



AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer PID #:

County Jailer PID #:

Telecommunicator PID #:

Civilian Employment Position:



Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

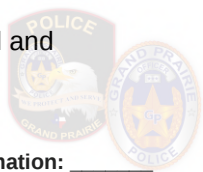
Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.



Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation, or deferred adjudication for a Class A misdemeanor or a felony.

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

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.



SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

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

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses (list primary first):

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

Physical Description (sex/race):

Height: Weight: Hair Color: Eye Color:

Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No



Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

B. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		

C. Name of Agency:

Position Applied For:

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

Steps:	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
Status:	Hired	On List	Withdrawn	Disqualified		



SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "D" box if the individual is deceased; however, still provide their information.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

"D" **A. Father's Name:** D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" **B. Step-Father's Name:** D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" **C. Mother's Name:** D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" **D. Step-Mother's Name:** D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:



"D" E. Spouse/Registered Domestic Partner's Name:

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

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

"D" F. Father-in-Law's Name:

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" G. Mother-in-Law's Name:

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" H. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

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



"D" I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

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

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

"D" 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:



"D" 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

"D" 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

"D" 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:



"D" 2. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

"D" 3. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

"D" 4. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

"D" 5. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

"D" 6. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

L. REFERENCES: List 8-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?



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

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

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

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



6. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

7. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

8. Name: Address:

City: State: Zip:

Company/Work Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: City: State:

From: To: Did you graduate? Yes No

2. Name: City: State:

From: To: Did you graduate? Yes No

List all colleges or universities attended:

1. Name: City: State:

From: To: Type of Degree Earned: Total Hours Earned:

2. Name: City: State:

From: To: Type of Degree Earned: Total Hours Earned:



3. Name: _____ City: _____ State: _____
 From: _____ To: _____ Type of Degree Earned: _____ Total Hours Earned: _____

List any trade, vocational, or business schools/institutes attended:

1. Name: _____ From: _____ To: _____
 Type of school or training: _____ City: _____ State: _____
 Did you complete the course? Yes No

2. Name: _____ From: _____ To: _____
 Type of school or training: _____ City: _____ State: _____
 Did you complete the course? Yes No

3. Name: _____ From: _____ To: _____
 Type of school or training: _____ City: _____ State: _____
 Did you complete the course? Yes No

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.



SECTION 4: RESIDENCES

LIST OF RESIDENCES

- List all residences since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

Reason for moving:

3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

Reason for moving:



4. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

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

City: State: Zip:

From: To:

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

Reason for moving:



Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name:	Contact Number:	Email:
Current Street Address:		
City:	State:	Zip:
Nature of relationship (friend, relative, landlord, housemate only):		
2. Housemate Name:	Contact Number:	Email:
Current Street Address:		
City:	State:	Zip:
Nature of relationship (friend, relative, landlord, housemate only):		
3. Housemate Name:	Contact Number:	Email:
Current Street Address:		
City:	State:	Zip:
Nature of relationship (friend, relative, landlord, housemate only):		
4. Housemate Name:	Contact Number:	Email:
Current Street Address:		
City:	State:	Zip:
Nature of relationship (friend, relative, landlord, housemate only):		
5. Housemate Name:	Contact Number:	Email:
Current Street Address:		
City:	State:	Zip:
Nature of relationship (friend, relative, landlord, housemate only):		
6. Housemate Name:	Contact Number:	Email:
Current Street Address:		
City:	State:	Zip:
Nature of relationship (friend, relative, landlord, housemate only):		



Have you ever been evicted or asked to leave a residence? Yes No

Have you ever left a residence owing rent? Yes No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? Yes No
If YES, list below.
- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

Full-Time Part-Time Temporary Self-Employed Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: Student Between jobs Leave of absence Travel Other



3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

5. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other



7. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

9. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other



11. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

13. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other



15. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

17. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes No

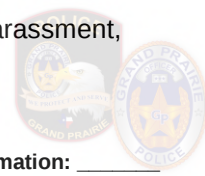
19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes No

21. Have you ever resigned without giving two weeks-notice? Yes No

22. Have you ever resigned in lieu of termination? Yes No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes No



24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When? Name of Employer:

Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

When? Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No



5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

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

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

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

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

5. Have any of your bills ever been turned over to a collection agency? Yes No

6. Have you ever had purchased goods repossessed? Yes No

7. Have your wages ever been garnished? Yes No

8. Have you ever been delinquent on income or other tax payments? Yes No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

10. Have you ever had an employment bond refused? Yes No

11. Have you ever avoided paying any lawful debt by moving away? Yes No

12. Have you ever defaulted on a loan, including a student loan? Yes No

13a. Have you ever borrowed money to pay for a gambling debt? Yes No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
Yes No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
Yes No

16. Have you written three or more bad checks in a one-year period? Yes No



17. Are you in arrears on court-ordered child support? Yes No

If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:



5. Have you ever been placed on court probation or adjudication? Yes No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
Yes No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime?
Yes No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
Yes No
9. Have the police ever been called to your home for any reason? Yes No
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
14. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Have you ever committed any of the following crimes?

15. Annoying/obscene phone calls Yes No
16. Assault (use of force or violence upon another) Yes No
17. Assault on a family member (use of force or violence upon a family member) Yes No
18. Brandishing a weapon (any type of weapon) Yes No
19. Carrying a concealed weapon without a permit Yes No
20. Contributing to the delinquency of a minor Yes No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
22. Driving under the influence of alcohol and/or drugs Yes No



- | | | |
|--|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |
| 24. Hit and run collision (no injuries) | Yes | No |
| 25. Hunting or fishing without a license | Yes | No |
| 26. Illegal gambling | Yes | No |
| 27. Impersonating a peace officer | Yes | No |
| 28. Indecent exposure (including flashing or mooning) | Yes | No |
| 29. Joyriding (using a car or other vehicle without owner's permission) | Yes | No |

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

- | | | |
|---|-----|----|
| 30. Arson (intentionally destroying property by setting a fire) | Yes | No |
| 31. Assault with a deadly weapon | Yes | No |
| 32. Theft of a vehicle and/or vehicle parts | Yes | No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No |
| 34. Child molestation (performing unlawful acts with a child) | Yes | No |
| 35. Accessing, producing, or possessing child pornography | Yes | No |
| 36. Injury to a child, elderly, and/or disabled | Yes | No |
| 37. Embezzlement (theft of money or other valuables entrusted to you) | Yes | No |
| 38. Drunk driving | Yes | No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity | Yes | No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 41. Hit and run (with injuries) | Yes | No |
| 42. Hate crime | Yes | No |
| 43. Insurance fraud | Yes | No |
| 44. Theft (of any value) | Yes | No |
| 45. Murder, homicide, or attempted murder | Yes | No |
| 46. Perjury (lying under oath) | Yes | No |
| 47. Possession of an explosive/destructive device | Yes | No |
| 48. Robbery (theft from another person using a weapon, force, or fear) | Yes | No |
| 49. Stalking | Yes | No |
| 50. Blackmail or extortion | Yes | No |
| 51. Any other possible criminal act | Yes | No |



If you answered "YES" to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.

Heroin/Opium

Barbiturates (Downers)

Marijuana

Cocaine/Crack Cocaine

Mescaline

Designer Drugs (Ecstasy, Synthetic Heroin, etc.)

Morphine

GHB (Date Rape Drug)

PCP/Angel Dust

Glue

Quaaludes

Hallucinogens (Peyote, LSD, Mushrooms)

Steroids

Hashish/Hashish Oil

Tetrahydrocannabinol (THC)

52. Have you ever used marijuana, any non-prescribed drug(s) as indicated above, or unauthorized prescription drugs?

- Yes No

If yes, give details, including drug(s) used, # of times used, and exact dates:

53. Throughout my entire life (check all that apply):

I have never used any illegal drug or marijuana (or any other form of THC), nor have I abused any legal/prescription drug.

I have tried or used an illegal drug, marijuana (or any other form of THC), or abused prescription drugs.

If you have, provide brief circumstances:



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

Sold Manufactured Purchased Furnished Cultivated Carried or held for another

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

SECTION 9: MOTOR VEHICLE OPERATION

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

Full name under which license was granted:

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

1. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. N/A State of Issue: Type of License: License Number:

Name under which license was granted:

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

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

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

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



List your current liability insurance on your vehicle(s):

4. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have ever received:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed



9. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: Not Guilty Fined Traffic School Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

☐ Failed to appear

☐ Failed to complete traffic school/pay fine

☐ Any other reason

If checked, explain circumstances:

Have you ever been involved as the driver in a motor vehicle accident? **If yes, give details:** Yes No

11. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

12. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

13. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:

14. Date: Location (Street, City, State, Zip):

Police Report? Yes No Injury or Non-Injury? Injury Non-Injury

Law Enforcement Agency:



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

If yes, give reason:

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

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

If yes, give reason:

Insurance Company: Date:

Location (Street, City, State, Zip):

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

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

17. Have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act?
Yes No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? Yes No

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



SECTION 10: SOCIAL MEDIA SITES

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

List all social media sites, blogs, and/or websites you have created (including deleted pages/content). Provide the website URL and your username.



SECTION 11: ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.



SECTION 12: CERTIFICATION

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp:



The following 11 supplement pages MUST be filled out and completed as well. Failing to complete them may result in disqualification and removal from the hiring process.

APPLICANT IDENTIFICATION

NAME: _____
Last First Middle

PANT SIZE: W _____" x L _____" SHIRT SIZE: _____ Are you RIGHT HANDED or LEFT HANDED?
XS - S - M - L - XL - 2XL ☐ (check one) ☐

ALL TATTOOS, BODY ART, AND/OR BRANDINGS - (List what they are and where they are located).

***Also attach photos of the tattoos, body art, and/or brandings that would be visible when wearing shorts and a t-shirt.**



EDUCATIONAL HISTORY

When completing the following information you must give sufficient detailed information that can be verified. List information such as the name of the school and year involved in such activities.

School Activities: **Clubs/Sports/Etc.**

Positions of Leadership: **(Indicate Position/Organization/Dates held)**

Community Activities:

Awards/Commendations or Special Recognition:

If you know a foreign language (**not including ENGLISH**), indicate each and your level of proficiency.
(Excellent, Good, Fair)

<u>LANGUAGE</u>	<u>READING</u>	<u>SPEAKING</u>	<u>UNDERSTANDING</u>	<u>WRITING</u>
-----------------	----------------	-----------------	----------------------	----------------



CLUB/GROUP OR ASSOCIATION MEMBERSHIPS

OFFICIAL NAME OF ORGANIZATION	TYPE: SOCIAL, FRATERNAL, PROFESSIONAL, ECT.	OFFICE(S) HELD	DATES OF MEMBERSHIP FROM TO	

HOBBIES AND SPORTS

NAME OF SPORT/HOBBY	DURATION	LEVEL OF PROFICIENCY



NEIGHBORS

List neighbors that live on both sides of your current residence and previous or permanent residence. If you don't know your neighbors, meet them. If a house or apartment is empty, make a notation. This section must be complete.

NAME _____ HOME/ CELL PHONE (_____) _____
ADDRESS _____
BUSINESS NAME _____ WORK PHONE (_____) _____
BUSINESS ADDRESS _____
HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME/ CELL PHONE (_____) _____
ADDRESS _____
BUSINESS NAME _____ WORK PHONE (_____) _____
BUSINESS ADDRESS _____
HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME/ CELL PHONE (_____) _____
ADDRESS _____
BUSINESS NAME _____ WORK PHONE (_____) _____
BUSINESS ADDRESS _____
HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME/ CELL PHONE (_____) _____
ADDRESS _____
BUSINESS NAME _____ WORK PHONE (_____) _____
BUSINESS ADDRESS _____
HOURS OF WORK _____ YEARS KNOWN _____



FINANCIAL

Your monthly salary? _____ Your spouse's monthly salary? _____

Other monthly income - describe:

Do you own any real estate?

YES

NO

Location: _____ Value: _____

Location: _____ Value: _____

Do you own any bonds?

YES

NO

Value: _____

Do you own any corporate stock?

YES

NO

Value: _____

Do you have a bank account?

YES

NO

List ALL Checking
Average Balance

Name and Address of Bank

List ALL Savings
Average Balance

Name and Address of Bank



FINANCIAL

Have you ever been delinquent on payments of any loans / charge accounts?	YES	NO
Have you ever filed for or declared bankruptcy?	YES	NO
Have any of your bills ever been turned over to a collection agency?	YES	NO
Have you ever had purchased goods repossessed?	YES	NO
Have your wages ever been garnished?	YES	NO
Have you ever been delinquent on income or other tax payments?	YES	NO
Have you ever had a check returned for insufficient funds?	YES	NO

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

Please list all of your financial liabilities (charge accounts, rent, mortgage, car payments, etc.)

Name, Address, Phone of Creditor	Reason for Debt or item Purchased	Account Number	Total Balance	Monthly Payment



YES NO

- 1. Is there anything currently or in the past, that when discovered, will cause embarrassment to yourself or to GPPD?**
- 2. Have you ever consumed alcoholic beverages at work?**
- 3. Have you ever consumed any form of an illegal substance at work?**
- 4. Have you ever viewed any form of pornographic material at work?**
- 5. Have you made any derogatory, slanderous or libelous statements toward an individual or group of individuals based on their race, color, religious belief or sexual preference while at work?**
- 6. Are you currently under investigation for excessive use of force issues or Civil rights violations or similar investigation at this time?**
- 7. Are you currently or have you ever been a party to a law suit involving allegations of excessive force, wrongful death or civil rights violations?**
- 8. Have you ever watched another employee commit any type of criminal offense and not reported that officer to the proper authorities or supervisors?**
- 9. Have you ever watched another employee violate the civil rights of another person and not report it to the proper authorities?**
- 10. Have you ever committed an undetected act, which if discovered, may have resulted in disciplinary or criminal action taken against you?**
- 11. Have you ever solicited or attempted to solicit money or material objects in return for not enforcing a law?**
- 12. Have you ever accepted money or material objects in return for not enforcing a law?**
- 13. Have you ever made a false statement in any type of report?**
- 14. Have you ever committed any type of crime while at work?**
- 15. Have you ever been accused of hurting a person?**



YES NO

16. Have you ever been disciplined while at work?

If yes, how many times_____ What type_____

17. Have you ever made a false statement under oath?

18. Have you ever slept on duty?

Number of times_____ For what reason_____

19. Have you ever been classified as ineligible for re-hire by a former police department?

20. Have you ever been classified as ineligible for re-hire by any former employer?

21. Have you ever had any type of unauthorized physical or sexual contact/conduct while at work?

22. Have you ever been convicted, placed on probation or given deferred adjudication for any arrest(s) or offense(s)?

23. Have you ever run from or attempted to elude a police officer either on foot or in a vehicle?

24. Have you ever illegally entered onto or into the property, house, building or a vehicle of another when you did not have permission to do so?

25. Have you ever used a vehicle without the permission of the owner?

26. Have you ever committed any Criminal Mischief offenses or damaged another's property?

27. Have you ever been the subject of an Internal Affairs investigation?

28. Have you ever received a citizen or co-worker complaint?

29. Have you ever deleted social media or on-line content so it would not be detected?

30. Have you ever consumed alcohol/drugs and operated a vehicle/boat/plane, even if just "buzzed driving"?



Explanation of any above responses of "YES."

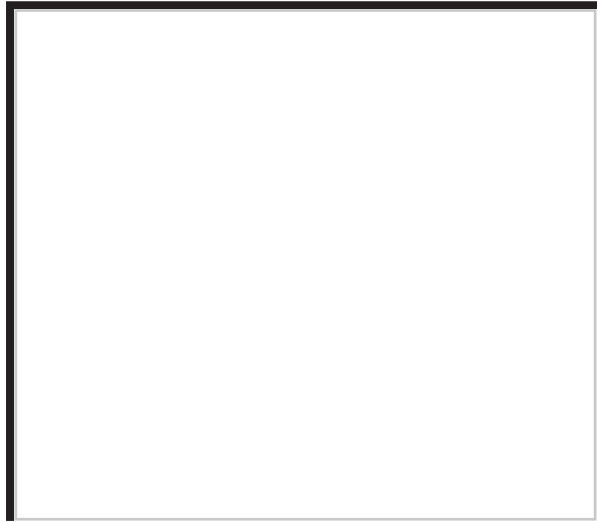
Question Number	Explanation
-----------------	-------------



NARRATIVE & AGREEMENT

**In your own words explain why you want to work for the Grand Prairie Police Department.
(Minimum 100 words)**





Attach a photograph of yourself taken during the past 90 days. Attach the photo above, drag and drop from your device or computer. If unable to drag and drop, simply scan and attach a photo on a separate sheet. Also include photographs of all visible tattoos.

NAME _____
LAST FIRST MIDDLE





AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Grand Prairie Police Department** 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 history, military service, credit reports, educational records, medical records, attendance, athletic endeavors, personal history, disciplinary records, polygraph examination(s), arrest, conviction records, Court-Martial, Captain's Mast, Article 15, criminal records and psychological examination (s). This includes but is not limited to personal accounts/recollection.

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 Account 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: _____

D.O.B.: _____ ***SSN#*** _____

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: _____



Applicant Certification and Disclosure Agreement

(PLEASE READ CAREFULLY-Authorization to Release Information)

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report or an investigative consumer report may be made in connection with this application for employment with _____. In the event an investigative report is requested, I am entitled to know and am hereby advised that the nature and scope of the investigation will involve a pre-employment investigation to obtain applicable information from personal interviews with previous employers concerning my work habits, actions, performance, character, general reputation, personal characteristics and lifestyle. The applicant has a right to request additional disclosures and a summary of the scope and substance of the report. Other sources of information may be obtained from individuals, residential management agents, criminal justice agencies, credit bureaus, departments of motor vehicles, collection agencies, retail business establishments, social media and other Consumer Reporting Agencies (CRA). If I am denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. I further understand that Information Discovery Services (IDS) has been retained to perform the pre-employment investigation to determine my suitability for employment and I authorize IDS to have access to any records concerning my education or employment background and I hereby authorize any person or entity having such information to release that to IDS or person(s) acting on their behalf. I also understand that the pre-employment investigation may include contacting any previous employers, and I hereby authorize any such previous employers to release information regarding my employment to IDS. By signing below, I am authorizing IDS to obtain this information now, and at any point during any period of employment, without limitation.

I further authorize any and all present and former employers, school administrators, financial institutions and any other custodians of records pertaining to me to release such information upon request of a duly authorized representative of IDS. I acknowledge that IDS is not responsible for the content of information obtained from public and private repositories and hereby waive all liability against IDS.

I understand the information I am providing concerning my date of birth will not be used as a basis to determine hiring or contract eligibility. I authorize IDS to obtain information regarding my previous employment, residency, credit, education, motor vehicle and criminal history, to include publicly accessible social media sites.

IDS is hereby authorized to disclose all information obtained through its investigations to the requesting entity, _____, for the purpose of making a determination as to my fitness for employment or retention as an employee.

I agree that a facsimile ("fax"), electronic or photocopy of this Agreement shall be as valid as the original and direct the recipient to disclose the above-described information about me as though it were the original.

I have read and fully understand the above agreement. By signing below, I also acknowledge that _____ has provided me with a summary of my rights under the Federal Fair Credit Reporting Act.

Full Name (Please Print) _____

Last

First

Middle

Other Names Used _____

Last

First

Middle

Current Address

Number and Street: _____

City: _____

State: _____

Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Telephone Numbers:

Day: _____ Evening: _____ Cell: _____

Signature: _____ **Date:** _____

New York applicants: By signing above you also acknowledge receipt of Article 23-A of the New York Correction Law.

☐ **Minnesota and Oklahoma applicants:** Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

- ☐ **California applicants:** By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

- ☐ **Washington State applicants:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

- ☐ **Vermont State applicants:** Please check the box if you would like to receive a copy of a consumer report at no charge if one is obtained by the company.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

**A Summary of Your Rights
Under the Texas Business and Commerce Code
Sections 20.01 through 20.13**

Sections 20.01 through 20.11 of the Texas Business and Commerce Code regulate the preparation of consumer reports by a consumer reporting agency (“CRA”) such as Information Discovery Services. These provisions also set forth the rights of consumers when such a report is requested.

Please remember that you have additional rights under the Federal Fair Credit Reporting Act (“FCRA”). The complete text of the FCRA is located at 15 U.S.C. 1681-1681u and can be found on the Federal Trade Commission’s website (<http://www.ftc.gov>). You also may contact the FTC to learn about your rights under federal law.

Your rights under the above-identified sections of the Texas Business and Commerce Code are as follows:

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has requested the information recently. There is no charge for a copy of your file if a person has taken adverse action against you because of the information supplied by the CRA and you request the report within 60 days of receiving notice of the action. In most other cases, the CRA may charge a reasonable fee for disclosing the information in your file, not to exceed \$8.¹ The CRA must also provide you with instructions to help you understand the information contained in your file.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA your file contains inaccurate or incomplete information, the CRA must investigate disputed items free of charge (usually within 30 days) unless your dispute is frivolous. As part of this investigation, the CRA will notify each person who provided information relating to the dispute. The CRA will notify you when the reinvestigation is complete and will inform you of the results. You may request a description of the procedures used by the CRA to determine the accuracy and completeness of the information, including the name, business address and telephone number (if available) of each person contacted in connection with the dispute.

You may notify Information Discovery Services that you dispute the completeness or accuracy of the information contained in your file by calling 817-551-3898 during normal business hours or by sending a written notice to Information Discovery Services, 3014 SE Loop 820, Fort Worth, Texas 76140.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, and must provide a copy of the revised consumer report to you and each person who requested a copy during

¹ On January 1 of each year, CRAs may increase this fee based on the Consumer Price Index for All Urban Consumers.

the preceding 6 months. The CRA may not reinsert disputed information into your file unless the source of the information verifies its accuracy and completeness. The CRA must notify you if information is reinserted and you may add a statement of dispute to the file.

- **You may include a statement of dispute in your file.** If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **You can request that the CRA place a security alert in your file.** Within 24 hours of receiving a request from you, a CRA must place a notice in your file indicating that your identity may have been used without your consent to fraudulently obtain goods or services in your name. You may request that your telephone number be included with the alert so that people may verify your identity before entering into a transaction with you. The alert will remain in your file for at least 45 days. At the end of the 45-day period, the CRA must provide you with a free copy of your file upon your request.

You may request that Information Discovery Services place a security alert in your file by calling 817-551-3898 during normal business hours.

- **You can request that the CRA place a security freeze in your file.** You may request that the CRA place a notice in your file that prohibits the CRA from releasing a consumer report relating to an extension of credit involving your file without your express authorization. Your request must be sent to the CRA by certified mail and must include proper identification. The CRA may charge a reasonable fee for placing a security freeze on your file, temporarily lifting a security freeze for a designated period, or removing a security freeze, not to exceed \$10.² The CRA must send you a written confirmation of the security freeze and provide you with a unique personal identification number or password to be used when removing or temporarily lifting the security freeze. You may request in writing a replacement personal identification number.
- **You can request that the CRA remove or temporarily lift a security freeze.** You have the right to request in writing or by telephone that a CRA remove a security freeze from your file or that it lift the freeze for a certain period of time designated by you or for a certain person requesting the information. The CRA must comply with your request within 3 business days of receiving your request so long as you have provided proper identification, including the personal identification number or password provided to you by the CRA at the time you initially requested the security freeze. The CRA may not charge a fee for the placement, temporary lifting, or removal of a security freeze at the request of a

² See footnote 1, above.

consumer who has submitted to the CRA a copy of a valid police report, investigative report, or complaint involving the alleged commission of an offense under Section 32.51, Penal Code. The CRA will remove the security freeze if it was placed in your file as a result of a material misrepresentation that you made. You should be aware that a security freeze does not apply when a consumer report is provided to certain entities or persons, such as government agencies acting under a court order or child support agencies.

- **You may bring an action in court or arbitrate a dispute.** You may bring an action to enforce the CRA's obligations in any court or, if agreed by both parties, by submitting the dispute to binding arbitration. Such an action may only be brought after the dispute procedures described above have been followed and you have received notice of the results of the reinvestigation or notice that deleted information has been reinserted. The prevailing party in the lawsuit or arbitration will be responsible for paying the other party's attorneys' fees and costs, as determined by the court or arbitrator.