

Please Circle Position Applied for:

Deputy Sheriff

Detention Officer

Dispatcher

Other _____

RAINS COUNTY



Sheriff's Department

Sheriff David Traylor
(903)473-5000

RAINS COUNTY SHERIFF'S OFFICE

DAVID TRAYLOR
COUNTY SHERIFF

(903)473-5000
FAX (903)473-3008

I have been issued a Personnel History Statement by the Rains County Sheriff's Department and that the following requirements must be met.

- On this date I was explained in detail that the Personal History Statement must be complete.
- Blanks must be filled in and answered completely.
- Addresses must have City, State, and zip codes
- All telephone numbers to be complete must have area code
- Certain documents must be notarized before being turned in and that the Sheriff's Department will not furnish a notary
- I have been informed that this process could take several weeks and I agree not to call to check on the status of my background investigation.
- If an area does not pertain to me, I will place a N/A in the blank provided.
- If I fail to complete and/ or meet the above stated requirements, my application will not be considered.
- You are not to remove the staple from this document for any reason.

Date _____ Signature _____

Print your name _____

RAINS COUNTY SHERIFF'S OFFICE

DAVID TRAYLOR
COUNTY SHERIFF

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F.Y.I.

Every applicant for employment for Rains County Sheriff's Department must be processed through the hiring procedure the same way. The hiring procedure consists of the following phases:

Complete Rains County Sheriff's Department application

- Complete background packet and return
- Interview with the oral review board
- Complete the physical agility

Once you complete all the above phases you may be given a conditional offer of employment by the Rains County Sheriff's Department. At which time you will be directed to specific locations to complete the below listed process:

- Take a medical examination
- Take a drug screen analysis

Thank you for your interest in our department and good luck!

RAINS COUNTY SHERIFF'S OFFICE

DAVID TRAYLOR
COUNTY SHERIFF

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FAX (903)473-3008

Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for a position with the Rains County Sheriff's Department. To a great extent your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, and other documents of a confidential nature. Applicants will not have access to such information. Furthermore, since the information is confidential, the **Sheriff's Department cannot reveal the reasons of rejection for those applicants who are not accepted.**

If the reason/s for your non-acceptance is of a temporary nature whereby you could be accepted at a later date you will be notified.

I have read and fully understand the above statement.

Applicant's Signature _____

Date _____

Witness Signature _____

RAINS COUNTY SHERIFF DEPARTMENT
READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Once completed by you, this Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. It is essential that all information be complete and accurate.
2. **DO NOT REMOVE THE STAPLE FROM THIS PACKET FOR ANY REASON. This is an original document and shall remain intact.**
3. **Hand print all information in black ink only.**
4. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
5. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is legible, correct, and in proper sequence before you begin.
6. **You are responsible for obtaining correct addresses and phone numbers (including zip and area codes).** If you are unsure, check it by personal verification. Your local library and Internet access are two resources available to you.
7. If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.
8. An accurate and complete Personal History Statement will expedite your background investigation; deliberate omissions or falsifications will result in disqualification.

Copies of the following documents will be required upon completing this Personal History Statement:

1. Birth Certificate
2. High School Diploma or G.E.D.
3. College Diploma(s) or Transcript
4. Military DD214, NGB 22 and DA 2-1 –(Member Copy)
5. Marriage License (s)
6. Divorce Decree (s) (Just first 2 pages and Last 2 pages)
7. Photocopy of your Drivers License and Social Security Card
8. TCLEOSE Certification
9. Copy of all F-5's from every agency employed by (if applicable)

RAINS COUNTY SHERIFF'S OFFICE
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WAIVER

**PERSONAL HISTORY STATEMENT
for TEXAS Appointment/Employment**

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Instructions to the Applicant

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

DISQUALIFICATION

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

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

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

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

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		8. BIRTHDATE	9. SOCIAL SECURITY # - -
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HT. WT. HAIR COLOR EYE COLOR

12. Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information: PID:			
A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

13. Have you ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)? ... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> • If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses). • All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. • If more space is needed, continue your response on page 27. 			
A) NAME OF AGENCY			DATE APPLIED
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STAT	ZIP	CONTACT NUMBER () EXT
POSITION APPLIED FOR		EMAIL	
Check each step in the process that you completed, and your status:			
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer			
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

13. Have you ever applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STAT	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STAT	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	A. Father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	B. Step-father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A C. Mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A D. Step-mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	
YEARS OF MARRIAGE	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			

<input type="checkbox"/> N/A F. Father-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A G. Mother-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A H. Former Spouse(s) / Cohabitant				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	
YEAR OF DISSOLUTION	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			

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	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				

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

2) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

3) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

4) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

5) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

6) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()		CELL PHONE ()	EMAIL	

N/A **J. Children**

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

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	
<input type="checkbox"/> F		CITY	STATE
		CONTACT NUMBER ()	EMAIL

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	
<input type="checkbox"/> F		CITY	STATE
		CONTACT NUMBER ()	EMAIL

4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	
<input type="checkbox"/> F		CITY	STATE
		CONTACT NUMBER ()	EMAIL

5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	
<input type="checkbox"/> F		CITY	STATE
		CONTACT NUMBER ()	EMAIL

6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	
<input type="checkbox"/> F		CITY	STATE
		CONTACT NUMBER ()	EMAIL

15. REFERENCES
List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

B) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

C) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

D) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

J) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 3: EDUCATION

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

16. Check applicable: High School Diploma GED

17. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	

18. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

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

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 3: EDUCATION *continued*

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

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

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 4- RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

B) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

D) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

E) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

F) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP		CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

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**PERSONAL HISTORY STATEMENT
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23. Have you ever been evicted or asked to leave a residence? Yes No

24. Have you ever left a residence owing rent?..... Yes No

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. **JOB EXPERIENCE**

- List **ALL** jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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D) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>						
Other						

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

F) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>						
Other						

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/>						
Other						

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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J) PERIOD OF UNEMPLOYMENT Check 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
---	--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check 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
---	--	------	----

M) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT Check 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
---	--	------	----

O) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

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P) PERIOD OF UNEMPLOYMENT Check 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
---	------	----

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS		REASON FOR LEAVING			
1)	2)				

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving two weeks notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

37. If you answered yes to any of Questions 26–36 , explain (include when, where and circumstances; indicate corresponding number):

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**PERSONAL HISTORY STATEMENT
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38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHEN?	NAME OF EMPLOYER
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHEN?	NAME OF EMPLOYER

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
41. BRANCH OF SERVICE	43. DATES OF SERVICE To
42. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) Re-entry Code (1-4) if applicable – refer to your DD-214:	
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to **Questions 44 and/or 45**, explain (include dates and circumstances):

.....

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SECTION 7: FINANCIAL

46. INCOME AND EXPENSES For each of the following questions fill in the amounts to the nearest dollar.	
A) From your employer(s), what is your take-home monthly income?.....	\$ _____ per month
B) Do you have income other than from your salary or wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, fill in amount:	\$ _____ per month
Explain:	
C) How much do you spend each month?.....	\$ _____ per month
<i>Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.</i>	

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**PERSONAL HISTORY STATEMENT
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47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever defaulted on (failed to pay) a loan, including a student loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 47–60**, explain (include when, where, and why; indicate corresponding number):

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **peace officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

61. Either as an adult or a juvenile, have you **EVER** been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

Yes No

**PERSONAL HISTORY STATEMENT
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If yes, explain each incident.	
A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

62. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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SECTION 8: LEGAL *continued*

- | | | |
|--|------------------------------|-----------------------------|
| 67. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 69. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70. Have you ever filed a false insurance or workers' compensation claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of **Questions 62–70**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

.....

.....

.....

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71. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- | | | |
|--|------------------------------|-----------------------------|
| A) Annoying / obscene phone calls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B) Assault (use of force or violence upon another)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C) Assault (use of force or violence upon a family member) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D) Brandishing a weapon (any type of weapon)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E) Carrying a concealed weapon without a permit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F) Contributing to the delinquency of a minor..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G) Defrauding an innkeeper (not paying for food or room at a hotel/motel)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H). Driving under the influence of alcohol and/or drugs..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J) Hit & run collision (no injuries)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K) Hunting/fishing without a license..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L) Illegal gambling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M) Impersonating a peace officer (pretending to be a police officer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N). Indecent exposure (including flashing or mooning)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| O) Joyriding (using a car or other vehicle without owner's permission)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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SECTION 8: LEGAL *continued*

71. UNDETECTED ACTS – PART 1 *continued*

P). Theft (value up to \$500, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R). Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T). Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X). Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Filing a false police report.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 71**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (71-A, etc.) for each explanation.

.....

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72. UNDETECTED ACTS – PART 2
At any time in your life have you **ever** committed any of the following?

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing, producing, or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G). Injury to a child/elderly/or disabled.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M). Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O). Theft (value of over \$500, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q). Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
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If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

SECTION 8: LEGAL *continued*

Questions 73 and 74 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 not be limited to**, your use of any of the following drugs:

- | | | |
|---|---|------------------------------|
| - Amphetamines / Methamphetamine
(Uppers, Speed, Crank, etc) | - Glue | - Mescaline |
| - Barbiturates (Downers) | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(Ecstasy, Synthetic Heroin, etc.) | - Heroin / Opium | - Quaaludes |
| - GHB (Date Rape Drug) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

73. Within the past three years, have you used any non-prescribed drug(s) as indicated above?..... Yes No

If yes, give details, including drug(s) used and circumstances:

.....

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**PERSONAL HISTORY STATEMENT
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74. **Prior to the past three years** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances.

.....

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

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

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

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SECTION 9: MOTOR VEHICLE OPERATION

76. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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77. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if

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

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

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Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

79. Has your driver's license ever been suspended or revoked? Yes No
 If yes, explain (include when, where, and circumstances):

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

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY	STATE	ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY	STATE	ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY	STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY	STATE	ZIP	CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION *continued*

81. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

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If checked, explain circumstances:

82. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
If yes, give details.

A)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY INJURY	<input type="checkbox"/> NON- INJURY
B)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY INJURY	<input type="checkbox"/> NON- INJURY
C)	DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY INJURY	<input type="checkbox"/> NON- INJURY

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

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE
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84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY			
DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

Initial this page to indicate that you have provided complete and accurate information: _____

**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

SECTION 10: OTHER TOPICS

85. Have you ever been refused a permit to carry a concealed weapon? Yes No
86. 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
87. 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
88. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
89. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 85–89**, give details including dates and circumstances; indicate corresponding number.

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SECTION 11: SOCIAL MEDIA SITES

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

91. List all social media sites and/or blogs or web sites created by you. Provide website (URL) and your username.

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**PERSONAL HISTORY STATEMENT
for TEXAS LICENSURE**

Page 27 of 27

SECTION 12: CERTIFICATION

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

SIGNATURE IN FULL

DATE

ADDITIONAL SPACE

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

Initial this page to indicate that you have provided complete and accurate information: _____

RAINS COUNTY SHERIFF'S DEPARTMENT
CLUB/GROUP OR ASSOCIATION MEMBERSHIPS

Official Name of Organization	Type: Social Fraternal, Professional, ETC	Office(s) Held	Date of Memberships	
			TO	From

HOBBIES AND SPORTS

Name of Sport/Hobby	Duration	Level of Proficiency

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your stability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

RAINS COUNTY SHERIFF'S DEPARTMENT
DOCUMENT CHECK-LIST

Photocopy of your driver's license and social security card	Yes	No
Birth Certificate	Yes	No
Marriage Certificate	Yes	No
Certified High School Diploma or G.E.D. Certificate (copy)	Yes	No
Certified University/College Diploma (copy)	Yes	No
DD-214 Military separation document (member 4 copy)	Yes	No
Notarized confidential information agreement	Yes	No
TCLEOSE Certification	Yes	No

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including 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, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____, in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____