

ANGLETON POLICE DEPARTMENT



104 CANNAN DR.
ANGLETON, TEXAS 77515
979-849-2383
(FAX) 979-849-2387
CHIEF DAVID ASHBURN

ANGLETON POLICE DEPARTMENT

PERSONAL HISTORY FOR POLICE OFFICER APPLICANTS

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be typed or neatly printed by the **applicant**, using **black ink only**. Illegible or incomplete applications **will not be accepted.**

DOCUMENTS	COPY ATTACHED	N/A
VALID MOTOR VEHICLE OPERATOR'S LICENSE		
SOCIAL SECURITY CARD		
CERTIFIED COPY OF YOUR BIRTH CERTIFICATE		
HIGH SCHOOL TRANSCRIPTS OR DIPLOMA		
PROOF OF AUTO INSURANCE FOR ALL VEHICLES YOU OPERATE		
SEALED COLLEGE TRANSCRIPTS (FOR ALL INSTITUTIONS ATTENDED)		
CERTIFIED COPY OF MARRIAGE CERTIFICATE(S)		
MILITARY DD214		
DIVORCE DECREE(S)		
CERTIFICATE OF NATURALIZATION OR APPLICATION FOR CITIZENSHIP		
GED TEST SCORE		
SELECTIVE SERVICE NUMBER		
NAME CHANGE RECORDS		
CURRENT PHOTO		
LAW ENFORCEMENT TRAINING RECORDS	IF APPLICABLE	
ACADEMY AND STATE LAW ENFORCEMENT CERTIFICATE(S)		
SPECIALIZED LAW ENFORCEMENT TRAINING COURSE CERTIFICATE(S)		
RECENT POLICE WRITING SAMPLES (MINIMUM OF FIVE)		

***Prior to writing upon this application, a photocopy must be made in the event additional space is needed to include all the information required. **DO NOT** mail this application or the above requested documents. Applicants must complete all sections of the application. Failure to do so will delay your background investigation and /or your background interview.

IMPORTANT INSTRUCTIONS (continued)

It is **MANDATORY** that all information requested be supplied in the manner specified. Each question on this application must be answered; **leave no blanks**. If a question does not apply, enter **DNA**. **AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.**

1. Read the form carefully.
2. List **zip codes** and **area codes** for all requested addresses and telephone numbers.
3. Print full names of all references: first name, middle name, and last name. If the reference has no middle name or initial, indicate by printing **NMI**.
4. Complete all information on educational background. List all high schools attended and/or graduated from and all colleges attended.
5. When listing residence information, begin with your present residence and go back for the last **ten years or since age fifteen**.
6. When listing employment information, begin with your present employer and list all other employers. List actual work addresses not corporate office addresses. Each month and year must be accounted for. **Be sure each address is accurate and complete**. List all periods of military service, including the name of your station or assignment and your residence if you lived off the base. If you resided at an address other than your permanent home address while attending school--list it.
7. List relatives in the order requested. For deceased relatives indicate "deceased" next to their name.
8. If there is not sufficient space to include all information required, place a photocopy of that page (8 1/2" x 11"), in proper sequence and complete the information.
9. **Any false statements or omissions** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination if an appointment is made.
10. This application will be kept on file for six (6) months.

I have read and understand the instructions provided.

Applicant's signature: _____

Date: _____ **Position applying for:** _____

ANGLETON POLICE DEPARTMENT

Personal History Form for Police Officer Applicants

This document is for the exclusive use of the Angleton Police Department

Full Legal Name

LAST	FIRST	MIDDLE
SEX	HEIGHT	WEIGHT
	HAIR	EYES
Social Security Number:		
Drivers License Number	State	Expiration Date
U.S. Citizen	Naturalized Citizen	Legal Alien
	Date applied for citizenship	
Date of Birth	Place of Birth (city, county, state, and country)	
List all names (alias and nicknames) you have used or have been known by (include maiden name)		
LAST	FIRST	MIDDLE
List and describe all tattoos and where they are located.		
List the current address where you physically reside (not a mailing address).		
Number, Street, and Apt. No.	City	State
		Zip Code
Residential County	Rent/Own/Parent/Other	How long resided there
		Years
		Months
List your residence and work phone numbers	Residence	Work
(Include area codes and extensions if applicable).		
Beeper or Pager	Cellular Phone	
List a mailing address if unable to obtain mail at your residence.		
Mailing Address	City	State
		Zip Code

FAMILY MEMBERS AND RELATIVES

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position applying for. Supply the appropriate information in the spaces provided. If a category is not applicable print N/A in the box provided for the name. If deceased so indicate.

Name Residence Address (include zip codes) Telephone (include area code)
 If the same as your, write "same"

Father		Home
Occupation		Work
Mother		Home
Mother's Maiden Name		
Occupation		Work
Stepfather		Home
Occupation		Work
Stepmother		Home
Occupation		Work
Father-in-law		Home
Occupation		Work
Brother	Home	Age
Occupation	Work	
Brother	Home	Age
Occupation	Work	
Brother	Home	Age
Occupation	Work	
Brother	Home	Age
Occupation	Work	
Sister	Home	Age
Occupation	Work	
Sister	Home	Age
Occupation	Work	
Stepbrother	Home	Age
Occupation	Work	

FAMILY MEMBERS AND RELATIVES continued.

Stepbrother	Home	Age
Occupation	Work	
Stepsister	Home	Age
Occupation	Work	
Stepsister	Home	Age
Occupation	Work	
Stepsister	Home	Age
Occupation	Work	

List five other family members and relatives (uncles, aunts, cousins)

Name			
Relationship		Home	Age
Occupation		Work	
Name			
Relationship		Home	Age
Occupation		Work	
Name			
Relationship		Home	Age
Occupation		Work	
Name			
Relationship		Home	Age
Occupation		Work	

CHILDREN

List all of your children (include step-children, adopted children, etc.)

Name	Sex		Relationship to you				Living with You	
	M/F	Date of Birth	Natural	Step	Adopted	Foster	Yes	No

Marital Status

Single	Married	Widowed	Separated	Annulled	Divorced
Full Name of Spouse		Maiden Name		Date of Birth	Age
Date of Marriage		Place of Marriage (city, county, state, and country)			
Spouse's Employer		Occupation or Position		How long employed	
Current Address of spouse if not living with you		Home Phone (area code)		Work Phone (area code)	

If divorced, widowed, or had an annulment, provide the following information

Full name of former spouse		Maiden Name		Date of Birth	Age
Other names former spouse has used					
Date of Marriage		Place of Marriage (city, county, state and country)			
Former spouse's employer		Occupation		How long employed	

Marital Status (continued)

Current address of former spouse or last known address	Home phone (area code)	Work phone (area code)
Date filed for divorce	City, County, and State	Is divorce final
		yes or no
Have you ever been ordered by court to pay child support?	Yes No	What is/was the monthly amount
Have you ever been required to pay alimony?	Yes No	What is/was the monthly amount
Have you ever been delinquent in child support payments or alimony payments?		Yes No
If yes, explain below.		

Previous Residences

Address	City, state, and zip code	For (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent.			
Reason for moving:			
Address	City, state, and zip code	For (month/year)	To (month/year)
With whom did you live?			
If rented, give name, complete address, and phone number of person who collected the rent.			
Reason for moving:			

Experience and Employment

Beginning with your most current employment, list every job including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Do you object to our contacting your present employer(s) prior to your being accepted? Yes or No

If, please explain.

Dates of Employment		Name of Employer	Work phone (area code)
From	To		
Month/Year	Month/Year	Complete address	
How long employed? _____		Work schedule (example: Monday through Friday, 9-5, etc.)	
Present employment		Job title or position	*Full time *Part time *Salary *Volunteer *Internship *Temporary
Describe your duties:			
Reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
Unemployed From:		To:	
Dates of Employment		Name of Employer	Work phone (area code)
From	To		
Month/Year	Month/Year	Complete address	

How long employed? _____		Work schedule (example: Monday through Friday, 9-5, etc.)	
Present employment		Job title or position	*Full time *Part time *Salary *Volunteer *Internship *Temporary
Describe your duties:			
Reason for leaving (be specific)			
Supervisor's name		Work or home phone (area code)	
List another supervisor		Work or home phone (area code)	
List a co-worker		Work or home phone (area code)	
Unemployed From:		To:	
Dates of Employment		Name of Employer	Work phone (area code)
From	To		
Month/Year	Month/Year	Complete address	
How long employed? _____		Work schedule (example: Monday through Friday, 9-5, etc.)	
Present employment		Job title or position	*Full time *Part time *Salary *Volunteer *Internship *Temporary
Describe your duties:			
Reason for leaving (be specific)			

Experience and Employment (continued)

Supervisor's name	Work or home phone (area code)
List another supervisor	Work or home phone (area code)
List a co-worker	Work or home phone (area code)
Unemployed From:	To:

PRIOR ANGLETON POLICE DEPARTMENT APPLICATIONS

Have you ever applied with the Angleton Police Department before (for any position)? Yes or No
If yes, please provide the date, the position, and results. Circle all statements that apply. Do not include this application.

Date Applied _____ Position _____

- *Submitted application only *Took written test *Failed written test *Oral interview taken
 - *Failed Oral interview *Took PAT *Submitted Personal History Form
 - *Background investigation conducted *Disqualified *Was not selected
 - *Background pending *Took polygraph *Hired or job offer made
 - *Withdrew application or denied *Expired from the list *Other
-

Date Applied _____ Position _____

- *Submitted application only *Took written test *Failed written test *Oral interview taken
 - *Failed Oral interview *Took PAT *Submitted Personal History Form
 - *Background investigation conducted *Disqualified *Was not selected
 - *Background pending *Took polygraph *Hired or job offer made
 - *Withdrew application or denied *Expired from the list *Other
-

Application with other agencies

Have you ever applied with any other law enforcement agency (city, county, state, or federal agencies)? Yes or No
 If yes, list **EVERY** agency you have applied with. Start with the most recent. Give complete and accurate addresses. All agencies **MUST** be listed regardless of the outcome or current status. Circle all statements that apply for each agency.

Name of agency	Date applied
Complete address including zip code	Position

- | | | | |
|-------------------------------------|--------------------|----------------------------------|-----------------------|
| *Submitted application only | *Took written test | *Failed written test | *Oral interview taken |
| *Failed Oral interview | *Took PAT | *Submitted Personal History Form | |
| *Background investigation conducted | | *Disqualified | *Was not selected |
| *Background pending | *Took polygraph | *Hired or job offer made | |
| *Withdrew application or denied | | *Expired from the list | *Other |

Name of agency	Date applied
Complete address including zip code	Position

- | | | | |
|-------------------------------------|--------------------|----------------------------------|-----------------------|
| *Submitted application only | *Took written test | *Failed written test | *Oral interview taken |
| *Failed Oral interview | *Took PAT | *Submitted Personal History Form | |
| *Background investigation conducted | | *Disqualified | *Was not selected |
| *Background pending | *Took polygraph | *Hired or job offer made | |
| *Withdrew application or denied | | *Expired from the list | *Other |

Name of agency	Date applied
Complete address including zip code	Position

- | | | | |
|-------------------------------------|--------------------|----------------------------------|-----------------------|
| *Submitted application only | *Took written test | *Failed written test | *Oral interview taken |
| *Failed Oral interview | *Took PAT | *Submitted Personal History Form | |
| *Background investigation conducted | | *Disqualified | *Was not selected |
| *Background pending | *Took polygraph | *Hired or job offer made | |
| *Withdrew application or denied | | *Expired from the list | *Other |

Name of agency	Date applied
Complete address including zip code	Position

- | | | | |
|-------------------------------------|--------------------|----------------------------------|-----------------------|
| *Submitted application only | *Took written test | *Failed written test | *Oral interview taken |
| *Failed Oral interview | *Took PAT | *Submitted Personal History Form | |
| *Background investigation conducted | | *Disqualified | *Was not selected |
| *Background pending | *Took polygraph | *Hired or job offer made | |
| *Withdrew application or denied | | *Expired from the list | *Other |

Military Service

Starting with most recent, list all duty stations including basic training, tours overseas, etc. while in military.

From month/year	To month/year	Location	Duties/purpose

EDUCATION

The City of Angleton Police Dept. requires all applicants to possess a US high school diploma or its equivalent. Please indicate your current status with this requirement. Check all that apply.

- *I possess a high school diploma from a US institution.
- *I possess a two-year college degree from an accredited college.
- *I possess a four-year college degree from an accredited college.
- *I passed the GED test meeting the required score.
- *I passed the Texas High School Proficiency Examination.

During the background investigation, persons who have know you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and address of US high schools attended and/or graduated from	From (month/year)	To (month/year)	Did you graduate	
			Yes	No

Have you ever attended college? Yes No
 If yes, list all colleges and universities attended including postgraduate.

Name of college or university	City and State	Major	From (month/year)	To (month/year)	Total units earned	Type Degree earned

Motor Vehicle Operation & Insurance

Have you ever received a traffic citation? Yes No
 If yes, list all traffic citations for the last four years. Start with the most recent.

Month/year	Traffic citation	City and State	What action resulted?

Texas law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.

Company	Telephone Number (area code)	Policy #	Expiration

List other states where you are or have been licensed to operate a motor vehicle.

State	Name under which license was issued	License Number

Motor Vehicle Operation & Insurance (continued)

Have you ever been refused a driver's license by any state including Texas? Yes No
 If yes, please explain and give state, dates, and reasons.

Has your driver's license ever been suspended, revoked, or placed on a negligent operator's probation by any state including Texas? Yes No
 If yes, please explain; give state, dates, and reasons.

Have you ever failed to appear in court on a traffic citation or parking citation? Yes No
 If yes, provide the following information:

Approximate date	Traffic Violation	City/County/State	Penalty

Have you ever had a warrant issued for you regarding a traffic citation? Yes No
 If yes, provide the following information:

Approximate date	Traffic Violation	City/County/State	Penalty

Legal

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act (not listed prior sections)? Yes No

If yes, provide the following information, please include charges that were dismissed, dropped, or reduced. Start with the most recent.

Date	Charges	Police Agency	Penalty

Explain Circumstances

Date	Charges	Police Agency	Penalty

Explain Circumstances

Either as an adult or a juvenile have you ever been detained for a criminal investigation or named as a suspect in a police report or held on suspicion or questioned by any law enforcement agency or military authority? Yes No If yes, provide the following information.

Date	Charges	Police Agency	Penalty

Explain Circumstances

Legal (continued)

Date	Charges	Police Agency	Penalty

Explain Circumstances

Have you ever received a misdemeanor citation in lieu of going to jail? Yes No
 If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation.

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No
 If yes, please explain below.

Date	Details

Have you ever applied for a permit to carry a concealed weapon? Yes No
 If yes, explain below.

Date applied	Was permit granted? Yes No	Weapon
Name of the agency where applied (City, County, and State)		
For what purpose?		

General Information

Use this page as an addendum or supplement to any question you responded to. If responding to a question, please indicate the question number.

Use this page as an addendum or supplement to any question you responded to. If responding to a question, please indicate the question number.

I understand that any conditional job or appointment tendered to me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and/or background investigation, I am required to report to the Angleton Police Department any changes in my personal history covered in this Personal History Form within five (5) business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification and my name will be removed from the eligibility list or my immediate termination if an appointment has been made.

Applicant's signature: _____ Date: _____

Reviewing investigator's name and serial number _____ Date: _____

Applicant's Statement

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **THE CITY OF ANGLETON** of an “**at will**” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “**at will**” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of **THE CITY OF ANGLETON**.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby consent to **THE CITY OF ANGLETON** conducting a thorough investigation of my background including information not included on my resume. I hereby waive any rights to privacy or other rights pertaining to such information. I totally release **THE CITY OF ANGLETON** from any and all liability in connection with such investigation.

_____ Date _____
Applicant's Signature