

Eules Police Department



Personal History Statement

(Revised February 10, 2014)

Applicant: _____
Last Name First Name Middle Name

Date Completed: _____

Administrator: _____

Return by: _____ Time: _____

Date Returned: _____ Time: _____

IMPORTANT
READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

IT IS ESSENTIAL THAT ALL INFORMATION BE CORRECT AND COMPLETE!!!!

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be **hand written** legibly in black ink.
2. Answer all questions completely. If a question does not apply 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 correct and in sequence before you begin.
4. **You are responsible for obtaining correct addresses (including zip codes) and phone numbers.** If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. On all phone numbers **include area codes.**
5. If there is insufficient space on the Personal History Statement for required information, attach extra sheets as needed. Be sure to reference the relevant section and questions before continuing your answer.

In addition to the Personal History Statement, you are **required** to submit the following documents (**if a document is not readily available, make a note of when it can be expected**):

1. an **official** high school transcript **and** a copy of diploma or G.E.D., if applicable;
2. an **official** college transcript **and** copy of diploma, if applicable;
3. copy of current marriage license, if applicable;
4. copies of any and all divorce or other civil papers that may apply; if applicable
5. a military Form DD-214 showing an Honorable Discharge, if applicable;
6. a copy of applicants Birth Certificate;
7. copy of Citizenship Papers if you are a Naturalized Citizen;
8. letters of recommendation, if applicable; and
9. proof of any training that relates to the position applied for, if applicable.

Your failure to properly and thoroughly complete this document, omissions of required information, omission of required documents, or false statements or information are grounds for rejection of your application.

RETURN THIS PERSONAL HISTORY STATEMENT TO THE EULESS POLICE DEPARTMENT BY 5:00 P.M. ON THE DATE LISTED ON THE FRONT PAGE UNLESS DIRECTED OTHERWISE!

CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize agents of the Euless Police Department to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize, that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the Euless Police Department.

Printed Name

Signature

Date of Birth

Social Security Number

Current Address:

Number **Street**

City **State** **Zip Code**

Previous Address:

Number **Street**

City **State** **Zip Code**

The State of Texas}

County of Tarrant}

BEFORE ME, A NOTARY PUBLIC, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that
he/she executed same for the purposes and considerations therein expressed.

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, A.D. 20____.

Notary Public in and for the State of Texas

(SEAL)

PRIVACY ACT AUTHORIZATION

TO WHOME IT MAY CONCERN: I am an applicant for the position with the **Eules Police Department**. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the **Eules Police Department** bearing this release, to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Eules Police Department**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Eules Police Department** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background, and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrests records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as custodian of such records of _____ organization, 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **Eules Police Department**, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and consideration of the **Eules Police Department's** acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **Eules Police Department**. I understand that should any information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under **Title 5, United States Code, Section 552a, the Privacy Act of 1974**, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Eules Police Department** in conjunction with employment procedures.

This waiver is valid for a period of **12 months** from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Name: _____ Telephone Number (____) _____ - _____ Date of Birth ____/____/____
Type or Print

Address: _____ Street _____ City _____ State _____ Zip _____ Social Security Number _____ - _____ - _____

Applicant's Signature: _____ Date: _____

STATE OF TEXAS}
COUNTY OF TARRANT}

BEFORE ME, A NOTARY PUBLIC, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he/she executed same for the purposes and considerations therein expressed.

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, A.D. 20 ____.

(SEAL)

Notary Public in and for the State of Texas

PESONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes

Name _____
Last First Middle

Other names used: Maiden, Adoption, Etc.

Home Address: _____
Number Street Name City State Zip
(List physical address. Do not list P.O. Box)

Date of Birth: _____ **Race:** _____ **Sex:** _____

Social Security Number: _____ - _____ - _____ **U.S. Citizen:** Yes ___ No: ___

Place of Birth: _____
City State

Drivers License: _____
Number State Expiration Date

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

Identifying Marks:

Scars: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Home Phone Number (_____) _____ - _____

Work Phone Number (_____) _____ - _____

Cell Phone Number (_____) _____ - _____ (Optional)

Email _____ (Optional)

If applicable provide the following information:

TCOLE PID # _____ **TLETS ID #** _____

Circle appropriate job description(s): Full time Part time Temporary Seasonal

Employer: _____

Employer's Address: _____
Number Street City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in position(s): _____

Did you receive job performance evaluations while with this company? Yes ___ No ___

Name of final supervisor: _____ Are you eligible for rehire? Yes ___ No ___

Reason for leaving this position: _____

INVESTIGATOR'S NOTES: _____

Circle appropriate job description(s): Full time Part time Temporary Seasonal

Employer: _____

Employer's Address: _____
Number Street City State Zip

Employer's Telephone Number: (____) _____

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Duties/Responsibilities: _____

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Duties/Responsibilities: _____

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INVESTIGATOR'S NOTES: _____

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Employer: _____

Employer's Address: _____
Number Street City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____ Total Time: _____

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Title: _____

Duties/Responsibilities: _____

Time in position(s): _____

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Name of final supervisor: _____ Are you eligible for rehire? Yes ___ No ___

Reason for leaving this position: _____

INVESTIGATOR'S NOTES: _____

Circle appropriate job description(s): Full time Part time Temporary Seasonal

Employer: _____

Employer's Address: _____
Number Street City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____ Total Time: _____

Position(s) held with company/duties and responsibilities:

Title: _____

Duties/Responsibilities: _____

Time in position(s): _____

Did you receive job performance evaluations while with this company? Yes ___ No ___

Name of final supervisor: _____ Are you eligible for rehire? Yes ___ No ___

Reason for leaving this position: _____

INVESTIGATOR'S NOTES: _____



PERIODS OF UNEMPLOYMENT

Report any period of unemployment since graduating from high school.

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

From (Month/Year)	To (Month/Year)	Length of Unemployment	Reason for being Unemployed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were a full time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and type of school Location	Dates Attended (From/To)	Degree and/or hours earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been expelled from any school you have attended? Yes ___ No ___

School: _____ Dates: _____ Reason: _____

Have you ever been placed on academic probation? Yes ___ No ___

School: _____ Dates: _____ Reason: _____

**-----
ADDITIONAL EDUCATION AND PERSONAL INFORMATION
-----**

School Activities: (Clubs, Sports, Etc.) High School/College (circle grade)

_____	9 th	10 th	11 th	12 th	Frshmn. Soph. Jr. Sr.
_____	9 th	10 th	11 th	12 th	Frshmn. Soph. Jr. Sr.
_____	9 th	10 th	11 th	12 th	Frshmn. Soph. Jr. Sr.
_____	9 th	10 th	11 th	12 th	Frshmn. Soph. Jr. Sr.
_____	9 th	10 th	11 th	12 th	Frshmn. Soph. Jr. Sr.
_____	9 th	10 th	11 th	12 th	Frshmn. Soph. Jr. Sr.

Positions of Leadership: (Indicate position/organization/dates held)

Community Activities:

Awards, commendations or Items of Special Recognition:

MILITARY SERVICE

Have you registered with Selective Service? Yes___ No___ When?_____

Have you ever been rejected by any branch of the armed forces? Yes___ No___

Have you ever been a member of any branch of the U.S. Armed Forces? Yes___ No___

If yes: Branch of Service_____ Highest Rank Obtained: _____

Date of Induction: _____ Date of Discharge: _____ Type of Discharge: _____
Mo/Day/Year Mo/Day/Year

List any awards you may have received.	Date of Award
_____	_____
_____	_____
_____	_____

List any schools or special training you may have received.	Dates of Training
_____	_____
_____	_____
_____	_____

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court marshal? Yes _____ No _____

If yes, give date, place, law enforcement authority or type of court or court martial and list the charge and action taken in each incident.

Charge	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your last duty station: _____

List your last Commanding Officer: _____

Are you currently a member of a Reserve Unit, National or State Guard Unit?

Yes ___ No ___

If yes:

Branch of Service: _____ Grade and Service Number: _____

Are you: Active ___ Inactive ___ Standby ___

Organization Station Unit and Location: _____

ARREST or DETENTION

Have you ever been arrested by a police agency? Yes ___ No ___ (Adult or Juvenile)

Have you ever been detained (other than a traffic ticket or as a witness) by a police agency?

Yes ___ No ___

Have you ever been summoned into court for a criminal offense? Yes ___ No ___

If yes to any of the above explain each incident (list juvenile as well as adult occurrences)

LITIGATION

Have you ever been involved in any type of law suit (even as a witness)? Yes ___ No ___

Have you ever been sued? Yes ___ No ___

Have you ever filed bankruptcy (chapter 11 or 13)? Yes ___ No ___

Has anyone ever threatened to take you to court for non-payment of any debt?

Yes ___ No ___

If you answered “yes” to any question, explain, giving full details such as date, place, reason, Etc.

----- **DRIVING RECORD** -----

How many **moving** citations have you had since you began driving? ____

How many **moving** citations have you received in the past three (3) years? ____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver’s license?
Yes ___ No ___

Have you ever driven a motor vehicle without the proper insurance required by law?
Yes ___ No ___

Have you ever had your driver’s license suspended? Yes ___ No ___

If yes: Date of suspension: _____ Reason for suspension: _____

Date suspension lifted: _____

Have you ever had your driver’s license placed on probation? Yes ___ No ___

Have you ever had a hearing for probation/suspension of your license? Yes ___ No ___

Have you ever been placed as an assigned risk for vehicle insurance? Yes ___ No ___

Have you ever had your insurance revoked due to the number of traffic citations you received or the number of accidents you have had? Yes ___ No ___

Have you ever knowingly driven a motor vehicle after your driver’s license was suspended or after it had been revoked? Yes ___ No ___

Do you have a valid drivers license in more than one state? Yes ___ No ___

If yes, what state(s)? _____

Have you ever been denied a drivers license for any reason? Yes ___ No ___

Have you ever had to appear before a medical advisory board? Yes ___ No ___

Have you ever been told you might have a medical problem that could interfere with your ability to drive? Yes ___ No ___

How many motor vehicle accidents have you been involved in as a driver? _____

How many accidents in the last 3 years? _____

Have you had any reason to believe you might have problems with depth perception?
Yes ___ No ___

Have you ever been involved in an accident and then left the accident scene without identifying yourself? Yes ___ No ___

Have you ever struck an unattended vehicle and then left without leaving your identification? Yes ___ No ___

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes ___ No ___

What company carries your automobile insurance? _____

Company address: _____
Street address City State Zip

Policy Number: _____ Effective Dates: _____

Attach a copy of your current insurance card in the space below

List, to the best of your memory, **ALL CITATIONS FOR MOVING VIOLATIONS** you have received (All those on and off your record):

Date Received	Violation	Issuing Agency	Disposition (paid/guilty/Etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List **ALL** accidents you have been involved in **as a driver.**

Date	City	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL and FAMILY HISTORY

Current marital status: Engaged Married Separated Divorced Widowed

If you are engaged:

Name of Fiancé: _____

Wedding Date: _____ Fiancé Date of Birth: _____ S.S.#: _____

Address: _____ Home Phone: _____

Business Phone: _____ Business Address: _____

If you are married:

Spouse's Name _____

Date of Marriage: _____ Date of Birth: _____ Phone Number : _____

Address (if different from yours): _____

Business Phone: _____ Business Address: _____

If you are separated:

Spouse's Name: _____ Date of Birth: _____

Current Address: _____ Phone Number: _____

Business Phone: _____ Business Address: _____

If you are divorced:*

Former Spouse's Name _____ Date of Birth _____

Current Address _____ Phone Number _____

Date of marriage _____ Date divorce decree issued _____

Court and state where issued _____

If you have more than one divorce, list on a separate sheet of paper and attach

If you are widowed:

Former Spouse's Name: _____

Date of Birth _____ Date of Marriage _____ Date of Death _____

Have you ever been married to more than one person at a time? Yes___ No___

If you currently share a residence with anyone other than family members, list:

(Full Name) (Date of Birth) (Relationship)

(Occupation/Work Phone Number) (Length of time you lived together)

(Full Name) (Date of Birth) (Relationship)

(Occupation/Work Phone Number) (Length of time you lived together)

List other immediate family members (father, mother, siblings) of both you and your spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Date of Birth	Relationship	Occupation	Address City/State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RESIDENCES

Beginning with your current address, list all addresses you have lived during the past ten (10) years. List date by month and year. Attach an additional page if necessary. Include apartment complex names and the office telephone number.

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #

City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

From _____ To _____ Length of Residency: _____ yr. _____ mo.

Address _____
Number Street Apartment #
_____ City State Zip

Name of Apartment Complex _____

Apartment Office Telephone Number _____

FINANCIAL HISTORY

What is your present salary or wage (list monthly net)? _____

Applicants Spouse:

What is your spouse's present salary or wages (list monthly net)? _____

Employer _____ Job Title _____

Business Address _____
Number Street City State Zip

Business Phone _____ Day/Hours Worked _____

List any income from any other source other than your principal occupation (excluding spouse's income).

Source	Amount	Frequency (week/month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own any real estate? Yes ___ No ___ Value: \$ _____

Location: _____

Do you own any bonds? Yes ___ No ___ Value: \$ _____
(IRA's, government, or other)

Do you own any corporate stock? Yes ___ No ___ Value: \$ _____

Checking Account: Account Number _____ Balance \$ _____

Bank name _____ Phone Number _____

Address _____
Number Street City State Zip

Savings Account: Account Number _____ Balance \$ _____

Bank name _____ Phone Number _____

Address _____
Number Street City State Zip

FINANCIAL OBLIGATIONS

List the names and addresses of **ALL** individuals, companies, or others **that you or your spouse** owe money to. Debts include but may not be limited to rent, mortgage, auto loans, charge accounts, credit cards, loans, child support payments or any other debts and payments.

Name & Address	Reason For Debt	Account Number	Total Balance	Monthly Payment	Indicate if Past Due
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	_____	Yes__ No__
Totals			_____	_____	

List any vehicles you own or regularly drive:

Make	Model	Year Model	License Plate	State	Date of Registration
------	-------	------------	---------------	-------	----------------------

Make	Model	Year Model	License Plate	State	Date of Registration
------	-------	------------	---------------	-------	----------------------

PERSONAL DECLARATIONS

Drug use covers all descriptive terms to describe the ingestion of any of the listed types of drugs into a person's system. In your life, have you ever tried, experimented with, or used any of the following.

	Yes__ No__	Number of times	Last Date Used	Form Used
Marijuana	Yes__ No__	_____	_____	_____
Hashish	Yes__ No__	_____	_____	_____
“Speed”	Yes__ No__	_____	_____	_____
Cocaine	Yes__ No__	_____	_____	_____
LSD	Yes__ No__	_____	_____	_____
Ecstasy	Yes__ No__	_____	_____	_____
PCP	Yes__ No__	_____	_____	_____
Peyote	Yes__ No__	_____	_____	_____
Mushrooms	Yes__ No__	_____	_____	_____
Quaaludes	Yes__ No__	_____	_____	_____
Tranquilizers	Yes__ No__	_____	_____	_____
Barbiturates	Yes__ No__	_____	_____	_____
Heroin	Yes__ No__	_____	_____	_____
Any Designer Drug	Yes__ No__	_____	_____	_____

Have you ever sold any of the items specified above? Yes ___ No ___

If yes: What one: _____ When: _____ Number of times: _____

Have you ever had an illegal drug injection? Yes ___ No ___ Of what? _____

Have you ever inhaled paint, glue, or any petroleum product? Yes ___ No ___

If yes, when was the last time? _____

Have you ever abused any prescription medication? Yes ___ No ___ What drug? _____

How did you abuse/misuse the drug? _____

Have you ever taken a prescription drug that was not prescribed for you? Yes ___ No ___

Have you ever been involved in any way with the manufacturing of an illegal drug?
Yes ___ No ___

If yes, what drug? _____ Describe your involvement: _____

Have you ever lied to a doctor about symptoms in order to get a prescription drug or medication?
Yes ___ No ___

If yes, explain _____

Have you ever been addicted to a drug prescribed to you by a doctor? Yes ___ No ___

Do others use drugs in your presence? Yes ___ No ___

ALCOHOL USE

Do you use alcoholic products? Yes ___ No ___

If yes, describe your use: _____

Have you ever used cough medicine to get "high"? Yes ___ No ___

TATTOO'S / BODY ART

The Euless Police Department has a policy regarding tattoos and body art. The policy reads:

924.3 TATTOOS

While on-duty or representing the Department in any official capacity, every reasonable effort should be made to conceal tattoos or other body art, except as otherwise waived by the Chief. At no time while on-duty or representing the Department in any official capacity, shall any offensive tattoo or body art be visible (examples of offensive tattoos would include, but not be limited to, those that depict racial, sexual, discriminatory, gang related or obscene language).

924.4 BODY PIERCING OR ALTERATION

Body piercing or alteration to any area of the body visible in any authorized uniform or attire that is a deviation from normal anatomical features and that is not medically required is prohibited. Such body alteration includes, but is not limited to:

- (a) Tongue splitting or piercing.
- (b) The complete or transdermal implantation of any material other than hair replacement.
- (c) Abnormal shaping of the ears, eyes, nose or teeth.
- (d) Branding or scarification.

Do you have any tattoos or piercings? Yes ____ No ____

If yes, describe any tattoos, piercings or other body art as described above.

PERSONAL REFERENCES

List five (5) persons who have known you for more than two years and know you well enough to provide current information about you. It is your responsibility to provide **correct complete addresses and phone numbers!** Do not list relatives or past/present employers.

Name: _____ Occupation: _____

Home Address: _____ Years known: ____

Home phone (____) _____ Work phone (____) _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: ____

Home phone (____) _____ Work phone (____) _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: ____

Home phone (____) _____ Work phone (____) _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: ____

Home phone (____) _____ Work phone (____) _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: ____

Home phone (____) _____ Work phone (____) _____

Briefly describe your relationship with this person: _____

MISCELLANEOUS INFORMATION

List your past/present memberships in groups, organizations, associations, or clubs:

Official Name of Organization	Type of Membership Social/Frat/Prof/Etc.	Office(s) Held	Dates of Membership	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List hobbies and sports you participated in:

Sport/Hobbies	Length of time	Level of Proficiency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? Yes ___ No ___ If yes, explain: _____

Do you or your spouse have a relative currently employed with the City of Euless?
Yes ___ No ___

If yes, list the department and give their name, relationship, and position. _____

Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement related agency? Yes ___ No ___

If yes, list:

Name of Agency	Type of Position	Date of Application	Status of Application (rejected/pending/not pursued/Etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant

Date