

**PERSONAL HISTORY STATEMENT  
FOR**

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**NAME OF APPLICANT**



**DUNCANVILLE POLICE DEPARTMENT  
P.O. BOX 380280  
DUCNANVILLE, TEXAS 75137-0280**

## **Duncanville Police Department Training/Personnel**

### **SUBJECT: Required Information for Background Investigation**

It is required of you that the following list of documents be obtained by you and forwarded to the Training/Personnel Division of the Duncanville Police Department, so that your application for employment can be correctly and quickly completed and a determination of employment status can be established. If these documents are not remitted by you or you are unable to give good reason why they are unavailable within two (2) weeks of the Civil Service Exam you took, you will be rejected. Copies of required documents are: **Birth certificate, naturalization papers (if applicable), driver's license number and state, high school diploma or G.E.D. certificate, high school transcript, college transcript and diploma (if applicable), marriage certificate, dissolution of marriage papers, military discharge papers, and any other papers that you feel would be helpful in determining your qualifications as a prospective employee for the City of Duncanville.**

**The Personal History Statement you have been given must be completed and returned at 8:00 a.m. on the day of the Civil Service Exam or you will be rejected.**

Civil Service Rules and Regulations of the City of Duncanville: Section 7 – Rejection of Applicants, Subsection 12 – Failure to Report for Entrance Examinations and other employee processing procedures is cause for rejection.

If you have any questions concerning this or any other part of the background investigation, please contact Training/Personnel Division, 972-780-5028, of the Duncanville Police Department

Robert D. Brown Jr.  
Chief of Police  
Duncanville Police Department

By: Training/Personnel

# INSTRUCTIONS

## READ THESE 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 respects. 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 printed legibly, by you.** Answer all questions completely.
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 entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses: to include **street, address, state, and zip code.** 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 phone 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 the relevant section and question number before continuing your answer. Use **eight and a half by eleven size paper** if additional space is needed.
6. An accurate and complete form will help expedite our background investigation of your application for employment. On the other hand, deliberate omissions or falsifications will result in disqualification.

# PERSONAL HISTORY STATEMENT

A. **Applicant Identification** – Information in this section is used for identification purposed only.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street Apt.

\_\_\_\_\_ City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Email Address \_\_\_\_\_

Nickname(s), maiden name, or other names by which you have been known:

\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_

Are you a US Citizen [ ] YES [ ] NO

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_

Scars, tattoos, or other distinguishing marks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Residences** – List all residences where you have lived, either permanently or temporarily, during the past ten years. List by month and year.

From	To	Number, Street, City, State, Zip
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____
____/____	____	_____

**C. Work History** – Beginning with your present job, list all employment since the age of 16, including part-time/seasonal employment. Treat periods of unemployment or education as though they were periods of employment. This list should be continuous in time with no breaks in the time sequence.

#1	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#2	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

**C. Work History (contd.)**

#3	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#4	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#5	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

**C. Work History (contd.)**

#6	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#7	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#8	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

**C. Work History (contd.)**

#9	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#10	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#11	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

**C. Work History (contd.)**

#12	From_____	To_____	Employer_____
Address_____			
address, city, state, zip			
Phone Number (____)		Job Title_____	
Duties_____			
Supervisor_____		Co Worker_____	
Salary Range: Start_____		End_____	
Reason for Leaving_____			

#13	From_____	To_____	Employer_____
Address_____			
address, city, state, zip			
Phone Number (____)		Job Title_____	
Duties_____			
Supervisor_____		Co Worker_____	
Salary Range: Start_____		End_____	
Reason for Leaving_____			

#14	From_____	To_____	Employer_____
Address_____			
address, city, state, zip			
Phone Number (____)		Job Title_____	
Duties_____			
Supervisor_____		Co Worker_____	
Salary Range: Start_____		End_____	
Reason for Leaving_____			

**C. Work History (contd.)**

#15	From_____	To_____	Employer_____
Address_____			
address, city, state, zip			
Phone Number (____)		Job Title_____	
Duties_____			
Supervisor_____		Co Worker_____	
Salary Range: Start_____		End_____	
Reason for Leaving_____			

#16	From_____	To_____	Employer_____
Address_____			
address, city, state, zip			
Phone Number (____)		Job Title_____	
Duties_____			
Supervisor_____		Co Worker_____	
Salary Range: Start_____		End_____	
Reason for Leaving_____			

#17	From_____	To_____	Employer_____
Address_____			
address, city, state, zip			
Phone Number (____)		Job Title_____	
Duties_____			
Supervisor_____		Co Worker_____	
Salary Range: Start_____		End_____	
Reason for Leaving_____			

**C. Work History (contd.)**

#18	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#19	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

#20	From_____	To_____	Employer_____
	Address_____		
	address, city, state, zip		
	Phone Number (____)		Job Title_____
	Duties_____		
	Supervisor_____		Co Worker_____
	Salary Range: Start_____		End_____
	Reason for Leaving_____		

**D. Military Record**

Have you ever served in the US Armed Forces? [ ] yes [ ] no

Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit Designation \_\_\_\_\_

Military Service Number \_\_\_\_\_

Highest Rank Held \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Were you ever disciplined in the service? [ ] yes [ ] no

Include ALL forms of discipline:

Charge	Agency	Date	Age	Disposition

If you received a discharge other than honorable, provide the complete details.

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**E. Educational History**

High School Attended	City & State	Begin Date	End Date	Graduated Yes/No

College or University Attended: \_\_\_\_\_

City & State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, and date: \_\_\_\_\_

College or University Attended: \_\_\_\_\_

City & State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Degree received, if any, and date: \_\_\_\_\_

**E. Educational History continued**

College or University Attended: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree received, if any, and date: \_\_\_\_\_

College or University Attended: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree received, if any, and date: \_\_\_\_\_

College or University Attended: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_  
Units Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree received, if any, and date: \_\_\_\_\_

**E. Educational History continued**

List any other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate obtained, and any other pertinent information.

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List any educational training that you have taken you feel is applicable to police work.

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**F. Special Qualifications and Skills**

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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List any specialized machinery you can operate.

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

Language	Reading	Speaking	Understanding	Writing

**F. Special Qualifications and Skills continued**

List any other special skills or qualifications you may possess.

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**G. Arrests, Detentions and Litigations**

Have you ever been arrested or detained by a police agency for any reason?

yes     no

If "yes", complete the following:

Police Agency	City & State	Offense Charged	Date	Disposition

**G. Arrests, Detentions and Litigations continued**

Have you ever been a party to a civil litigation?

yes     no

If “yes”, give details:

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**H. Traffic Record**

Has your driver’s license ever been suspended or revoked?

yes     no

If “yes”, give details:

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**H. Traffic Record continued**

Have you ever operated a motor vehicle while a license was suspended or revoked?

yes     no

If "yes", give details:

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With what company do you carry auto insurance?

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Has your auto insurance ever been canceled or denied?

yes     no

If "yes", give details:

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**I. Marital and Family History**

[ ] single [ ] married [ ] separated [ ] divorced [ ] widowed

Name of boyfriend/girlfriend: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**If engaged:**

Name of fiancé: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_



**I. Marital and Family History continued**

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

Name	Relation	Date of Birth	Address	Supported by whom

List all other dependents.

Name	Address	Relation

List other relatives in the following order, father, mother, brothers, and sisters. If deceased, so state and cause of death.

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

**I. Marital and Family History continued**

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

**I. Marital and Family History continued**

List any other family members with whom you associate on a regular basis.

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

Name: _____	DOB: _____
Address: _____	Phone #: _____
Relationship: _____	Occupation: _____

**J. Financial History**

What is your present salary, wages or income? \_\_\_\_\_

Do you have income from any other source other than your principal occupation (include spouse). [ ] yes [ ] no

If "yes", how much? \_\_\_\_\_

How often? \_\_\_\_\_

The source? \_\_\_\_\_

Do you own any real estate? [ ] yes [ ] no  
Value \_\_\_\_\_ Location \_\_\_\_\_

Do you own any bonds, government or other? [ ] yes [ ] no  
Value \_\_\_\_\_ Description \_\_\_\_\_

Do you own any corporate stock? [ ] yes [ ] no  
Value \_\_\_\_\_ Description \_\_\_\_\_

Do you have a bank account? [ ] yes [ ] no  
Checking: Average Balance \_\_\_\_\_

Name & Address of Bank

Savings: Average Balance \_\_\_\_\_

Name & Address of Bank

Additional bank accounts (state name of bank, type of account, bank address, average account balance). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Debt Type: \_\_\_\_\_ Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Account #: \_\_\_\_\_

**K. References**

List four persons, within the last ten years of your age, that know you well enough to provide current information about you. DO NOT list relatives or present/past supervisors or employers.

Name: _____	Age: _____
Address: _____	State: ____ Zip: _____
Residence and/or Cell Ph#:(____) _____	Business Ph#:(____) _____
Business Address: _____	Email: _____
Occupation: _____	Years Known: _____

Name: _____	Age: _____
Address: _____	State: ____ Zip: _____
Residence and/or Cell Ph#:(____) _____	Business Ph#:(____) _____
Business Address: _____	Email: _____
Occupation: _____	Years Known: _____

Name: _____	Age: _____
Address: _____	State: ____ Zip: _____
Residence and/or Cell Ph#:(____) _____	Business Ph#:(____) _____
Business Address: _____	Email: _____
Occupation: _____	Years Known: _____

Name: _____	Age: _____
Address: _____	State: ____ Zip: _____
Residence and/or Cell Ph#:(____) _____	Business Ph#:(____) _____
Business Address: _____	Email: _____
Occupation: _____	Years Known: _____

**L. Memberships in Organizations**

Name/Address/Type of Organization
Membership from _____ To _____

Name/Address/Type of Organization
Membership from _____ To _____

Name/Address/Type of Organization
Membership from _____ To _____

Name/Address/Type of Organization
Membership from _____ To _____

Special Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M. Personal Declarations**

Have you ever violated **ANY** law by using any drug?

[ ] YES [ ] NO

If yes, show the following information on each incident.

Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	

**M. Personal Declarations continued**

Have you ever violated state law by using any drug **NOT** prescribed by your physician? [ ] YES [ ] NO

If yes, show the following information on each incident.

Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	

**M. Personal Declarations continued**

Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
_____	
Name of Drug: _____	1 <sup>st</sup> time used: _____
Last time used: _____	Number of time used: _____
Circumstances: _____	
_____	
_____	
_____	
_____	

**M. Personal Declarations continued**

Have you ever used any prescription drug not prescribed to you by your physician? [ ] YES [ ] NO

Name of Drug:_____	1 <sup>st</sup> time used:_____
Last time used:_____	Number of time used:_____
Circumstances:_____	
_____	
_____	
_____	
_____	
Name of Drug:_____	1 <sup>st</sup> time used:_____
Last time used:_____	Number of time used:_____
Circumstances:_____	
_____	
_____	
_____	
_____	
Name of Drug:_____	1 <sup>st</sup> time used:_____
Last time used:_____	Number of time used:_____
Circumstances:_____	
_____	
_____	
_____	
_____	
Name of Drug:_____	1 <sup>st</sup> time used:_____
Last time used:_____	Number of time used:_____
Circumstances:_____	
_____	
_____	
_____	
_____	

**M. Personal Declarations continued**

Have you ever sold or furnished narcotics to anyone?

YES    NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If it became necessary, could you defend yourself or another person even if it meant taking a human life in the performance of your duties? Be sure to consider any religious or other beliefs that would prevent you from doing so.

YES    NO

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M. Personal Declarations continued**

Do you have any religious beliefs or other beliefs which would prevent you from fully performing your duties as a police officer working weekends, evenings, nights, or holidays?

YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever made application with this or ANY other law enforcement agency?  YES  NO

If yes, give the following information.

_____	_____ / _____	_____
AGENCY	MONTH/YEAR	STATUS OF APPLICATION
REJECTION REASON _____		
_____		
_____		

_____	_____ / _____	_____
AGENCY	MONTH/YEAR	STATUS OF APPLICATION
REJECTION REASON _____		
_____		
_____		

**M. Personal Declarations continued**

_____	_____ / _____	_____
AGENCY	MONTH/YEAR	STATUS OF APPLICATION
REJECTION REASON _____		
_____		
_____		

_____	_____ / _____	_____
AGENCY	MONTH/YEAR	STATUS OF APPLICATION
REJECTION REASON _____		
_____		
_____		

_____	_____ / _____	_____
AGENCY	MONTH/YEAR	STATUS OF APPLICATION
REJECTION REASON _____		
_____		
_____		

_____	_____ / _____	_____
AGENCY	MONTH/YEAR	STATUS OF APPLICATION
REJECTION REASON _____		
_____		
_____		



**N. Social Media Information**

Please check each social media account you currently have and provide a username for each.

- [ ] Facebook – username\_\_\_\_\_
- [ ] Instagram – username\_\_\_\_\_
- [ ] Twitter – username\_\_\_\_\_
- [ ] LinkedIn – username\_\_\_\_\_
- [ ] KiK – username\_\_\_\_\_
- [ ] Reddit – username\_\_\_\_\_
- [ ] Ask.fm – username\_\_\_\_\_
- [ ] Tumblr – username\_\_\_\_\_
- [ ] Google+ - username\_\_\_\_\_
- [ ] VK – username\_\_\_\_\_
- [ ] Meetup – username\_\_\_\_\_
- [ ] YouTube – username\_\_\_\_\_
- [ ] Vine – username\_\_\_\_\_
- [ ] Pinterest – username\_\_\_\_\_
- [ ] Flickr – username\_\_\_\_\_
- [ ] Classmates – username\_\_\_\_\_
- [ ] Snapchat – username\_\_\_\_\_
- [ ] Shots – username\_\_\_\_\_
- [ ] Periscope – username\_\_\_\_\_

List all others not mentioned above, including the username of each:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 such will misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

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Signature of Applicant

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Date

