



CITY OF HALTOM CITY

POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

APPLICANT: _____

POSITION: _____

HOME PHONE #: _____

BUSINESS PHONE #: _____

WORK HOURS: _____

PHONE NUMBER WHERE YOU CAN ALWAYS BE REACHED:

INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING!

THESE INSTRUCTIONS ARE PROVIDED AS A GUIDE TO ASSIST YOU IN PROPERLY COMPLETING YOUR PERSONAL HISTORY STATEMENT. IT IS ESSENTIAL THAT THE INFORMATION BE ACCURATE IN ALL ASPECTS. IT WILL BE USED AS THE BASIS FOR A BACKGROUND INVESTIGATION THAT WILL DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.

1. Your Personal History Statement must be **hand printed** and filled out by you personally. **DO NOT** type or have anyone else fill out this form for you. The original hand printed version of the Personal History statement must be submitted. **NO COPIES OF THE COMPLETED PERSONAL HISTORY STATEMENT WILL BE ACCEPTED.** Answer all questions to the best of your ability.
2. If a question is not applicable to you enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct information and addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories. Zip codes and area codes must be included for addresses and telephone numbers.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the extra sheet before you continue with your response.
6. Attach **copies** of all diplomas, certificates, training, and DD-214's. (Certified copies will be required at time of interview). Both member 1 and member 4 copies of DD-214's are required. Attach **certified copies** of all transcripts.
7. An accurate and complete Personal History Statement will help expedite your background investigation. On the other hand, **ANY OMISSIONS OR FALSIFICATIONS, AND/OR INACCURACIES MAY RESULT IN DISQUALIFICATION OF YOUR APPLICATION.**
8. **FAILURE TO COMPLETE THIS FORM WITH ALL INFORMATION PROVIDED AND ALL BLANKS FILLED IN MAY TERMINATE YOUR APPLICATION.**
9. Your Personal History Statement is part of the assessment process. The ability to follow instructions and to prepare neat, accurate, thorough and legible documents is an integral part of police work, and will be evaluated.

If you fail to return the Personal History Statement, you **WILL** be eliminated from the selection process. The Personal Inquiry Waivers attached to the application must be signed and **notarized** prior to return.

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these documents, indicate why in the space at the bottom of this page and include the anticipated date of receiving them.

Your background investigation may be delayed, or your application may be rejected if these documents are not submitted promptly.

- _____ 1. Copy of Birth Certificate;
- _____ 2. Naturalization papers (if applicable);
- _____ 3. Photocopy of Driver's License;
- _____ 5. Copy of High School transcript;
- _____ 6. Copy of College or University transcript (from each school attended);
- _____ 7. Copy of College diploma (if applicable);
- _____ 8. Copy of Marriage Certificate;
- _____ 9. Copy of Divorce decree(s);
- _____ 10. Copy of Military discharge papers (DD-214) showing the type of discharge;
- _____ 11. Copy of proof of liability insurance;
- _____ 12. Copies of any training that relates to the position for which you are applying;
- _____ 13. Copies of any litigation that you have been a party to;
- _____ 14. Copies of any TCLEOSE Certificates (if applicable); and
- _____ 15. Submit any reference letters, certificates of qualifications, or special licenses you may hold.

If you move or change telephone numbers, submit the new information as soon as possible to the Professional Standards Section of the Haltom City Police Department. Please use the following address:

**Haltom City Police Department
Professional Standards Section
5110 Broadway Ave.,
Haltom City, Texas 76117**

If for some reason you cannot submit the required documents, you must contact the Background Investigator. Otherwise, you may be removed from consideration for employment.

Comments:

A. APPLICANT IDENTIFICATION: Information provided in this section is for the purpose of identification and notification.

LAST _____ FIRST _____ MIDDLE _____ MAIDEN _____

Name by which you prefer to be addressed:

Home Address _____ Street name/apt number _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Work Telephone Number _____

Are You a United States Citizen? Yes [] No [] Social Security Number ____/____/____

Date of Birth ____/____/____ Place of Birth _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Drivers License _____
Number _____ State of Issue _____ Classification _____ Expiration Date _____

List all other names you have ever used: Maiden, Adoption, Nickname(s), etc.

Tattoos or other distinguishing marks listed along with their respective locations.

B. RESIDENCES: List all addresses where you have lived during the past 10 years. List date by month and year. Attach extra pages if necessary.

Current Address Since: ____/____/____

Date From: ____/____/____ Date To: ____/____/____

Address _____ Street _____ City _____ State _____ Zip Code _____

Apartment Complex Name (if applicable) _____ Phone Number _____ Landlord Name & Phone Number _____

Lease Signed? _____ Who was on the Lease? _____
Yes [] No [] _____

B. RESIDENCES: (continued) List date by month and year. Attach extra pages if necessary.

Date From: ____/____/____ Date To: ____/____/____

Address Street City State Zip Code

Apartment Complex Name (if applicable) Phone Number Landlord Name & Phone Number

Lease Signed? Who was on the Lease?

Yes [] No []

Date From: ____/____/____ Date To: ____/____/____

Address Street City State Zip Code

Apartment Complex Name (if applicable) Phone Number Landlord Name & Phone Number

Lease Signed? Who was on the Lease?

Yes [] No []

Date From: ____/____/____ Date To: ____/____/____

Address Street City State Zip Code

Apartment Complex Name (if applicable) Phone Number Landlord Name & Phone Number

Lease Signed? Who was on the Lease?

Yes [] No []

Date From: ____/____/____ Date To: ____/____/____

Address Street City State Zip Code

Apartment Complex Name (if applicable) Phone Number Landlord Name & Phone Number

Lease Signed? Who was on the Lease?

Yes [] No []

C. EDUCATIONAL HISTORY: List schools, beginning with any in which you are currently enrolled. List the most recent/last attended first. List **ALL** high schools, colleges, universities, technical or trade schools you have attended, *regardless of whether or not you graduated and/or completed the prescribed course of study.*

College, University, Trade or Technical

Name: _____ City/State: _____

Major field of study: _____ Degree: _____

Attended from: _____ To: _____ Number of credit hours: _____ If graduated, when: _____

Name: _____ City/State: _____

Major field of study: _____ Degree: _____

Attended from: _____ To: _____ Number of credit hours: _____ If graduated, when: _____

High Schools

Name: _____ City/State: _____

Major field of study: _____ Degree: _____

Attended from: _____ To: _____ Number of credit hours: _____ If graduated, when: _____

Name: _____ City/State: _____

Major field of study: _____ Degree: _____

Attended from: _____ To: _____ Number of credit hours: _____ If graduated, when: _____

Name: _____ City/State: _____

Major field of study: _____ Degree: _____

Attended from: _____ To: _____ Number of credit hours: _____ If graduated, when: _____

List any special type of training or ability which you think would be of value to the Haltom City Police Department?

C. EDUCATIONAL HISTORY: (continued)

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

School Activities: List activities that you have participated in during high school and college (Clubs, Sports, etc.)

Positions of Leadership: List and describe positions of leadership that you have held; include organization name and dates.

Community Activities: List and describe community activities that you have participated in.

Awards, Commendations or Items of Special Recognition:

D. MILITARY RECORD: If you have military experience, a copy of your DD-214 should be included with the application along with any certificates of training you received while in the serving or enlisted.

Are you registered with the Draft Board? Yes [] No [] Female []

Have you ever served with the United States Armed Forces? Yes [] No []

If you have not served in the U.S. Military, skip this section.

Are you currently on: Active Reserve: Yes [] No []
 In-Active Reserve: Yes [] No []
 National Guard: Yes [] No []

Were you ever disciplined while in the Military? Yes [] No []

Charge	Agency	Date	Disposition
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

D. MILITARY RECORD: (continued)

If you received a discharge under other than honorable conditions, give complete details below:

Attach more pages if necessary.

E. WORK HISTORY: Begin with your current or most recent job. List all employment since age seventeen (17), including part-time, temporary, or seasonal employment. Include all periods of unemployment. List dates by month and year. Failure to list any job may cause you to be eliminated from consideration. Attach extra copies of these sheets if needed.

A JOB IS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED OR THE AMOUNT OR FORM OF COMPENSATION

Employer: _____ Phone: _____
Complete Address: _____ City: _____ St: _____ Zip: _____

Type of Business: _____

Check: _____ Full time _____ Part time _____ Temporary

Starting Date: _____ Position: _____

Ending Date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

May we contact your present employer without jeopardizing your job? _____

Does your present employer know you are applying for this job? _____

Employer: _____ Phone: _____

Complete Address: _____ City: _____ St: _____ Zip: _____

Type of Business: _____

Check: _____ Full time _____ Part time _____ Temporary

Starting Date: _____ Position: _____

Ending Date: _____ Position: _____

Duties/Responsibilities: _____

Supervisor's Name/Title: _____

Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

WORK HISTORY: (continued)

Employer: _____ Phone: _____
Complete Address: _____ City: _____ St: _____ Zip: _____
Type of Business: _____
Check: _____ Full time _____ Part time _____ Temporary
Starting Date: _____ Position: _____
Ending Date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

Employer: _____ Phone: _____
Complete Address: _____ City: _____ St: _____ Zip: _____
Type of Business: _____
Check: _____ Full time _____ Part time _____ Temporary
Starting Date: _____ Position: _____
Ending Date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

Employer: _____ Phone: _____
Complete Address: _____ City: _____ St: _____ Zip: _____
Type of Business: _____
Check: _____ Full time _____ Part time _____ Temporary
Starting Date: _____ Position: _____
Ending Date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

WORK HISTORY: (continued)

Employer: _____ Phone: _____
Complete Address: _____ City: _____ St: _____ Zip: _____
Type of Business: _____
Check: _____ Full time _____ Part time _____ Temporary
Starting Date: _____ Position: _____
Ending Date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

Employer: _____ Phone: _____
Complete Address: _____ City: _____ St: _____ Zip: _____
Type of Business: _____
Check: _____ Full time _____ Part time _____ Temporary
Starting Date: _____ Position: _____
Ending Date: _____ Position: _____
Duties/Responsibilities: _____

Supervisor's Name/Title: _____
Are you eligible for rehire? _____ If not, why? _____

Reason for leaving or wanting to leave: _____

Indicate past employment, which you think will specifically qualify you for the position for which you have made this application. Describe positions you have held that required supervisory ability, the exercise of authority and leadership:

Have you **ever** received **any** disciplinary action (written or oral reprimands, suspensions, employee counseling, etc..) for **any** reason connected with your employment? _____

If yes, give the employer(s)'s name(s), date(s), and final disposition: _____

WORK HISTORY: (continued)

Record any period of unemployment since the age of seventeen (17).

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU WERE NOT EMPLOYED:

From (month/year)	To (month/year)	Length of Unemployment	Reason for being Unemployed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. SPECIAL QUALIFICATIONS & SKILLS: Include copies of all certificates and licenses you may hold.

List any TCLEOSE license or training you have had. Include the name and location where the training was given.

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair, etc.).

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any special skills or qualifications you may possess.

G. LEGAL HISTORY

Have you **ever** been arrested by **any** law enforcement agency (including traffic offenses)? _____

Have you **ever** been detained (other than a traffic ticket) by **any** law enforcement agency? _____

Have you **ever** been summoned into court for a criminal offense? _____

If the answer to any of the above questions is "yes", please explain **each** and **every** incident (list juvenile and adult incidents):

Driving History:

How long have you been a licensed driver? _____ Driver's License Number: _____ State: _____
Type or Class: _____ Restrictions: _____ Expiration: _____

G. LEGAL HISTORY (continued)

How many motor vehicle accidents have you ever been involved in as a driver (include those not investigated by a police agency)?
 _____ List all below.

Date	Location (city/state)	If investigated, by which police agency?	Who was at fault?	Injuries? (yes/no)

Have you ever COMMITTED, BEEN CHARGED, or been CONVICTED of: Leaving the scene of an accident: _____; Driving While Intoxicated: _____; Driving under the influence of drugs: _____; Failure to Stop and Render Aid: _____? If "yes" to any of the above, provide circumstances, charges (if any), locations, dates and times, and police agency involved, if any:

Have you ever been involved in any type of lawsuit? _____
 If yes," explain each incident?

H. MARITAL AND FAMILY HISTORY

Check your current marital status: ___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed

Spouse or Fiancé's Full Name:	
Address:	Date of Marriage:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

If you are divorced:

Former Spouse's Full Name:	
Address:	Date of Marriage: Date of Divorce: City, State Divorce Rec'd:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

H. MARITAL AND FAMILY HISTORY (continued)

Former Spouse's Full Name:	
Address:	Date of Marriage: Date of Divorce: City, State Divorce Rec'd:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Former Spouse's Full Name:	
Address:	Date of Marriage: Date of Divorce: City, State Divorce Rec'd:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

If you are widowed:

Deceased Spouse's Full Name:	
Former Address:	Date of Marriage: Date of Death:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

H. MARITAL AND FAMILY HISTORY: List all of your immediate relatives (father, mother, brothers, sisters, children, including step-children and in-laws). If deceased, write DECEASED in the Address blank.

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

I. NEIGHBORS: List neighbors that live on both sides of your current residence. If you do not know your neighbors, meet them. This section must be completed.

Name:	
Address:	Relationship:
Home Phone:	Years Known:
Work Phone:	City, State:
Occupation:	Zip Code:
	Place of Employment:

Name:	
Address:	Relationship:
Home Phone:	Years Known:
Work Phone:	City, State:
Occupation:	Zip Code:
	Place of Employment:

Name:	
Address:	Relationship:
Home Phone:	Years Known:
Work Phone:	City, State:
Occupation:	Zip Code:
	Place of Employment:

J. FINANCIAL HISTORY

What is your present salary or wages: _____ (State per month, week, and hour)

List **any** income source other than your principal occupation:

Source	Amount	Frequency
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Vehicles:

Do you own or lease a car(s)? _____

Make/Model: _____

Vehicle ID# (VIN): _____ License Plate: _____

State of Registration: _____

Make/Model: _____

Vehicle ID# (VIN): _____ License Plate: _____

State of Registration: _____

J. FINANCIAL HISTORY (continued)

Make/Model: _____
Vehicle ID# (VIN): _____ License Plate: _____
State of Registration: _____

Make/Model: _____
Vehicle ID# (VIN): _____ License Plate: _____
State of Registration: _____

List the name of your automobile insurance carrier: _____

Company Address: _____ City/State/Zip: _____
Phone Number: _____ Effective Date: _____ to _____

Have you ever filed for bankruptcy? Yes [] No []

If "yes," provide circumstances, court number and location, dates, and debt relief agency involved, if any:

Have you ever been delinquent on payments of any loans or charge accounts? Yes [] No []

If yes give complete details below: _____

K. MISCELLANEOUS INFORMATION

List your past/present memberships in groups, associations, or clubs:

Official Name of Organization	Type: Social, Fraternal Professional, etc.	Office(s) Held	Dates of Membership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever made an application for employment (any position) with this or any other law enforcement agency? _____

L. PERSONAL DECLARATIONS (continued)

Have you ever furnished drugs or narcotics to anyone? Yes [] No []

If yes, explain in detail. _____

Have you ever sold drugs or narcotics to anyone? Yes [] No []

If yes, explain in detail. _____

If it became necessary to take a human life in the course of your duties as a Police Officer, could you? Yes [] No [] NA []

If no, explain. _____

Do you have a lifestyle that would prevent you from fully performing the duties of this position for the City of Haltom City, including working on weekends, or holidays or on evening / night shifts? Yes [] No []

If yes, explain. _____

Are there any incidents in your life or details not mentioned herein which may influence this Department's evaluation of your suitability for the position in which you are applying? Yes [] No []

If yes, explain. _____

M. REFERENCES: List five persons who know you well enough to provide current information about you. DO NOT list relatives, former employers, supervisors or anyone listed previously in this personal history statement.

Name:	
Address:	Relationship:
	Years Known:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

M. REFERENCES: (continued)

Name:	
Address:	Relationship:
	Years Known:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
	Years Known:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
	Years Known:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

Name:	
Address:	Relationship:
	Years Known:
Home Phone:	City, State:
Work Phone:	Zip Code:
Occupation:	Date of Birth:

N. PERSONAL STATEMENT: In your own words, explain why you want to work for the Haltom City Police Department.

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

HALTOM CITY POLICE DEPARTMENT
PROFESSIONAL STANDARDS SECTION
CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Haltom City Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential and the Department cannot reveal the reason for rejection to those applicants who are not accepted. If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be notified.

I have read and fully understand the above statement.

Signature of Applicant: _____

Date: _____

THE STATE OF TEXAS

COUNTY OF TARRANT

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____ 20 _____.

**Notary Public In and For Tarrant
County, Texas.**

HALTOM CITY POLICE DEPARTMENT
5110 Broadway Avenue
Haltom City, Texas 76117
Phone (817) 222-7037
Fax (817) 222-7195

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the City of Haltom City 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 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: _____