

Addison Police Department

Applicant Personal History and Polygraph Statement



Full Name _____

Address _____

Phone _____

Email _____

Date Completed _____

I am applying for:

- ☐ **Police Officer**
- ☐ **Civilian Employment**

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.

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 use as a basis for a background investigation that will determine your eligibility for becoming an employee. This statement will also serve as the polygraph statement during this process.

1. Your application must be TYPED using the blanks provided. Do not print double sided and take care that all text is visible in the blank provided.
2. Answer all questions truthfully and accurately. Any untruthfulness can result in immediate disqualification.
3. If a question is not applicable to you, enter "N/A" in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form.
5. You are responsible for obtaining correct and full information including addresses, email addresses, and telephone numbers. If you are not sure of an address, personally verify before making that entry on this history statement; the police department will no be responsible for obtaining any information. Errors will not be viewed favorably.
6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
7. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in **disqualification**.
8. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
9. Any candidate submitting an incomplete application will not be considered for employment. Your application **will be evaluated on completeness and neatness**.
10. All documents requested must be submitted as soon as possible but no later than before the background investigation begins (photocopies are acceptable in most cases).
 - Copy of your Social Security Card
 - Original birth certificate. Provide for viewing, and it will be returned immediately.
 - Copy of your valid Texas driver's license or a copy of another state's driver's license.
 - Copy of your high school diploma or GED certificate.
 - Sealed original certified copy of your college transcript, if applicable. (No photocopy)
 - Photocopy of your college diploma, if applicable.
 - Copy of current proof of automobile liability insurance.
 - Copy of your Texas peace officer license and all training certificates awarded to you, if applicable.
 - Copy of you DD-214, if applicable. Must possess an honorable discharge.
 - Original certified copy of your naturalization papers, if applicable. (No photocopy)
 - Copy of your Peace Officer Certificate from your police academy, if applicable.

Initial _____

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 the se requirements to qualify for licensure as a police officer in the state of 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), not have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

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

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

DISQUAIFICATION

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.

Initial _____

Applicant Identification Section

The information in this section is used for identification purposes.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Street Address: _____

City, State, and Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____ Primary Email: _____

Additional Emails: _____

Date of Birth: _____ Race: _____ Sex: _____

Driver's License Number and State: _____

Social Security Number: _____ Place of Birth: _____

Are you a U.S. Citizen by birth? Yes No

Are you a naturalized U.S. Citizen? Yes No

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

Texas Commission On Law Enforcement PID (if applicable): _____

Any additional names/aliases you've gone by: _____

Scars, identifying marks, and tattoos including description and location: _____

List all social networking accounts and their affiliated names and security levels used:

Initial _____

Marital History

Check your current status:

Single

Married

Engaged

Divorced

Widowed

Co-habiting

In a Relationship

Spouse/Co-habitant/Significant Other's Name (including maiden name): _____

Street Address: _____

City, State, and Zip Code: _____

Date of Birth: _____ Date of Marriage (if applicable): _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Email: _____

Employer(s): _____

Employer Address: _____

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

If you have been divorced, provide details below:

Former Spouse's Name (including maiden name): _____

Street Address: _____

City, State, and Zip Code: _____

Date of Birth: _____ Date of Marriage: _____

Home Telephone: _____ Cell Phone: _____

Primary Email: _____ Date of Divorce: _____

Court and State where divorce was issued: _____

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

Initial _____

Family History

Identify children related to you or your spouse (including natural, step-children, adopted, or foster children).

Name/Male or Female	Date of Birth	Complete Address	Telephone	Email Address

Custodial Parent of children (if other than you): _____

Phone No.: _____ Address: _____

Identify all immediate family members (including those related by marriage) including parents, step-parents, brothers, and sisters.

Name/Relationship	Date of Birth	Complete Address	Work Address	Telephone	Email Address

Initial _____

Have members of your immediate family or close relatives ever been arrested?

Yes

No

If yes, please complete this table:

Name/Relation	Charge/Offense	Outcome	Year	Agency

Initial _____

Residential History

Identify all residences where you have lived within the last ten (10) years beginning with the most recent (current) address. Include military assignments and apartment numbers.

Current Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Phone: _____ Email: _____ Nature of relationship: _____

Former Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Phone: _____ Email: _____ Nature of relationship: _____

Former Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Initial _____

Phone: _____ Email: _____ Nature of relationship: _____

Former Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Phone: _____ Email: _____ Nature of relationship: _____

Former Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Phone: _____ Email: _____ Nature of relationship: _____

Former Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Phone: _____ Email: _____ Nature of relationship: _____

Initial _____

Former Address: _____ **Dates:** _____

City: _____ State: _____ Zip code: _____

If renting, name of property manager, rent collector, or owner: _____

Address of property manager, rent collector, or owner: _____

Phone No.: _____ Email Address: _____

Names of non-family co-habitants: _____

Phone: _____ Email: _____ Nature of relationship: _____

Personal References

List seven (7) persons that can provide current information about you. Do not list relatives, spouses, girlfriend/boyfriends, past or present employers, or supervisors.

Reference 1

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Reference 2

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Initial _____

Reference 3

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Reference 4

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Reference 5

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Reference 6

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Initial _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Reference 7

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Occupation/Work Address: _____

Phone No.: _____ Email Address: _____

Alternate Phone No.: _____

Identify any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

Initial _____

Vehicles and Licenses

Identify all vehicles that you currently own, lease, and/or operate.

Year	Make	Model/Body Style	Color	License Plate/State	Owner

What company carries your automobile insurance? _____

Policy Number: _____ Expiration: _____ Vehicle License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Insured Bonded Cash Deposit

What company carries your automobile insurance? _____

Policy Number: _____ Expiration: _____ Vehicle License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Insured Bonded Cash Deposit

Have you ever possessed a driver's license issued by any state other than Texas? Yes No

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

If yes, please explain: _____

Other State Driver's License No.: _____ State: _____ Type: _____

Name under which DL was issued: _____

Initial _____

Other State Driver's License No.: _____ State: _____ Type: _____

Name under which DL was issued: _____

Other State Driver's License No.: _____ State: _____ Type: _____

Name under which DL was issued: _____

Identify all vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Department	Injury (Y or N)	Cause of Accident	Police Report?

List all traffic citations you have received within the last 10 years, excluding parking tickets.

Date	Violation	Issuing Agency	Disposition (Defensive Driving, etc.)

Has a traffic citation ever resulted in a warrant or caused your license to be withheld due to failure to appear, failed to complete traffic school, or failure to pay the required fine? If yes, please explain:

Initial _____

Financial History

Your current monthly income: _____ Spouse's current monthly income: _____

Source of Income (Indicate you or spouse)	Amount	Frequency

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

How much per month? _____

Approximately how much do you spend each month? (please estimate monthly living expenses, housing, utilities, credit cards, food, gas, entertainment, etc.)

Do you have any open accounts with financial institutions? Yes No

Name(s) of financial institution(s) and types of accounts:

Identify any persons or entities to whom you are indebted and the extent of your indebtedness. Include mortgages, vehicle payments, credit cards, loans, child support payments, etc.)

Name of Creditor (e.g. Ford Financial)	Type of Debt (student, vehicle, etc)	Monthly Payment	Approx. Balance

Initial _____

Identify any person or entity to which you are **more than 30 days late in paying**. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or late payments.

Name of Creditor	Type of Debt	Number of Days Late	Reason

Initial _____

Employment History

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes No

1. Check Appropriate Job Type: Full Part Temporary Seasonal
Volunteer Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

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

If yes, please explain: _____

Initial _____

2. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

3. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

4. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

5. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

6. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

7. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

8. Check Appropriate Job Type:

Full

Part

Temporary

Seasonal

Volunteer

Internship

Employer: _____ From: _____ To: _____

Employer's Full Address: _____

Job Title: _____ Employer Phone No.: _____

Beginning Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Supervisor Phone No. _____ Supervisor Email: _____

Name of Coworker: _____ Coworker Phone No.: _____

Coworker Email: _____ Eligible for Rehire: Yes No

Duties: _____

Disciplinary Action Received: _____

Reason for Leaving: _____

Initial _____

List any period of unemployment since the age of 18. This includes any period in which you did not have a job.

From (Month/Year)	To (Month/Year)	Reason

@ ° ∞ .
h) 7

Educational History

Highest Grade Level Completed: High School GED Some College
 Associate's Bachelor's Master's Ph.D.

Identify all High Schools Attended:

High School Attended	Address	Dates Attended	Graduated (Yes or No)

Identify all colleges, universities, or technical schools you have attended regardless of if you earned a degree:

Name	City/State	Dates Attended	Hours Completed	Degree/Major

Have you ever been expelled, placed on academic discipline, or suspended? Yes No
 Why?

Academics Awards, Honors, Achievements:

Initial _____

Military History

- | | | |
|---|-----|----|
| 1. Have you ever applied for military service? | Yes | No |
| 2. Have you ever been a member of any military service? | Yes | No |
| 3. Have you ever been rejected by any military branch? | Yes | No |
| 4. Were you ever denied a security clearance or had one revoked, suspended or downgraded? | Yes | No |

How long did you serve in an active-duty status? _____

Branch of Service: _____ Unit: _____

Service Date: _____ Highest Rank Held: _____

Job Titles: _____ Duty Station: _____

Discharge Classification/Status: _____ Re-entry code (1-4) if applicable; refer to your

DD-214: _____

Have you ever served in a reserve unit? _____ Branch of Service(Reserve): _____

Current Rank Held: _____ Unit: _____ Job Title: _____

Duty Station: _____

Have you **ever** been subject to court martial of other disciplinary proceeding under the Uniform Code of Military Justice? Please explain in detail.

List all medals, commendations, awards, or honors:

Initial _____

Special Qualifications and Skills

Identify special licenses you hold (e.g., pilot, radio operator, concealed handgun):

Indicate any foreign languages you know, and classify your fluency as excellent, good, or fair:

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes No

Explain your experience with firearms including what weapons systems you are familiar with:

Please list any memberships in any organizations:

Name	Type (social, professional, etc.)	From (Month/Year)	To (Month/Year)

Initial _____

Law Enforcement Applications and Service

List **ALL** law enforcement agencies that you have applied for to include municipal, county, state, federal, or private agencies. In addition, list the position you applied for, the steps you have completed, and the status of your application. Make sure to list them all.

Date	Agency and Position	Status (Mark with an 'x')			Steps Completed (Mark with an 'x')					
		Hired	On-list	DQ/ WD	Written	PT	Oral Board	Back- ground	Poly- graph	Psych. /Med

Initial _____

Are you currently licensed as a Texas Peace Officer with TCOLE? Yes No

Are you currently licensed as a peace officer in another state? Yes No

Have you ever served as a peace officer, jailer, or telecommunicator in another state or country? Yes No

Has your peace officer license ever been denied or revoked? Yes No
If yes, explain:

Have you ever attended a police academy or basic licensing course? Yes No

Did you graduate? Yes No N/A

Police Academy Name: _____

Police Academy Address: _____

Police Academy Dates: _____

Name of Training Coordinator: _____ Phone Number: _____

Initial _____

History of Drug Usage

Complete the following table regarding drug usage. Usage includes ingestion of the drug into your system by any means.

Type of Drug	Ever Used? (Y or N)	First Used (Month/Year)	Last Used (Month/Year)	Ever Sold, Manufactured, Purchased? (Y or N)
Prescription drugs not prescribed to you				
Marijuana				
Hashish, hash oil, THC				
K2, Synthetic Marijuana, Glue				
Cocaine, Crack				
Heroin, Back Tar, Cheese, Opioids, Morphine				
PCP				
Hallucinogens, LSD, Acid, Mushrooms, Mescaline				
Barbiturates, Quaaludes, Benzodiazepines, Xanax, GHB				
Anabolic Steroids				
Meth, Amphetamine, Ecstasy				
Illegal Drugs not Listed here: (Under Texas Health and Safety Code)				

Initial _____

Drug Usage

(Continued)

- | | | |
|--|-----|----|
| 1. Have you illegally possessed a drug with the intent to sell? | Yes | No |
| 2. Have you ever furnished, cultivated, or held a drug for another person? | Yes | No |
| 3. Have you transported drugs from one location to another for profit? | Yes | No |
| 4. Have you manufactured drugs? | Yes | No |
| 5. Have you financed a drug transaction? | Yes | No |
| 6. Have you ever laundered any drug money? | Yes | No |
| 7. Have you ever been paid by a drug dealer for services rendered? | Yes | No |
| 8. Have you ever been a member of a drug cartel? | Yes | No |
| 9. Have you ever used a prescription drug for alternate reasons than intended by medical physicians? | Yes | No |
| 10. Have you furnished alcohol to a minor? | Yes | No |
| 11. Have you ever operated a motor vehicle while intoxicated on drugs or alcohol? | Yes | No |

If yes to any of the above questions, please explain:

Initial _____

Law Violations

Please note, all the following questions inquire if you have ever committed the following acts to include acts that were carried out undetected.

- | | | |
|--|-----|----|
| 1. Have you ever committed any felony criminal law violations? | Yes | No |
| 2. Have you ever committed a murder? | Yes | No |
| 3. Did you ever make phone calls to harass, annoy, or be obscene? | Yes | No |
| 4. Have you ever committed a robbery? | Yes | No |
| 5. Have you ever committed a burglary? | Yes | No |
| 6. Have you ever committed a theft of anything over the value of \$500.00 or of any firearm? | Yes | No |
| 7. Have you ever committed assault or aggravated assault? | Yes | No |
| 8. Have you ever committed a hate crime? | Yes | No |
| 9. Have you ever brandished a weapon of any type? | Yes | No |
| 10. Have you ever carried a concealed weapon without a permit? | Yes | No |
| 11. Have you ever contributed to the delinquency of a minor | Yes | No |
| 12. Have you ever defrauded an innkeeper? | Yes | No |
| 13. Have you ever hunted or fished without a license? | Yes | No |
| 14. Have you ever gambled illegally? | Yes | No |
| 15. Have you ever embezzled money or valuables entrusted to you by others? | Yes | No |
| 16. Have you ever Impersonated a peace officer? | Yes | No |
| 17. Have you ever committed indecent exposure? | Yes | No |
| 18. Have you ever committed joyriding (using another's vehicle without consent)? | Yes | No |
| 19. Have you ever committed a motor vehicle theft? | Yes | No |
| 20. Have you ever committed arson? | Yes | No |

Initial _____

- | | Yes | No |
|---|-----|----|
| 21. Have you ever committed fraud? | Yes | No |
| 22. Have you ever committed forgery? | Yes | No |
| 23. Have you ever possessed stolen property? | Yes | No |
| 24. Do you have, or ever have had, a tattoo signifying membership in a criminal enterprise, street gang, or other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? | Yes | No |
| 25. Have you ever possessed a handgun, automatic weapon, bomb, explosive, armor piercing ammunition, incendiary device, or other illegal weapon? | Yes | No |
| 26. Past or present, have you been a member of an organization that advocates non-compliance with any city, county, state, or federal laws? | Yes | No |
| 27. Past or present, have you been a member of an organization, street gang, or group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? | Yes | No |
| 28. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against anyone? | Yes | No |
| 29. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against a political figure? | Yes | No |
| 30. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against an airport or any public transportation carriers? | Yes | No |
| 31. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against any property belonging to a government? | Yes | No |
| 32. Did you ever commit or threaten to commit an act of violence, assault, or terrorism against a spouse, child, or member, your family or romantic partner? | Yes | No |
| 33. Did you ever plead guilty, no contest, or were you ever found guilty in a court of law to an allegation that you committed an act of family violence? | Yes | No |
| 34. Have you ever been the respondent of a protective order? | Yes | No |
| 22. Did you ever plan with anyone to commit an act of violence or terrorism? | Yes | No |
| 23. Have you ever intentionally damaged property belonging to another? | Yes | No |
| 24. Have you ever used a credit card without the credit card holder's permission? | Yes | No |

Initial _____

25. Have you illegally used an electronic listening/viewing device?	Yes	No
26. Have you ever committed a sexual assault?	Yes	No
27. Have you ever committed an aggravated sexual assault?	Yes	No
28. Have you ever caused the death of a person?	Yes	No
29. Have you amputated or disfigured any part of a person's body?	Yes	No
30. Have you had sexual contact with a child?	Yes	No
31. Have you ever accessed, produced, or possessed child pornography?	Yes	No
32. Have you ever committed injury to a child, elderly, or disabled person?	Yes	No
33. Have you intentionally exposed your genitals to a person in a public place?	Yes	No
34. Have you ever illegally peeped through windows?	Yes	No
35. Have you illegally engaged in a sex act with a member of your own family?	Yes	No
36. Have you engaged in a sexual act with an unconscious person?	Yes	No
37. Have you engaged in a sexual act with an intellectually disabled person?	Yes	No
38. Have you illegally touched a person for sexual reasons that was not aware of your motives?	Yes	No
39. Are you registered as a sex offender with any city, county, or state?	Yes	No
40. Have you engaged in a sexual act while involved in an occult ritual?	Yes	No
41. Did you ever stalk a person?	Yes	No
42. Have you married a person while still legally married to another?	Yes	No
43. Have you illegally engaged in a sexual act with a prostitute?	Yes	No
44. Have you ever forced anyone to have sex with you against their will?	Yes	No

If yes to any of the above, please explain:

Initial _____

Arrests

- | | | |
|---|-----|----|
| 1. Have you ever been involved in any incident (not including a vehicle accident) in which a police report was made? | Yes | No |
| 2. Other than crimes that would have been sealed by juvenile records, have you ever committed or assisted in the commission of a felony or crime involving moral turpitude that went undetected by law enforcement? | Yes | No |
| 3. Have you ever been arrested or detained by law enforcement? | Yes | No |
| 4. Have police ever been called to your home? | Yes | No |
| 5. Have you or your spouse ever been referred to Child Protective Services? | Yes | No |
| 6. Have you ever been the subject of an emergency protective order or restraining order? | Yes | No |
| 7. Have you ever been notified that a warrant has been issued for your arrest? | Yes | No |
| 8. To your knowledge, has a warrant ever been issued for your arrest? | Yes | No |
| 9. Have you ever been arrested? | Yes | No |
| 10. Have you ever been incarcerated? | Yes | No |
| 11. Have you ever been convicted of any charge that would prevent you from possessing a firearm? | Yes | No |
| 12. Have you ever been taken to a police station and questioned with regard to committing a criminal offense? | Yes | No |
| 13. Are you presently wanted for questioning by any city, county, state, country, or federal authorities? | Yes | No |
| 14. Are you presently wanted for questioning under an alias or assumed name? | Yes | No |

Initial _____

15. Has a criminal charge against you ever been filed with a city, county, district attorney, or Uniform Code of Military Justice?	Yes	No
16. Has a criminal charge against you ever been presented to a grand jury?	Yes	No
17. Have you ever been convicted of anything in any U.S. federal court?	Yes	No
18. Have you ever been convicted of anything in any state district court?	Yes	No
19. Have you ever been convicted of anything in any county court or county court of law?	Yes	No
20. Other than paying fines for committing Class "C" type traffic violations, have you been convicted in any justice of peace court or city court?	Yes	No
21. Have you ever been tried, but not convicted, in any court of law?	Yes	No
22. Were you placed on adjudicated probation?	Yes	No
23. Have you ever been placed on non-adjudicated probation?	Yes	No
24. Have you ever been placed on any kind of probation?	Yes	No
25. Have you ever been sentenced to confinement in a city, county, state, or federal detention facility?	Yes	No

If yes to any of the above, please explain:

Initial _____

Please list all detentions, arrests, interviews, interrogations, indictments, or charges you have received below:

Include: Date, Arresting Agency, Charge, and Disposition for each detention.

Initial _____

Traffic and Driving Record

- | | | |
|--|-----|----|
| 1. Has your driver's license ever been suspended or revoked? | Yes | No |
| 2. Have you ever driven a motor vehicle with a suspended/revoked driver's license? | Yes | No |
| 3. Have you ever been arrested or convicted for driving while intoxicated? | Yes | No |
| 4. Have you ever driven intoxicated and caused injury to another person? | Yes | No |
| 5. Have you been arrested or convicted for driving under the influence of drugs? | Yes | No |
| 6. Have you ever failed to appear in court on a traffic ticket you were issued? | Yes | No |
| 7. Do you have required liability insurance on all your vehicles? | Yes | No |
| 8. Have you ever driven a vehicle without auto insurance? | Yes | No |
| 9. Have you ever been refused auto liability insurance, a bond, or had a policy cancelled? | Yes | No |
| 10. Did you ever run from the police to evade an arrest? | Yes | No |
| 11. Did you ever commit a hit and run motor vehicle accident? | Yes | No |
| 12. Is there any action pending against you that may cause your driver's license to be suspended? | Yes | No |
| 13. Whether you were arrested or not, during the last 5 years have you driven a motor vehicle on a public highway while under an illegal blood alcohol concentration level or while drunk? | Yes | No |

If yes to any of the above, please explain:

Initial _____

Work Record

- | | | |
|---|-----|----|
| 1. Did you ever knowingly falsify a job application of personal history statement? | Yes | No |
| 2. Did you falsify Addison's job application? | Yes | No |
| 3. Have you ever been fired, terminated, or forced to resign by an employer? | Yes | No |
| 4. Have you ever resigned without giving a two weeks notice? | Yes | No |
| 5. Have you ever resigned from a job due to suspicion of being terminated? | Yes | No |
| 6. Have you ever been suspended from work by an employer? | Yes | No |
| 7. Have you ever received an unsatisfactory performance review? | Yes | No |
| 8. Have you ever been disciplined at work (including suspensions, pay reductions, reassignments, or demotions)? | Yes | No |
| 9. Have you been issued a written letter of reprimand by an employer? | Yes | No |
| 10. Were you ever involved in a physical /verbal altercation with a supervisor, co-worker, or customer? | Yes | No |
| 11. Have you ever failed to report to work without notice? | Yes | No |
| 12. Have you ever been accused of discrimination (including sexual harassment, racial bias, or sexual orientation harassment)? | Yes | No |
| 13. Have you ever been disciplined regarding use of a credit card by an employer? | Yes | No |
| 14. Have you ever sold, released, or given away legally confidential information? | Yes | No |
| 15. Have you consumed alcohol in violation of an employment policy? | Yes | No |
| 16. Have you ingested drugs in violation of an employment policy? | Yes | No |
| 17. In the past ten years have you been warned by an employer about your drinking or drug habits and their impact on your work? | Yes | No |
| 18. Has your work performance ever been affected by your use of alcohol or drugs? | Yes | No |
| 19. Have you stolen money or anything of fiscal value where you were employed? | Yes | No |
| 20. Have you stolen property or merchandise where you were employed? | Yes | No |
| 21. Have you ever violated an employment policy regulating vacations, days off, sick leave, or compensation benefits? | Yes | No |
| 22. Have you ever falsified a claim of injury to receive worker's compensation benefits? | Yes | No |

Initial _____

23. Did you ever knowingly fail to execute a sworn duty?	Yes	No
24. Did you ever knowingly falsify any official document or records?	Yes	No
25. Have you ever fraudulently received welfare, unemployment compensation or any other assistance?	Yes	No
26. Did you ever change, alter, or destroy computer data without permission?	Yes	No
27. Did you ever knowingly violate a person's constitutional rights?	Yes	No
28. Did you ever collect unemployment when you were not entitled?	Yes	No
29. During any internal affairs investigation did you lie, make false statements, or knowingly withhold information for the purpose of concealing truths?	Yes	No
30. Have you ever committed perjury?	Yes	No
31. During the performance of your duty, did you ever use excessive force?	Yes	No
32. Did you ever engage in unlawful sexual activity with a person in your custody?	Yes	No
33. Did you ever blackmail anyone?	Yes	No
34. Did you ever bribe anyone?	Yes	No
35. Did you ever accept a bribe?	Yes	No
36. Without proper authority and consent, did you inform a person of a pending police action?	Yes	No
37. Are you related (by blood or marriage) to a member or former member of the Addison Police Department?	Yes	No

If yes to any of the above, please explain:

Initial _____

Debts

- | | | |
|--|-----|----|
| 1. Will you be able to meet your current financial obligations with the salary advertised by the Addison Police Department? | Yes | No |
| 2. Do you presently owe a debt to any member of the Addison Police Department, the Town of Addison, or any person employed by the Town of Addison? | Yes | No |
| 3. Do you currently owe any city, county, state or federal taxes? | Yes | No |
| 4. Have you ever failed to pay any taxes? | Yes | No |
| 5. Have you ever had anything repossessed or foreclosed? | Yes | No |
| 6. Have you ever had your wages garnished? | Yes | No |
| 7. Are there any judgements or civil matters pending against you as a result of a civil lawsuit? | Yes | No |
| 8. Have you ever been party to a civil suit/action? | Yes | No |
| 9. Have you ever filed for bankruptcy? | Yes | No |
| 10. Have you ever defaulted on any type of loan? | Yes | No |
| 11. Have you had a check bounce that you did not pay before it was turned into a county or district attorney for collection? | Yes | No |
| 12. Have you ever had a debt turned over to collections? | Yes | No |
| 13. Have you ever been evicted for a residence for non-payment of rent? | Yes | No |
| 14. Have you ever been evicted or asked to leave a residence? | Yes | No |
| 15. Have you intentionally evaded or avoided paying a debt that you legally owe, including by moving away? | Yes | No |
| 16. Have you ever cheated, lied, or failed to file income tax? | Yes | No |
| 17. Have you ever had an employment bond refused? | Yes | No |
| 18. Did you ever have a lien placed against you for failing to pay a debt? | Yes | No |
| 19. Have you ever borrowed money to pay for a gambling debt? | Yes | No |
| 20. If yes, do you currently have any outstanding gambling debts? | Yes | No |
| 21. Have you ever spent money for illegal purposes (e.g. prostitution, drugs)? | Yes | No |
| 22. Have you been employed by a government agency and your employment was terminated in part of in whole because of a financial matter? | Yes | No |

Initial _____

- | | | |
|---|-----|----|
| 23. Have you ever been delinquent on child support? | Yes | No |
| 24. Are you in arrears on any court ordered child support payments? | Yes | No |
| 25. Did you ever have a credit account suspended or cancelled due to non-payment? | Yes | No |
| 26. Did you ever write a check that was returned for non-sufficient funds? | Yes | No |
| 27. Have you ever applied for or received unemployment? | Yes | No |

If you wish to explain anything about your financial history, please use the space below:

Initial _____

Essay

In 200-500 words, why do you think you should be considered for the position you have applied for?

Initial _____

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of Applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, 20_____.

SEAL

Signature of Notary
My Commission Expires: _____

Background Release Form/Consumer Report Authorization

Town of Addison

I hereby authorize the Town of Addison and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Town of Addison or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Town of Addison, Social Security Administration, and its agents, officials, representatives, or assigned agencies, including 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. You may contact me as indicated below.

I understand this authorization automatically expires one year from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Name: _____
First Middle Last Maiden

Former Name(s) and Dates Used: _____

Current Address: _____
Street City State/Zip

Soc. Sec Number: _____ Date of Birth: _____

Driver License Number and State: _____ Telephone No.: _____

Signature: _____ Date: _____

Sworn and subscribed before me, a Notary Public, in the County of _____ and for the State of Texas on this, _____ day of _____, 20_____.

Printed Name of Notary: _____ Commission Expiration: _____

Signature: _____ NOTARY SEAL

Equal Opportunity Employment Data

The commitment of the Town of Addison to a policy of Equal Opportunity Employment requires that certain information be obtained and filed for statistical purposes only. This data does not remain attached to your application and is not used in any way in the selection process. Your voluntary cooperation is greatly appreciated.

Name: _____

First Middle Last

Sex:

Address: _____

Street City State/Zip

Telephone No.: _____ Date of Birth: _____

Position Sought: _____ Date of Application: _____

Please check one:

☐ White (not of Hispanic origin)

☐ Black (not of Hispanic origin)

☐ Hispanic

☐ Asian/Pacific Islander

☐ American Indian/ Alaskan Native

The Town of Addison is an Equal Opportunity Employer. To qualify for employment with the Town of Addison, applicants must meet the minimum job requirements for the specific position for which application is made. Applicants will be chosen for employment based on their qualifications and fitness for the position without regard to race, age, color, gender, religion, national origin, or veteran status. The Town of Addison makes reasonable accommodations for qualified applicants with known disabilities.

Liability Waiver
For Law Enforcement Applicants Only

PERSONAL INFORMATION :

First Name :	<input type="text"/>		
Last Name :	<input type="text"/>		
Date of Birth :	<input type="text"/>	Age	<input type="text"/>
Address : Apt.# :	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Home Phone:	<input type="text"/>	Cell Phone # :	<input type="text"/>

EMERGENCY CONTACT INFORMATION :

Name :	<input type="text"/>
Relationship :	<input type="text"/>
Phone Number :	<input type="text"/>
Other Number :	<input type="text"/>

I understand that the pre-employment selection process for Police Officer includes a physical fitness assessment as part of the application procedure for consideration for employment with the Addison Police Department. I acknowledge that during the taking of said test, my physical strength, ability and conditioning will be measured to determine whether or not I meet the job-related requirements regarding physical fitness to be considered for employment.

I voluntarily agree to participate in the said test(s), and realizing the possible consequences of said test, agree to waive and abandon my claim, cause of action or liability that I may presently have or which I may attain in the future as a result of or with regard to said test(s). I hereby agree to release, relieve, hold harmless, and indemnify the City of Addison, Addison Police Department, police officers, agents, instructors, and employees from all liability and claims arising out of any accident or injury suffered or incurred by me during this selection process, except for acts of gross negligence or intentional acts of the said officers, agents, instructors, and employees. I understand that the physical assessment is an entry level requirement and will be required to be sustained once employment begins.

Further, in case of accident, injury or sudden illness, I authorize any first aid or emergency medical care, which may become necessary for myself while participation in any activity or program administered by the City of Addison. I also authorize that I may be transported to a local medical facility. I grant permission for all appropriate medical treatment necessary. By executing this document, I hereby assume all risk of injury or loss to which I may be exposed.

Participant's Signature

Date

Witness's Signature