____
Full Name (Print, include maiden name) Date of Birth

_____ _____
Address Social Security Number

_____ _____
City, State, Zip Phone Number

_____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public for the State of Texas

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY
BEFORE PROCEDING

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determining your eligibility for employment.

1. Your Personal History Statement must be ***hand printed legibly in ink by you and no other person***. Answer all questions to the best of your ability.

2. If a question is not applicable to you, enter **N/A** in the space provided.

3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information in correct and in proper sequence before you begin.

4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories.

5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference to relevant section and question number on the attached sheets.

6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

7. Upon completing the Personal History Statement, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.

Additional Documents needed to complete this packet:

1. Copy of Birth Certificate or Naturalization Papers
2. Copy of Driver's License
3. Copy of High School Diploma or GED Certificate
4. Copy of High School Transcript

5. Copy of College Diploma (if applicable)
6. Copy of College Transcript (if applicable)
7. Copy of Marriage Certificate (if applicable)
8. Copy of Dissolution of Marriage (if applicable)
9. Military Discharge DD-214 (if applicable)

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

The information provided in this section is for identification purposes only.

Last Name	First	Middle
Address		
City	State	ZIP
Phone	E-mail	
Date of Birth	Social Security N	
Nickname(s), maiden name or other names by which you have been known		
Scars, tattoos or other distinguishing marks		

Height	Weight	Hair Color	Eye Color
Are you a citizen of the United States? YES NO		If no, are you authorized to work in the U.S.? YES NO	

RESIDENCES

List all addresses (including city, county, state and zip code) where you have lived for the **PAST 10 YEARS,** beginning with your present address. List dates by month and year. If you were renting, list the name of the landlord, or if you were in an apartment complex, list the name of the complex and the apartment manager's name. Attach extra sheets if

Present Addr		
City	State	ZI P
Landlord/ Manager	Name of Apartment Complex	

From:	To:
Address	

City	State	ZI
Landlord/	Name of Apartment	

From:	To:
Address	
City	State ZI
Landlord/	Name of Apartment

From:	To:
Address	
City	State ZI
Landlord/	Name of Apartment

From:	To:
Address	
City	State ZI
Landlord/	Name of Apartment

From:	To:
Address	
City	State ZI
Landlord/	Name of Apartment

WORK HISTORY

- ➢ Beginning with your present or most recent job, list **all employment** since the age of 17 including part-time, self employment, temporary or seasonal occupations.
- ➢ List all periods of unemployment separately. Indicate month and year for the beginning and end of each job or period of unemployment.
- ➢ For periods of self employment, list what type work in which you were engaged, along with the names, addresses and phone numbers of customers and/or suppliers who can verify your self-employment.
- ➢ For periods of part-time employment or unemployment, indicate what you were doing during that time period.
- ➢ Attach extra sheet if necessary

Present Job			
From:	To:		
Full Company or Employer Name			
Address			
City		State	ZIP
Phone number	Full or Part-Time		
Job Title	Duties performed		
Supervisor (Full Name)			
Full name of co-workers			
Did you quit or resign, or were you fired or laid off?			
Reason for ending employment			

From:	To:		
Full Company or Employer Name			
Address			
City		State	ZIP
Phone number	Full or Part-Time		
Job Title	Duties performed		

Supervisor (Full Name)	
Full name of co-workers	
Did you quit or resign, or were you fired or laid off?	
Reason for ending employment	

From:	To:	
Full Company or Employer Name		
Address		
City	State	ZIP
Phone number	Full or Part-Time	
Job Title	Duties performed	
Supervisor (Full Name)		
Full name of co-workers		
Did you quit or resign, or were you fired or laid off?		
Reason for ending employment		

From:	To:	
Full Company or Employer Name		
Address		
City	State	ZIP
Phone number	Full or Part-Time	
Job Title	Duties performed	
Supervisor (Full Name)		
Full name of co-workers		
Did you quit or resign, or were you fired or laid off?		
Reason for ending employment		

From:	To:		
Full Company or Employer Name			
Address			
City		State	ZI
Phone number	Full or Part-Time		
Job Title	Duties performed		
Supervisor (Full Name)			
Full name of co-workers			
Did you quit or resign, or were you fired or laid off?			
Reason for ending employment			

From:	To:		
Full Company or Employer Name			
Address			
City		State	ZI
Phone number	Full or Part-Time		
Job Title	Duties performed		
Supervisor (Full Name)			
Full name of co-workers			
Did you quit or resign, or were you fired or laid off?			
Reason for ending employment			

From:	To:		
Full Company or Employer Name			
Address			
City		State	ZI
Phone number	Full or Part-Time		

Job Title	Duties performed
Supervisor (Full Name)	
Full name of co-workers	
Did you quit or resign, or were you fired or laid off?	
Reason for ending employment	

From:	To:	
Full Company or Employer Name		
Address		
City	State	ZIP
Phone number	Full or Part-Time	
Job Title	Duties performed	
Supervisor (Full Name)		
Full name of co-workers		
Did you quit or resign, or were you fired or laid off?		
Reason for ending employment		

From:	To:	
Full Company or Employer Name		
Address		
City	State	ZIP
Phone number	Full or Part-Time	
Job Title	Duties performed	
Supervisor (Full Name)		
Full name of co-workers		
Did you quit or resign, or were you fired or laid off?		

Reason for ending

MILITARY SERVICE

Have you served in the U.S. Armed Forces?	YES	NO	Branch:

Stationed	From:	To:	Unit/Location
Commanding Officer:			
Your job duties:			

Stationed	From:	To:	Unit/Location
Commanding Officer:			
Your job duties:			

Stationed	From:	To:	Unit/Location
Commanding Officer:			
Your job duties:			

Stationed	From:	To:	Unit/Location
Commanding Officer:			
Your job duties:			

Stationed	From:	To:	Unit/Location

Commanding Officer:			
Your job duties:			

Highest rank achieved in the service			
Rank at Discharge		Type of Discharge	
Was any disciplinary action taken against you while in the military? (Such disciplinary action includes Court Martial, Captain's Mast, Article 15, etc.	YES	NO	

If yes, provide the following information:		
Article or Section Number	Charge:	Date:
Commanding Officer at the time (Full name and Rank)		
Where were you stationed at the time?		
Disposition: (What happened to you as a result of the charge?)		
If you received a discharge other than honorable, give complete details:		
Selective Service Information		
Where registered:		

Date registered:	
Registration Number	

EDUCATIONAL HISTORY

Include ALL colleges, universities and high schools attended.

High School			Complete address and phone		
From	To	Did you graduate?	YES	NO	

College or University			Complete address and phone of Registrar	
From	To	Units Complete	Major/ Minor	
Degree, if any, and date degree received:				
List other schools attended (trade, vocational, business, etc.). Give the name, telephone number and complete mailing address of the school, dates attended, course of study and other pertinent information. Include copies of certificates received				

ARRESTS, DETENTIONS AND LAWSUITS

Have you ever been arrested, charged with, or received deferred adjudication for a criminal offense for any reason other than a traffic violation?	YES	NO
If yes, complete the following:		

Offense or charge:	
Police Agency:	City/State:
Date:	Case Disposition:
Offense or charge:	
Police Agency:	City/State:
Date:	Case Disposition:

Are you presently under indictment or charged with a criminal offense, (such as DWI or DUI)?	YES	NO
If yes, give complete details:		
Have you ever been on probation or parole?	YES	NO
If yes, give complete details:		
Have you ever been a party to a lawsuit for reasons other than disability, workers compensation, or medical reasons?	YES	NO
If yes, give complete details:		

TRAFFIC RECORD

Has your driver's license been suspended or revoked for any reason other than medical or disability reasons?	YES	NO

If yes, give date, location and details:	

List all states in which you have held a driver's license:

State: DL Number:

State: DL Number:

State: DL Number:

State: DL Number:

List the following information concerning your auto insurance:

Company, Agent name, mailing address & phone number:
Policy number and expiration date:

If policy is in someone else's name, who is it and why?

List all tickets you have received, including tickets that were dismissed, but do not list parking tickets:

DATE	CHARGE	WHERE ISSUED	ISSUING AGENCY	FINE, DISMISSED, ETC

List all traffic accidents in which you have been involved:

DATE	EXACT LOCATION	INVESTIGATING AGNECY	WHAT HAPPENED?

TRAFFIC RECORD

Are you currently:

Single Engaged Married Divorced Widowed

If engaged:
Fiancé's full name and date of birth:
Mailing address:
Home Phone: Work Phone:
Employer name and address:
Occupation:

If married:
Spouse's full name and date of birth:
Mailing address (if different than yours):
Home Phone (if different than yours): Work Phone:
Spouse's employer name, address and phone number:
Spouse's occupation:
Date of marriage:
Where married? (City, County & State)

If divorced, annulled or widowed, indicate which:
If divorced or annulled, date of court order or decree:
Where was order or decree issued (Court, city, county & State):

ATTACH EXTRA SHEETS AND PROVIDE ALL OF THE ABOVE INFORMATION FOR EVERY FORMER MARRIAGE.

Have you ever been ordered by a court to pay child support or alimony?	YES	NO

To whom paid?	Amount:
How Paid (Direct, Court Clerk):	
If court clerk, name and address of Clerk's Office:	
To whom paid?	Amount:
How Paid (Direct, Court Clerk):	
If court clerk, name and address of Clerk's Office:	
To whom paid?	Amount:
How Paid (Direct, Court Clerk):	
If court clerk, name and address of Clerk's Office:	

List all children related to you or your spouse including natural, adopted, step-children or foster children:

FULL NAME (Last, First Middle)	BIRTH DATE	RELATIONSHIP	SUPPORTED BY WHOM	COMPLETE ADDRESS

List all other dependents:

FULL NAME (Last, First Middle)	BIRTH DATE	RELATIONSHIP	PHONE NUMBER	COMPLETE ADDRESS

List other relatives in the following order: Father, Mother (Include maiden name) Brothers and Sisters (Indicate if deceased):

FULL NAME (Last, First Middle)	BIRTH DATE	RELATIONSHIP	PHONE NUMBER	COMPLETE ADDRESS

Have you been turned down for credit within the last 90 days?	YES	NO
If yes, list the company name, date and reason for denial:		

MEMBERSHIP ORGANIZATIONS

List the following information regarding your past or present membership in all groups, clubs, and organizations (professional, fraternal, social etc.):

Name & address of	
Type of organization	
Dates involved in	

Name & address of	
Type of organization	
Dates involved in	

Name & address of	
Type of organization	
Dates involved in	
Name & address of	
Type of organization	
Dates involved in	

Name & address of	
Type of organization	
Dates involved in	

PERSONAL DECLARATIONS

Do you use or consume alcoholic beverages?	YES	NO
If so, describe the extent of use, including the last time used:		
Have you used marijuana or any other narcotic drug not prescribed by a physician?	YES	NO
If yes, describe the extend of use of each type of drug, including the last time each type of drug was used:		
Have you sold, given or delivered drugs or narcotics to anyone?	YES	NO

If yes, explain:

Have you received drugs or narcotics from anyone?	YES	NO
If yes, explain:		
If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs or precepts prevent you from doing so?	YES	NO
If yes, explain:		

Do you have any beliefs or precepts that would prevent you from fully performing your duties including working weekends, evenings, nights and holidays?	YES	NO
If yes, explain:		

Have you made application for employment with this or any other law enforcement or related agency?	YES	NO
If so, give the following information:		

Agency	
Agency full address and phone number	
Date applied	
Position applied for	
Status of application	
If not hired, why not?	

Agency	
Agency full address and phone number	
Date applied	
Position applied for	
Status of application	
If not hired, why not?	

Agency	
Agency full address and phone number	
Date applied	
Position applied for	
Status of application	
If not hired, why not?	

Agency	
Agency full address and phone number	
Date applied	
Position applied for	
Status of application	
If not hired, why not?	

Agency	
Agency full address and phone number	
Date applied	
Position applied for	
Status of application	
If not hired, why not?	

Are there any incidents in your life or details not mentioned herein that may influence this agency's evaluation of your ability to comply with the essential job functions of the job for which you are applying?	YES	NO
If yes, explain:		

PERSONAL DECLARATIONS

List five persons who know you well enough to provide **CURRENT** information about you.

DO NOT LIST RELATIVES, FORMER EMPLOYERS OR FORMER SUPERVISORS WHO ARE LISTED ELSEWHERE.

Name of Reference #1	
Complete address	
Home Phone Number	
Work Phone Number	
Place of employment	
Occupation	
Years they have known you	

Name of Reference #2	
Complete address	

Home Phone Number	
Work Phone Number	
Place of employment	
Occupation	
Years they have known you	

Name of Reference #3	
Complete address	
Home Phone Number	
Work Phone Number	
Place of employment	
Occupation	
Years they have known you	

Name of Reference #4	
Complete address	
Home Phone Number	
Work Phone Number	
Place of employment	
Occupation	
Years they have known you	

Name of Reference #5	
Complete address	
Home Phone Number	
Work Phone Number	
Place of employment	
Occupation	

Years they have known you	

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am fully aware that any willful misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination of employment.

_____ _____

Signature of Applicant Date