



LUBBOCK COUNTY SHERIFF'S OFFICE

P.O. BOX 10536
LUBBOCK, TX 79408
PHONE: (806) 775-1400
FAX: (806) 775-1419

Kelly Rowe
Sheriff
Mike Reed
Chief Deputy LE
Cody Scott
Chief Deputy Detention

Personal History Statement

Lubbock County Sheriff's Office

Applicant: _____
(First) (Middle) (Last)

Complete and Return to: _____

Return By: _____

Date Returned: _____

Background Investigation Assigned to: _____

By: _____ **Date:** _____

Background Investigation: Date Completed _____

Date Discontinued _____

Authority Of: _____

**Qualifications and Requirements for Employment
with the
Lubbock County Sheriff's Office**

PLEASE READ INSTRUCTIONS THOROUGHLY

Applicant must:

- A. Be a legally in the United States citizen
- B. Be of good moral character and have a good work history
- C. Meet the following minimum experience and educational requirements:
 - 1. Must be at least 21 years of age with a high school diploma or equivalency test (GED), for a Detention Officer's position.
 - 2. Must be at least 18 years of age with a high school diploma or equivalency test (GED), for a Detention Clerk's position.
 - 3. Take a basic language skills test.
- D. Must meet the minimum standards as set in the Occupations Code Title 10: Occupations Related to Law Enforcement and Security Chapter 1701. Law Enforcement Officers and Texas Administrative Code Title 37: Public Safety Part VII-Texas Commission on Law Enforcement Standards and Education 217.1. Which includes, but is not limited to the following?
 - 1. Not ever have been on court-ordered community supervision or probation for any criminal offense above the grade of Class B Misdemeanor or a Class B Misdemeanor within the past 10 years.
 - 2. Not currently under indictment for any criminal offense.
 - 3. Never have been convicted of an offense above the grade of Class B Misdemeanor or a Class B Misdemeanor in the last 10 years.
 - 4. Have a good driving record and be eligible to be insured to drive county vehicles. Not be prohibited by state or federal law from operating a motor vehicle.
 - 5. Never have been convicted of any family violence offense.
 - 6. Not be prohibited by State or Federal law from possessing firearms or ammunition. Be subjected to a background investigation and be interviewed prior to appointment by representatives of the appointing authority.
 - 7. Pass a physical, psychological and drug test.
 - 8. If for any reason you withdraw your application or you are disqualified, you will not be eligible to re-submit for one calendar year from the time of the original application.

To Applicant:

It is your responsibility to complete the Personal History Statement in its entirety.

You are responsible for verifying and securing all required phone numbers, addresses and other pertinent information.

If certain information cannot be provided, an explanation should accompany the statement as to the reason.

Inaccurate or illegible statements will not be considered.

Before you begin to fill out this personal history statement, please ensure you meet the following requirements. You must meet all five of these requirements to qualify for licensure through the state of Texas.

- I am a citizen of the United States of America.

- I have earned a high school diploma or a GED.

- I have never been convicted, plead guilty (nolo contendere), 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 bad conduct discharge.

PLEASE READ THOROUGHLY

If your **PERSONAL HISTORY STATEMENT** is turned in incomplete, you will be **DISQUALIFIED**. You **WILL NOT** be given another opportunity to complete the Personal History Statement.

Once your packet has been received and assigned to a Background Investigator, the Background Investigator will contact you and tell you, your background investigation has begun.

If there are any questions in reference to this application, contact one of the following:

Background Sergeant (806)775-7065
Background Investigators at one of the following (806)775-7072
(806)775-7073
(806)775-7074

Read These Instructions Carefully Before Proceeding

These instructions are provided to assist you in properly completing your Personal History Statement. It is essential the information be accurate in all respects. It will be used as a basis for a Background Investigation which will determine eligibility for employment.

1. Your Personal History Statement should be printed legibly in black ink by you and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided for the answer.
3. Avoid errors by reading the directions carefully before making an entry on the form. Be sure your information is correct and in proper order before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are unsure about any information, check it by personal verification, your local library or the internet.
5. If there is insufficient space on the form for you to include all information required, attach extra sheet(s) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will expedite your investigation. Explain any gaps in employment or unclear information. Deliberate omissions or falsifications may result in disqualification.
7. Re-check all sections before signing and dating the "Authority to Release Information" form on page 6, and the "Certification of Application" form at the back of the Personal History Statement.

All applicants for Law Enforcement positions must meet the current requirements of the Texas Commission on Law Enforcement Officer Standards and Education.

No application will be given any consideration until this document is **COMPLETELY** filled out, with copies of required documents attached. All documents will become the property of the Lubbock County Sheriff's Office and will not be returned.

Statements are reviewed and those which qualify are placed on an eligibility list based on: qualifications; background investigation; and application date.

You will be notified by the Lubbock County Sheriff's Office if you are being considered for a position. If you are not being considered for a position within the Department, you will be contacted by the Lubbock County Human Resources Department.

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.

Required documents:

(To accompany application) (To be completed by the applicant)

- _____ Copy of Social Security Card
- _____ Copy of Drivers License
- _____ High School Transcript or GED Certificate
- _____ Copy of Birth Certificate or Naturalization papers
- _____ Official College Transcripts
- _____ Release of Information Form (*page 6 of this document*)
- _____ Military DD 214 (*if applicable*) (**MEMBER 4 - CERTIFIED COPY**)
- _____ Highest Law Enforcement Certification (*Basic, Intermediate, Advanced, Masters*) (*if applicable*)
- _____ TCLEOSE Licensee Medical Condition Declaration (L-2) (*if applicable*)
- _____ TCLEOSE Licensee Psychological and Emotional Health Declaration (L-3) (*if applicable*)

Any copies of school certificates, awards, letters of recommendation and resumes may be included with the above documents, but not substituted for this document. All efforts shall be made to obtain all required document prior to submitting this personal history statement attach an explanation along with some form of verification if documents are not obtained prior to submitting this personal history statement.

Follow all instructions carefully. Any willful omissions or falsifications will result in the application process being terminated. Attach additional sheets as necessary to provide complete information. This includes any and all required documents, addresses, phone numbers, etc., on references and former employers, and any information pertinent to the background investigation.

No formal interview shall be conducted until the background investigation has been concluded.



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Authority to Release Information

To whom it may concern;

I hereby authorize the Lubbock County Sheriff's Office and its authorized representatives bearing this release, or a copy therefore, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from 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 questions to the validity of this release, you may contact me as indicated below.

Date: _____

Full Name: _____
(Last) (First) (Middle)

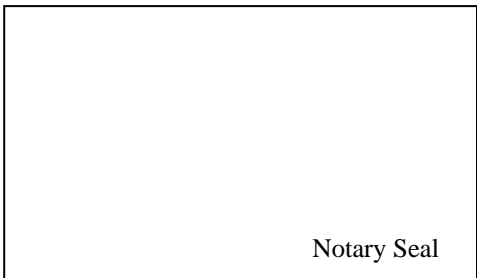
Current Physical Address: _____
(Street) (City) (State) (Zip Code)

Home Phone Number: (____) _____ Work Phone Number (____) _____

Additional Phone Number (Cell, Pager): _____

Social Security Number _____ - _____ - _____

Applicants Notarized Signature _____



Sworn to and signed before me, on this the _____ day of _____,
in and for the _____ county, in the state of _____
Signature of Notary Public: _____
Printed Name of Notary Public: _____
My Commission Expires: _____

Applicant's Personal History Record

Notice: If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this statement and number your answers to correspond with the questions.

Desired Position: _____

Alternate Position Desired: _____

Section I. Personal History

1) Have you ever legally changed your name (through marriage, etc.)? _____ Yes _____ No

A) If "Yes" designate _____
(Date) (Place) (Court)

B) List any other names or aliases you have used: _____

2) Current Physical Address: _____
(Street) (City) (State) (Zip Code)

3) Home Phone Number: (_____) _____

4) Work Phone Number (_____) _____

5) Cell Phone Number (_____) _____

6) Email Address _____

7) Social Security Number _____ - _____ - _____ 8) Driver License Number _____

9) Date of Birth _____ 10) Birth Place _____
(City/ County/ State/ Country)

Section II Physical Description

11) Race: _____ 12) Sex: _____ 13) Height: _____ 14) Weight: _____ 15) Eyes: _____

16) Hair: _____ 17) Scars: _____ 18) Tattoos: _____

19) Other Distinguishing Features: _____

Section III Citizenship

20) Are you a citizen of the United States of America? _____ Yes _____ No

21) Date and place of naturalization (if applicable) _____

22) Are you eligible to work legally in the United States? _____

Section IV Family History

23) Father

_____	_____	_____	_____
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____
<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
_____	_____	_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>	<i>(Email)</i>	
_____	_____	_____	_____
<i>(Occupation)</i>	<i>(Employer Name)</i>	<i>(Address)</i>	<i>(Phone Number)</i>

24) Mother

_____	_____	_____	_____	_____
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	<i>(Maiden Name)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____	_____
<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
_____	_____	_____	_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>	<i>(Email)</i>		
_____	_____	_____	_____	_____
<i>(Occupation)</i>	<i>(Employer Name)</i>	<i>(Address)</i>	<i>(Phone Number)</i>	

25) Step-Father

_____	_____	_____	_____
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____
<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
_____	_____	_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>	<i>(Email)</i>	
_____	_____	_____	_____
<i>(Occupation)</i>	<i>(Employer Name)</i>	<i>(Address)</i>	<i>(Phone Number)</i>

26) Step-Mother

_____	_____	_____	_____	_____
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	<i>(Maiden Name)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____	_____
<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
_____	_____	_____	_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>	<i>(Email)</i>		
_____	_____	_____	_____	_____
<i>(Occupation)</i>	<i>(Employer Name)</i>	<i>(Address)</i>	<i>(Phone Number)</i>	

27) Brothers and Sisters- List all siblings, including half-siblings, step-siblings, foster-siblings, etc

A)

_____	_____	_____	_____	_____
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	<i>(Maiden Name)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____	_____
<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
_____	_____	_____	_____	_____
<i>(Home Phone)</i>	<i>(Cell Phone)</i>	<i>(Email)</i>		
_____	_____	_____	_____	_____
<i>(Occupation)</i>	<i>(Employer Name)</i>	<i>(Address)</i>	<i>(Phone Number)</i>	

B) _____
 (Last Name) (First Name) (Middle) (Maiden Name) (Date of Birth)

 (Address) (City) (State) (Zip Code)

(____) (____)
 (Home Phone) (Cell Phone) (Email)

 (Occupation) (Employer Name) (Address) (Phone Number)

C) _____
 (Last Name) (First Name) (Middle) (Maiden Name) (Date of Birth)

 (Address) (City) (State) (Zip Code)

(____) (____)
 (Home Phone) (Cell Phone) (Email)

 (Occupation) (Employer Name) (Address) (Phone Number)

D) _____
 (Last Name) (First Name) (Middle) (Maiden Name) (Date of Birth)

 (Address) (City) (State) (Zip Code)

(____) (____)
 (Home Phone) (Cell Phone) (Email)

 (Occupation) (Employer Name) (Address) (Phone Number)

E) _____
 (Last Name) (First Name) (Middle) (Maiden Name) (Date of Birth)

 (Address) (City) (State) (Zip Code)

(____) (____)
 (Home Phone) (Cell Phone) (Email)

 (Occupation) (Employer Name) (Address) (Phone Number)

F) _____
 (Last Name) (First Name) (Middle) (Maiden Name) (Date of Birth)

 (Address) (City) (State) (Zip Code)

(____) (____)
 (Home Phone) (Cell Phone) (Email)

 (Occupation) (Employer Name) (Address) (Phone Number)

28) Marital Status (Check all that apply):

Single Engaged Married Separated Divorced Widowed Living with Someone

29) Spouse/ Domestic Partner

 (Last Name) (First Name) (Middle) (Maiden Name) (Date of Birth)

 (Address) (City) (State) (Zip Code)

(____) (____)
 (Home Phone) (Cell Phone) (Email)

 (Occupation) (Employer Name) (Address) (Phone Number)

35) Father-in-law

(Last Name)	(First Name)	(Middle)	(Maiden Name)	(Date of Birth)
(Address)	(City)	(State)	(Zip Code)	
()	()			
(Home Phone)	(Cell Phone)	(Email)		
(Occupation)	(Employer Name)	(Address)	(Phone Number)	

36) Mother-in-law

(Last Name)	(First Name)	(Middle)	(Maiden Name)	(Date of Birth)
(Address)	(City)	(State)	(Zip Code)	
()	()			
(Home Phone)	(Cell Phone)	(Email)		
(Occupation)	(Employer Name)	(Address)	(Phone Number)	

37) Former Spouse(s)/ Cohabitant

(Last Name)	(First Name)	(Middle)	(Maiden Name)	(Date of Birth)
(Address)	(City)	(State)	(Zip Code)	
()	()			
(Home Phone)	(Cell Phone)	(Email)		
(Occupation)	(Employer Name)	(Address)	(Phone Number)	

<i>Where order or decree was issued (Court, City, County, and State)</i>		<i>Date of Decree</i>
Number of Years Married	Is there or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	

38) Former Spouse(s)/ Cohabitant

(Last Name)	(First Name)	(Middle)	(Maiden Name)	(Date of Birth)
(Address)	(City)	(State)	(Zip Code)	
()	()			
(Home Phone)	(Cell Phone)	(Email)		
(Occupation)	(Employer Name)	(Address)	(Phone Number)	

<i>Where order or decree was issued (Court, City, County, and State)</i>		<i>Date of Decree</i>
Number of Years Married	Is there or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	

39) If engaged (Fiancé)

(Last Name)	(First Name)	(Middle)	(Maiden Name if applicable)	(Date of Birth)
(Address)	(City)	(State)	(Zip Code)	
(Occupation)	(Employer Name)	(Address)	(Phone Number)	

40) List all children related to you or your spouse including Natural, Adopted, Step-children, or Foster Children. (Indicate if deceased) (Attach additional sheets if necessary)

A) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

B) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

C) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

D) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

E) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

F) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

G) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

H) _____
(Last Name) (First Name) (Middle) (Date of Birth) (Age) (Relation) (Supported By Whom)

(Address) (City) (State) (Zip Code) (Contact Number)

Section V Personal Declarations

Questions 44 and 45 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but be limited to, your use of any of the following drugs.

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> - Amphetamines / Methamphetamines
<i>(Uppers, Speed, Crank, etc)</i> - Barbiturates <i>(Downers)</i> - Cocaine / Crack Cocaine - Designer Drugs
<i>(Ecstasy, Synthetic Heroin, etc.)</i> - GHB <i>(Date Rape Drug)</i> | <ul style="list-style-type: none"> - Glue - Hallucinogens
<i>(Peyote, LSD, Mushrooms)</i> - Hashish / Hashish Oil - Heroin / Opium - Marijuana | <ul style="list-style-type: none"> - Mescaline - Morphine - PCP / Angel Dust - Quaaludes - Steroids - Tetrahydrocannabinol (THC) |
|--|---|--|

41) Within the past three years, have you used non-prescribed drug(s) as indicated above?

_____ No _____ Yes

If yes, give details, including drug(s) used, number of times used, dates and circumstances: ***(Include times which you have tried drugs, but under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)***

Date(s)

Type of drug(s)/medication(s)

42) Prior to the past three years, have you used non-prescribed drug(s) as indicated above?

_____ No _____ Yes

If yes, give details, including drug(s) used, number of times used, dates and circumstances: ***(Include times which you have tried drugs, but under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)***

Date(s)

Type of drug(s)/medication(s)

43) Have you ever engaged in any activities listed below for drugs, narcotics or illegal substances, including marijuana?

____ Sold ____ Purchased ____ Cultivated
____ Manufactured ____ Furnished ____ Carried or held of another

If you checked any items above, give details including drug(s) involved, time frame and circumstances:

<i>Date(s)</i>	<i>Type of drug(s)/medication(s)</i>

44) Has any member of your family been arrested or charged with a criminal offense by Law Enforcement officials for any reason, other than traffic violations? ____ Yes ____ No

If yes, please list:

<i>Name and relationship</i>	<i>Date</i>	<i>Agency</i>	<i>Charge(s)</i>

45) Have you ever attended a basic TCLEOSE licensing course? ____ Yes ____ No

If yes, provide the following information: PID# _____ Did you graduate? ____ Yes ____ No

A)

<i>Academy Name</i>	<i>Address</i>	<i>(City, State, Zip)</i>	<i>Contact Number</i>
<i>Dates attended</i>		<i>Name of Academy Coordinator</i>	

B)

<i>Academy Name</i>	<i>Address</i>	<i>(City, State, Zip)</i>	<i>Contact Number</i>
<i>Dates attended</i>		<i>Name of Academy Coordinator</i>	

46) Have you ever previously applied with the Lubbock County Sheriff's Office or any other Law Enforcement agencies including (city, county, state or federal including correctional facilities)

____ Yes ____ No

If yes, please provide the following:

Agency Date Applied Disposition (hired, etc)

Address City State Zip Contact Number

Back Ground investigator (if known) Position applied for

Check each step in the process which you have completed and your status:
Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
Conditional Job Offer
Status: Hired On List Withdrawn Disqualified

Agency Date Applied Disposition (hired, etc)

Address City State Zip Contact Number

Back Ground investigator (if known) Position applied for

Check each step in the process which you have completed and your status:
Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
Conditional Job Offer
Status: Hired On List Withdrawn Disqualified

Agency Date Applied Disposition (hired, etc)

Address City State Zip Contact Number

Back Ground investigator (if known) Position applied for

Check each step in the process which you have completed and your status:
Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
Conditional Job Offer
Status: Hired On List Withdrawn Disqualified

Agency Date Applied Disposition (hired, etc)

Address City State Zip Contact Number

Back Ground investigator (if known) Position applied for

Check each step in the process which you have completed and your status:
Steps: Application Written Physical Agility Oral Polygraph/CVSA Background Chief's Oral
Conditional Job Offer
Status: Hired On List Withdrawn Disqualified

47) Do you currently or ever had any family member who was employed with the Lubbock County Sheriff's Office?

Yes _____ No _____

If yes provide the following:

Full Name *Dates Employed* *Division*

Full Name *Dates Employed* *Division*

Full Name *Dates Employed* *Division*

Full Name *Dates Employed* *Division*

Section VI Education

(Include all Colleges, Universities and High Schools Attended)

48) High School

High School Name

Street *City* *State* *Zip Code*

Graduated: _____ Yes _____ No _____
Dates Attended

49) High School Equivalency Certificate (G.E.D.)

Accredited Institution

Street *City* *State* *Zip Code*

Certificate Received: _____ Yes _____ No _____
Dates Attended

50) College/ Universities

A) _____ From _____ To _____
College/University

Street *City* *State* *Zip Code*

Graduated ____ Yes ____ No _____
Degree Type *Major* *Dates Attended*

B) _____ From _____ To _____
College/University

Street *City* *State* *Zip Code*

Graduated ____ Yes ____ No _____
Degree Type *Major* *Dates Attended*

51) List other schools attended and included copies of relevant certificates (*trade, vocational, business schools/ institutes*)

A) _____ From _____ To _____
Name

Street City State Zip Code Type of school or training

B) _____ From _____ To _____
Name

Street City State Zip Code Type of school or training

Section VII Military Service Record

52) Are you required to register for the Selective Services ____ Yes ____ No
 If yes, have you registered ____ Yes ____ No
 If no, explain _____

53) Have you ever served in the United States Armed Forces? _____ Yes _____ No

Branch of Service Place of Enlistment Dates of Service

Last Duty Assignment Type of Discharge Give details if less than honorable

54) Are you currently serving in one of the following? Military Reserve National Guard

_____ *Date obligation ends*

Section VIII Court Record

55) You are required to disclose any of the following which occurred , even if the records were sealed, dismissed or pardoned:

List all detentions or arrest, whether they resulted in a conviction or not:

____ Yes _____ No

A. If “Yes”, provide the required information below:

Date Place Charge Disposition

Date Place Charge Disposition

Date Place Charge Disposition

Date Place Charge Disposition

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

<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Disposition</i>
<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Disposition</i>
<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Disposition</i>
<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Disposition</i>
<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Disposition</i>

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

A)

<i>Type of Coverage</i>	<i>Vehicle Make</i>	<i>Year</i>	<i>Vehicle License</i>
<i>Insurance Company</i>	<i>Policy Number</i>		<i>Expires</i>
<i>Address</i>	<i>city, state and zip</i>		<i>Contact Number</i>

B)

<i>Type of Coverage</i>	<i>Vehicle Make</i>	<i>Year</i>	<i>Vehicle License</i>
<i>Insurance Company</i>	<i>Policy Number</i>		<i>Expires</i>
<i>Address</i>	<i>city, state and zip</i>		<i>Contact Number</i>

C)

<i>Type of Coverage</i>	<i>Vehicle Make</i>	<i>Year</i>	<i>Vehicle License</i>
<i>Insurance Company</i>	<i>Policy Number</i>		<i>Expires</i>
<i>Address</i>	<i>city, state and zip</i>		<i>Contact Number</i>

D)

<i>Type of Coverage</i>	<i>Vehicle Make</i>	<i>Year</i>	<i>Vehicle License</i>
<i>Insurance Company</i>	<i>Policy Number</i>		<i>Expires</i>
<i>Address</i>	<i>city, state and zip</i>		<i>Contact Number</i>

Section IX Former Addresses

58) List in chronological order all addresses for the past 20 years, beginning with your present address and working backwards (List month and year):

A) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with)

B) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with) (Reason for Moving)

C) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with) (Reason for Moving)

D) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with) (Reason for Moving)

E) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with) (Reason for Moving)

F) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with) (Reason for Moving)

G) _____ From: _____ To: _____
(Address) (City) (State) (Zip Code)

(IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

(Names of those who you live with) (Reason for Moving)

H) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

I) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

J) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

K) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

L) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

M) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

N) _____ From: _____ To: _____
 (Address) (City) (State) (Zip Code)

 (IF renting Property Manager, Rent Collector or Owner) (Address) (City) (State) (Zip) (Contact Number)

 (Names of those who you live with) (Reason for Moving)

Section X Previous Employment

60) List in chronological order, **for the last 20 years**, all prior employers beginning with your **present** job including part-time, temporary, self-employment and volunteer. You must list two co-workers or client's information for each previous employment. If you have military experience, including reserve duty, enter your military base, assignment, or unit of assignment. List all periods of unemployment in excess of 30 days: **(List Month and Year)**

A) _____ From: _____ To: _____
(Employer's Name)

(Street) (City) (State) (Zip Code)

(_____) _____
(Company Phone Number) (Supervisor)

(Job Title) (Duties/ Assignments)

(Beginning Salary) (Ending Salary) (Reason for Wanting to Leave)

List two names and the **current** contact numbers for co-workers or client's at this employer:

(_____) _____
(Name) (Phone Number)

(_____) _____
(Name) (Phone Number)

Would there be a problem if we contacted your current employer <input type="checkbox"/> Yes <input type="checkbox"/> NO	If Yes, Explain:
--	------------------

B) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel	<input type="checkbox"/> Other	From: _____	To: _____
--	--------------------------------	-------------	-----------

C) _____ From: _____ To: _____
(Employer's Name)

(Street) (City) (State) (Zip Code)

(_____) _____
(Company Phone Number) (Supervisor)

(Job Title) (Duties/ Assignments)

(Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

(_____) _____
(Name) (Phone Number)

(_____) _____
(Name) (Phone Number)

D) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel	<input type="checkbox"/> Other	From: _____	To: _____
--	--------------------------------	-------------	-----------

E) _____ From: _____ To: _____
 (Employer's Name)

 (Street) (City) (State) (Zip Code)

 (Company Phone Number) (Supervisor)

 (Job Title) (Duties/ Assignments)

 (Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

 (Name) (Phone Number)

 (Name) (Phone Number)

F) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel	From:	To:
<input type="checkbox"/> Other		

G) _____ From: _____ To: _____
 (Employer's Name)

 (Street) (City) (State) (Zip Code)

 (Company Phone Number) (Supervisor)

 (Job Title) (Duties/ Assignments)

 (Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

 (Name) (Phone Number)

 (Name) (Phone Number)

H) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel	From:	To:
<input type="checkbox"/> Other		

I) _____ From: _____ To: _____
 (Employer's Name)

 (Street) (City) (State) (Zip Code)

 (Company Phone Number) (Supervisor)

 (Job Title) (Duties/ Assignments)

 (Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

 (Name) (Phone Number)

 (Name) (Phone Number)

J) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel	From:	To:
<input type="checkbox"/> Other		

K) _____ From: _____ To: _____
 (Employer's Name)

 (Street) (City) (State) (Zip Code)

 (Company Phone Number) (Supervisor)

 (Job Title) (Duties/ Assignments)

 (Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

 (Name) (Phone Number)

 (Name) (Phone Number)

L) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/>	From:	To:
<input type="checkbox"/> Other		

M) _____ From: _____ To: _____
 (Employer's Name)

 (Street) (City) (State) (Zip Code)

 (Company Phone Number) (Supervisor)

 (Job Title) (Duties/ Assignments)

 (Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

 (Name) (Phone Number)

 (Name) (Phone Number)

N) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/>	From:	To:
<input type="checkbox"/> Other		

O) _____ From: _____ To: _____
 (Employer's Name)

 (Street) (City) (State) (Zip Code)

 (Company Phone Number) (Supervisor)

 (Job Title) (Duties/ Assignments)

 (Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

 (Name) (Phone Number)

 (Name) (Phone Number)

P) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/>	From:	To:
<input type="checkbox"/> Other		

Q) _____ From: _____ To: _____
(Employer's Name)

(Street) (City) (State) (Zip Code)

(Company Phone Number) (Supervisor)

(Job Title) (Duties/ Assignments)

(Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

(Name) (Phone Number)

(Name) (Phone Number)

R) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/>	From:	To:
<input type="checkbox"/> Other		

S) _____ From: _____ To: _____
(Employer's Name)

(Street) (City) (State) (Zip Code)

(Company Phone Number) (Supervisor)

(Job Title) (Duties/ Assignments)

(Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

(Name) (Phone Number)

(Name) (Phone Number)

T) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/>	From:	To:
<input type="checkbox"/> Other		

U) _____ From: _____ To: _____
(Employer's Name)

(Street) (City) (State) (Zip Code)

(Company Phone Number) (Supervisor)

(Job Title) (Duties/ Assignments)

(Beginning Salary) (Ending Salary) (Reason for Leaving)

List two names and the **current** contact numbers for co-workers or client's at this employer:

(Name) (Phone Number)

(Name) (Phone Number)

V) Period of Unemployment

Check if applicable <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/>	From:	To:
<input type="checkbox"/> Other		

Attach additional pages if necessary

Section XI References

61) List a minimum of six (6) persons you have known personally for at least 5 years which you have not listed as a co-worker or supervisor. Give all information requested.

DO NOT LIST RELATIVES or FORMER SUPERVISORS and
DO NOT LIST CO-WORKERS YOU LISTED ON YOUR EMPLOYMENT

A) _____
(Name) (How Do You Know This Person) (Occupation)

(Address) (City) (State) (Zip)

(Business Name) (Business Phone Number)

(Home Phone Number) (Number of Yeas Aquatinted)

B) _____
(Name) (How Do You Know This Person) (Occupation)

(Address) (City) (State) (Zip)

(Business Name) (Business Phone Number)

(Home Phone Number) (Number of Yeas Aquatinted)

C) _____
(Name) (How Do You Know This Person) (Occupation)

(Address) (City) (State) (Zip)

(Business Name) (Business Phone Number)

(Home Phone Number) (Number of Yeas Aquatinted)

D) _____
(Name) (How Do You Know This Person) (Occupation)

(Address) (City) (State) (Zip)

(Business Name) (Business Phone Number)

(Home Phone Number) (Number of Yeas Aquatinted)

E) _____
(Name) (How Do You Know This Person) (Occupation)

(Address) (City) (State) (Zip)

(Business Name) (Business Phone Number)

(Home Phone Number) (Number of Yeas Aquatinted)

F) _____
(Name) (How Do You Know This Person) (Occupation)

(Address) (City) (State) (Zip)

(Business Name) (Business Phone Number)

(Home Phone Number) (Number of Yeas Aquatinted)

Section XII Personal History Questionnaire

Requirements		
1. Have you been convicted or placed on Deferred Adjudication for a Felony?	Yes	No
2. Have you been convicted or placed on deferred adjudication for any class A misdemeanor?	Yes	No
3. Have you been convicted of family violence?	Yes	No
4. Have you been convicted or placed on deferred adjudication for any Class B misdemeanors within the past 10 years?	Yes	No
5. Have you ever been under indictment for any criminal offense?	Yes	No
6. Have you had your driver's license suspended within the past 5 years?	Yes	No
7. Have you ever been arrested for any felony charge?	Yes	No
8. Have you ever been arrested for driving while intoxicated?	Yes	No
9. Have you ever been arrested or given a citation for driving while your license was suspended?	Yes	No
Education		
10. Have you ever been placed on academic suspension from any high school, college/university, business or trade school?	Yes	No
11. Have you ever been suspended or expelled from any high, school, college/ university, business or trade school?	Yes	No
Work History		
12. Have you ever been disciplined at work (This includes written warnings, formal letters of counseling, reprimands, suspensions, reduction in pay, reassignments or demotions)?	Yes	No
13. Have you ever been fired, released during probation, or asked to resign from any place of employment?	Yes	No
14. Have you ever been involved in a physical/ verbal altercation with a supervisor, co-worker, or customer?	Yes	No
15. Have you ever quit without proper notice?	Yes	No
16. Have you ever quit in lieu of termination?	Yes	No
17. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment etc) by a co-worker, supervisor, subordinate or customer?	Yes	No
18. Have you ever been the subject of a written complaint at work?	Yes	No
19. Have you ever been counseled at work due to tardiness or absences?	Yes	No
20. Have you ever used sick leave when you were neither sick nor caring for a sick family member? If yes how much sick time have you used in the past 5 years, which was not due to illness	Yes	No
21. Have you ever sold, released, or given away legally confidential information?	Yes	No
22. Have you ever received an unsatisfactory performance evaluation?	Yes	No
23. Are you currently under investigation for excessive use of force issues or civil rights violations or similar investigation at this time?	Yes	No
24. Has your work performance ever been affected by your use of alcohol or drugs?	Yes	No
25. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?	Yes	No
Residence		
26. Have you ever been evicted or asked to leave a residence?	Yes	No
27. Have you ever left a residence owing rent?	Yes	No
28. Have you ever left a residence after renting and not received your deposit back?	Yes	No
Military		
29. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captains mast, office hours or company punishment)?	Yes	No
30. Were you ever denied a security clearance?	Yes	No
31. Have you ever had a security clearance revoked, suspended or downgraded?	Yes	No

If you answered **YES** to any of the above questions you must explain **IN DETAIL** on the following page.

Civil		
32. Have you ever been a party in a civil lawsuit (e.g., small claims action, dissolution, child custody, paternity, child support, etc)?	Yes	No
33. Have you settled any civil suit in which you, your insurance company, or anyone else on behalf was required to make payments to the other party?	Yes	No
34. Have you filed a false insurance or workers compensation claim?	Yes	No
35. Are you currently or have you been a party to a law suit involving allegations of excessive force, wrongful death or civil rights violations?	Yes	No
Legal		
36. Have you ever been detained for investigation, held on suspicion, questioned, arrested, indicted, criminally charged, convicted of any misdemeanor or felony offence, or been on probation or parole in this state or in any other legal jurisdiction (including offences punishable under the Uniform Code of Military Justice)?	Yes	No
37. Have you ever been fingerprinted for any reason?	Yes	No
38. Have the police been called to your home for any reason?	Yes	No
39. Have you or your spouse/ partner ever been referred to Child Protective Services?	Yes	No
40. Have you ever been the subject of an emergency protective order or restraining order?	Yes	No
41. Have you ever applied for or been denied a handgun permit?	Yes	No
42. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	Yes	No
43. 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
44. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or financial assistance?	Yes	No
45. Have you ever filed a false insurance or workers' compensation claim?	Yes	No
Financial		
46. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)	Yes	No
47. Have any of your bills ever been turned over to a collection agency?	Yes	No
48. Have you ever had purchased goods repossessed?	Yes	No
49. Have your wages ever been garnished?	Yes	No
50. Have you ever been delinquent on income or other tax payments?	Yes	No
51. Have you ever had an employment bond refused?	Yes	No
52. Have you ever avoided paying a lawful debt by moving away?	Yes	No
53. Have you defaulted on (failed to pay) a loan, including a student loan?	Yes	No
54. Have you ever borrowed money to pay for a gambling debt?	Yes	No
If yes, do you currently have any outstanding debts as a result of gambling?	Yes	No
55. Have you ever spent money for illegal purposes (illegal drugs, prostitution, purchase of fraudulent document, etc)?	Yes	No
56. Have you ever failed to make or been late on a court-ordered payment (child support, alimony, restitution, etc.)?	Yes	No
57. Have you written three or more bad checks in a one-year period?	Yes	No
58. Are you in arrears on court ordered child support?	Yes	No
Duties		
59. If it becomes necessary to take a human life in the course of your duties as a peace officer or detention officer, would any beliefs prevent you from doing so.	Yes	No
60. Is there anything, which would prevent you from fully performing your duties including working weekends, evenings, nights or holidays	Yes	No

If you answered **YES** to any of the above questions you must explain **IN DETAIL** on the following page.

Undetected Criminal Acts

Within the past ten years or at any time after you were first employed in law enforcement. Have you ever committed any of the following misdemeanors?

61. Annoying/ Obscene phone calls.	Yes	No
62. Assault (use of force or violence upon another)	Yes	No
63. Assault (use of force or violence upon a family member)	Yes	No
64. Brandishing a weapon (any type of weapon)	Yes	No
65. Carrying a concealed weapon without a permit	Yes	No
66. Contributing to the delinquency of a minor	Yes	No
67. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	Yes	No
68. Driving under the influence of alcohol and/or drugs	Yes	No
69. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes	No
70. Hit & Run collision (on injuries)	Yes	No
71. Hunting/fishing without a license	Yes	No
72. Illegal gambling	Yes	No
73. Impersonating a peace officer (pretending to be a police officer)	Yes	No
74. Indecent exposure (including flashing or mooning)	Yes	No
75. Joyriding (using a car or other vehicle without owner's permission)	Yes	No
76. Theft (value up to \$500, including shoplifting/ switching price tags)	Yes	No
77. Possession of alcohol as a minor	Yes	No
78. Possession of falsified or altered identification, including use of another person's ID (for any reason)	Yes	No
79. Possession of stolen property (including vehicles)	Yes	No
80. Prostitution or soliciting a prostitute	Yes	No
81. Resisting arrest (including running from the police)	Yes	No
82. Trespassing	Yes	No
83. Vandalism (including "tagging", malicious mischief and/or property damage)	Yes	No
84. Intentionally writing a bad check	Yes	No
85. Filing a false police report	Yes	No
86. Any other act amounting to a misdemeanor within the past ten years	Yes	No

Undetected Criminal Acts

Within the past ten years or at any time after you were first employed in law enforcement. Have you ever committed any of the following felonies?

87. Arson (intentionally destroying property by setting a fire)	Yes	No
88. Assault with a deadly weapon	Yes	No
89. Theft of a vehicle and/or vehicle parts	Yes	No
90. Burglary (entering a structure or vehicle to commit theft or other crime)	Yes	No
91. Child molestation (performing unlawful acts with a child)	Yes	No
92. Accessing, producing, or possessing child pornography	Yes	No
93. Injury to a child/elderly/or disabled	Yes	No
94. Embezzlement (theft of money or other valuables entrusted to you)	Yes	No
95. Felony drunk driving (involving injuries)	Yes	No
96. Forcible rape or other act of unlawful intercourse	Yes	No
97. Forgery (falsifying any type of document, check certificate, license, currency, etc)	Yes	No
98. Hit and Run (with injuries)	Yes	No
99. Hate crime	Yes	No
100. Insurance fraud	Yes	No
101. Theft (value of over \$500, or any firearm)	Yes	No
102. Murder, homicide, or attempted murder	Yes	No
103. Perjury (lying under oath)	Yes	No
104. Possession of an explosive/ destructive device	Yes	No
105. Robbery (theft from another person using a weapon, force or fear)	Yes	No
106. Stalking	Yes	No
107. Blackmail or extortion	Yes	No
108. Any other act amounting to a felony	Yes	No

If you answered **YES** to any of the above questions you must explain **IN DETAIL** on the following page.

Drivers License		
109. Have you ever driven a vehicle without auto insurance, as required by law?	Yes	No
110. Has your driver's licenses ever been placed on probation, suspended, revoked or in danger of suspension or revocation?	Yes	No
111. Have you ever been refused a driver's license by any state?	Yes	No
If yes, explain on the following page and include when, where and circumstances.		
Alcohol and Drugs		
112. At any time in your life have you ever engaged in selling, cultivating, purchasing, manufacturing, furnishing or possessing drugs, narcotics or illegal substances, including marijuana and steroids?	Yes	No
113. Have you ever used marijuana or any other drug not prescribed to you by a physician?	Yes	No
114. Have you ever been arrested or convicted for a drug-related offense?	Yes	No
115. In the past 5 years, have you missed days or been late to work due to drug or alcohol consumption?	Yes	No
116. Do you consume alcohol?	Yes	No
If so how frequently?		
117. Are you currently using drugs illegally?	Yes	No
118. Have you ever lied to a doctor in order to obtain prescriptions such as valium or pain killers?	Yes	No
Military		
119. Have you ever been rejected from any branch of the military?	Yes	No
120. Have you ever been the subject of any military investigation?	Yes	No
121. Were you ever given company punishment or disciplined while in the military	Yes	No
122. Were you ever reduced in rank?	Yes	No
123. Have you ever been the subject of any judicial or no-judicial disciplinary action?	Yes	No
Social Sites		
124. Have you ever had a social media site (I.E. Facebook, My Space, YouTube, etc)	Yes	No
If yes, list on the following page all social media sites, blogs or web sites created by you. Provide website (URL) and user name.		
TCLEOSE License		
125. Has your state certification ever been denied, revoked or suspended?	Yes	No
126. Have you been disqualified or been asked to withdraw from a law enforcement hiring process?	Yes	No
Other Topics		
127. Are you now, 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
128. 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
129. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	Yes	No
130. Have you ever hit or physically overpowered a spouse or romantic partner?	Yes	No

If you answered **YES** to any of the above questions you must explain **IN DETAIL** on the following page.



LUBBOCK COUNTY SHERIFF'S OFFICE

P.O. BOX 10536
LUBBOCK, TX 79408
PHONE: (806) 775-1400
FAX: (806) 775-1419

Kelly Rowe
Sheriff
Mike Reed
Chief Deputy LE
Cody Scott
Chief Deputy Detention

Certification of Application

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 willful misrepresentation, omission or falsification may be grounds for immediate rejection of application or termination of employment.

Applicant Signature

Date