

APPLICATION

MOUNT PLEASANT POLICE DEPARTMENT

POLICE OFFICER

Applicant: _____ Date: ____ / ____ / ____

City of Mount Pleasant – Police Department – Police Officer

Please attach copies of the below listed documents. This information must accompany the personal history statement prior to the process:

1. Copy of valid driver's license
2. Copy of Social Security Card
3. Copy of DD-214 if applicable
4. Copy of your automobile proof of insurance

The following need not be attached to the personal history statement, but will be required to be presented upon request if application is accepted into the process.

1. Birth certificate
2. Proof of citizenship (if you were not born in America)
3. Copy of college transcript
4. Copy of marriage license (if applicable)
5. Copy of divorce decree (if applicable)

INSTRUCTIONS

READ THESE 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 the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment. An incomplete or falsified Personal History statement will disqualify you from further consideration of employment.

1. Your Personal History Statement should be printed legibly in black ink and by you and no one else. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite our investigation. On the other hand, deliberate omissions or falsifications will result in disqualification.
7. **When completed the application must be sent or delivered to the:**

**Texas Workforce Commission.
1902 W. Ferguson Rd.
Mount Pleasant, Texas 75455
903-572-9841**

DO NOT SEND THE APPLICATION TO THE MOUNT PLEASANT POLICE DEPARTMENT.

2. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving (Be specific) _____

3. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____
Reason for Leaving (Be specific) _____

4. From _____ To _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____
Name of Co-Worker _____

Reason for Leaving (Be specific) _____

5. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason for Leaving (Be specific) _____

6. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason for Leaving (Be specific) _____

7. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Name of Co-Worker _____

Reason for Leaving (Be specific) _____

D. MILITARY RECORD

1. Have you served in the U.S. Armed Forces? _____ Yes _____ No
2. Date of Service: From _____ To _____ Branch of Service _____
Unit Designation _____ Military Service Number _____
Highest Rank Held _____ Type of Discharge _____
3. Were you ever disciplined while in the military service (include court-martial, captains's masts, company punishment, etc.)?
_____ Yes _____ No

CHARGE	AGENCY	DATE TIME	DISPOSITION

If you received a discharge other than honorable, give complete details

E. EDUCATIONAL HISTORY

1.	HIGH SCHOOL	CITY & STATE	DATES		GRADUATED	
	ATTENDED		FROM	TO	YES	NO

2. COLLEGE OR UNIVERSITY

COLLEGE OR UNIVERSITY ATTENDED _____

CITY AND STATE _____

DATES ATTENDED _____ SEMESTER HOURS _____

MAJOR/MINOR _____ DEGREE RECEIVED AND DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY AND STATE _____

DATES ATTENDED _____ SEMESTER HOURS _____

MAJOR/MINOR _____ DEGREE RECEIVED AND DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY AND STATE _____

DATES ATTENDED _____ SEMESTER HOURS _____

MAJOR/MINOR _____ DEGREE RECEIVED AND DATE _____

3. List other schools attended (trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

F. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

2. List any specialized machinery or equipment which you can operate.

3. List all languages you are fluent in and indicate your degree of fluency in each area.

LANGUAGE 1. _____ LANGUAGE 2. _____

	Fair	Good	Excellent		Fair	Good	Excellent
READING	1. _____				2. _____		

SPEAKING	1. _____				2. _____		
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UNDERSTANDING	1. _____				2. _____		
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WRITING	1. _____				2. _____		
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4. List any other special skills or qualifications you may possess.

G. ARRESTS, DETENTIONS, AND LITIGATION

1. Have you ever been arrested, detained by police or summoned into court?

Yes _____ No _____ If yes, complete the following:

OFFENSE CHARGES	POLICE AGENCY, CITY & STATE	DATE	DISPOSITION OF CASE
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2. Have you ever been involved as a party in civil litigation? YES _____ NO _____

If yes, give details. _____

H. TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked? Yes _____ NO _____

If yes, give date, location and reasons. _____

2. With what company do you carry auto insurance? _____

Address & Phone: _____

3. List to the best of your memory all traffic citations you have received:

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION
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4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. MARITAL AND FAMILY HISTORY

1. Are you? _____ Single
_____ Engaged
_____ Married
_____ Separated
_____ Divorced
_____ Widowed

2. If engaged: Name of fiancé _____

Address _____

Phone _____

3. If married: Date: _____ City & State _____

Spouse's name (wife's maiden name) _____

4. If ever separated, divorced or widowed: Date of marriage _____

City and State _____ Spouse's name (maiden name) _____

Present address & phone _____

Separated, Divorced or Annulled (Which State) _____

Date of Order or Decree _____

Court & State Where Issued _____

5. List all children related to you or your spouse (Natural, stepchildren and adopted).

NAME	DATE OF BIRTH	RELATION	ADDRESS
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6. List all other dependents.

NAME	ADDRESS	RELATION
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7. List other relatives in the following order: Father, Mother, (include maiden name), brothers, & sisters. If deceased, so indicate.

NAME	DATE OF BIRTH	ADDRESS	PHONE #	RELATIONSHIP
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J. REFERENCES - List five persons who know you well enough to provide current information about you and who have known you for 3 years or more, but not relatives or former employers.

Name: _____ Address: _____

Residence Phone _____ Business Phone _____

Years known _____ Relationship _____

Name: _____ Address: _____

Residence Phone _____ Business Phone _____

Years known _____ Relationship _____

Name: _____ Address: _____

Residence Phone _____ Business Phone _____

Years known _____ Relationship _____

Name: _____ Address: _____

Residence Phone _____ Business Phone _____

Years known _____ Relationship _____

Name: _____ Address: _____

Residence Phone _____ Business Phone _____

Years known _____ Relationship _____

K. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRPRESENT)

NAME & ADDRESS	TYPE (SOCIAL, FRATERNAL PROFFESIONAL, ETC.)	FROM	TO
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L. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician?

Yes _____ No _____

If yes, what were the circumstances? _____

3. Have you ever sold or furnished drugs or narcotics to anyone? Yes _____ No _____

If yes, explain. _____

4. If it became necessary to take a human life in the course of our duties as a police officer, would any religious or other beliefs prevent you from doing so?

Yes _____ No _____ If Yes, explain. _____

5. Do you have any religious or other beliefs, which would prevent you from fully performing the duties of a Police Officer, including working on weekends, evening or night shifts.

Yes _____ No _____ If yes, explain: _____

6. Have you ever made application for employment with this or any other law enforcement or related agency?

Yes _____ No _____ If so, give agency, date(s), and status of application.

7. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a Police Officer?

Yes _____ No _____ If so, explain. _____

ACKNOWLEDGEMENT

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 such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

To: _____

I hereby request and authorize you to furnish the Mount Pleasant Police Department with any and all information they may request concerning my work record, educational history, military record, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Police Officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Police Officer.

Applicant's Signature

Date

Address

City & State

Witness

Date

Title