

# TEXAS COMMISSION ON LAW ENFORCEMENT

## TCOLE

**AGENCY NAME:**

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

PID #:

County Jailer

PID #:

Telecommunicator

PID #:

Civilian Employment

## **Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
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 accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have questions, please contact your assigned background investigator.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

## 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, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

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 other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

There are very few automatic bases 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 additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- 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.

**SECTION 1: PERSONAL**

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

Place of Birth (City, County, State, Country):

Physical Description:

Height: Weight: Hair Color: Eye Color:

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Have you ever attended a basic licensing course? Yes No

If yes, provide the PID you were assigned:

A. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name Training Coordinator: Contact Number:

Did you graduate? Yes No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes                  No

- 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

**A. Name of Agency:**

**Position Applied For:**

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**B. Name of Agency:**

**Position Applied For:**

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

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**C. Name of Agency:**

**Position Applied For:**

Date Applied:

Address:

City:

State:

Zip:

Background Investigator's Name (if known):

Contact Number, (ext):

Email:

Check each step in the process that you completed, and your status:

<b>Steps:</b>	Application	Written	Physical agility	Oral	Polygraph/CVSA	Background
	Conditional job offer		Psychological examination	Date:	Medical	Date:
<b>Status:</b>	Hired	On List	Withdrawn	Disqualified		

## SECTION 2: RELATIVES AND REFERENCES

### 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

N/A      **A. Father's Name:** \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **B. Step-Father's Name:** \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **C. Mother's Name:** \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A      **D. Step-Mother's Name:** \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Marriage:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A **F. Father-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

N/A I. Former Spouse/Cohabitant's Name(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No

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**J. BROTHERS AND SISTERS:** List all living siblings, including half-siblings, foster siblings, etc.

N/A 1. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:



N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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**K. 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

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

N/A      **2. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **3. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **4. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **5. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

N/A      **6. Name:**      Male      Female  
D.O.B.:      Custodial parent or guardian (if other than you):  
Address:  
City:      State:      Zip:  
Contact Number:      Email:

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**L. 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.

**1. Name:**      Address:  
City:      State:      Zip:  
Company/Work Address:  
City:      State:      Zip:  
Home Phone:      Work Phone:      Cell Phone:      Email:  
How do you know this person (friend, teacher, family, co-worker)?  
How long have you known this person?

**2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**4. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**5. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company/Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

6. Name: Address:  
City: State: Zip:  
Company/Work Address:  
City: State: Zip:  
Home Phone: Work Phone: Cell Phone: Email:  
How do you know this person (friend, teacher, family, co-worker)?  
How long have you known this person?

7. Name: Address:  
City: State: Zip:  
Company/Work Address:  
City: State: Zip:  
Home Phone: Work Phone: Cell Phone: Email:  
How do you know this person (friend, teacher, family, co-worker)?  
How long have you known this person?

8. Name: Address:  
City: State: Zip:  
Company/Work Address:  
City: State: Zip:  
Home Phone: Work Phone: Cell Phone: Email:  
How do you know this person (friend, teacher, family, co-worker)?  
How long have you known this person?

### SECTION 3: EDUCATION

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

Check applicable: High School Diploma GED Discharge documents from armed services with 2 years active duty

#### List high schools attended or where you obtained your GED:

1. Name:	City:	State:
From:	To:	Did you graduate? Yes No
2. Name:	City:	State:
From:	To:	Did you graduate? Yes No

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#### List all colleges or universities attended:

1. Name:	City:	State:
From:	To:	Type of Degree Earned: Total Units Earned:
2. Name:	City:	State:
From:	To:	Type of Degree Earned: Total Units Earned:

3. Name:	City:	State:
From:	To:	Type of Degree Earned:
Total Units Earned:		

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

1. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
2. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No
3. Name:	From:	To:
Type of school or training:	City:	State:
Did you complete the course?	Yes	No

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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 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: RESIDENCES

### LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. 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 the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

#### 1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

#### 2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

#### 3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

**4. Former Address:**

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

**5. Former Address:**

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

**6. Former Address:**

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

**7. Former Address:**

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:  
Current Street Address:  
City: State: Zip:  
Nature of relationship (friend, relative, landlord, housemate only):

2. Housemate Name: Contact Number: Email:  
Current Street Address:  
City: State: Zip:  
Nature of relationship (friend, relative, landlord, housemate only):

3. Housemate Name: Contact Number: Email:  
Current Street Address:  
City: State: Zip:  
Nature of relationship (friend, relative, landlord, housemate only):

4. Housemate Name: Contact Number: Email:  
Current Street Address:  
City: State: Zip:  
Nature of relationship (friend, relative, landlord, housemate only):

5. Housemate Name: Contact Number: Email:  
Current Street Address:  
City: State: Zip:  
Nature of relationship (friend, relative, landlord, housemate only):

6. Housemate Name: Contact Number: Email:  
Current Street Address:  
City: State: Zip:  
Nature of relationship (friend, relative, landlord, housemate only):



Have you ever been evicted or asked to leave a residence?      Yes      No

Have you ever left a residence owing rent?      Yes      No

If you answered **"Yes"** to either of the two questions above, explain (include when, where, and circumstances):

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?      Yes      No  
**If YES, list below.**
- 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 the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit:      From:      To:

Address or Base:

City:      State:      Zip:

Supervisor:      Contact Number:      Email:

Job Title:      Reason for Leaving:

Duties/Assignments:

Full-Time      Part-Time      Temporary      Self-Employed      Unemployed

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer?      Yes      No

If yes, explain:

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### 2. Period of Unemployment

From:      To:

Check if applicable:      Student      Between jobs      Leave of absence      Travel      Other

**3. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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**4. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

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**5. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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**6. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

**7. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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**8. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

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**9. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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**10. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

**11. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

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**12. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

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**13. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**14. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

**15. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**16. Period of Unemployment**

From:

To:

Check if applicable:

Student

Between jobs

Leave of absence

Travel

Other

---

**17. Name of Employer or Military Unit:**

**From:**

**To:**

Address or Base:

City:

State:

Zip:

Supervisor:

Contact Number:

Email:

Job Title:

Reason for Leaving:

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

Names of Co-Worker(s) and their Phone Number(s):

---

**18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).**      Yes      No

**19. Have you ever been fired, released from probation, or asked to resign from any place of employment?**      Yes      No

**20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?**      Yes      No

**21. Have you ever resigned without giving two weeks-notice?**      Yes      No

**22. Have you ever resigned in lieu of termination?**      Yes      No

**23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer?**      Yes      No

24. Were you ever the subject of a written complaint at work? Yes No
25. Have you ever been counseled at work due to lateness or absences? Yes No
26. Did you ever receive an unsatisfactory performance review? Yes No
27. Have you ever sold, released, or given away legally confidential information? Yes No
28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

---

Has your work performance ever been affected by your use of alcohol or drugs? Yes No

When? Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

When? Name of Employer:

## SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes No

2. If yes, have you registered? Yes No

If no, explain:

Branch of Service: Dates Served From: To:

Type of Discharge: Entry Level Honorable General Other than Honorable

Re-entry Code (1 – 4) if applicable; *refer to your DD-214*:

3. Are you currently participating in one of the following? Military Reserve National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

5. 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?      Yes      No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

## SECTION 7: FINANCIAL

### INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages?      Yes      No

If yes, fill in amount:      per month      Explain:

3. Approximately how much do you spend each month? (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 obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?      Yes      No

5. Have any of your bills ever been turned over to a collection agency?      Yes      No

6. Have you ever had purchased goods repossessed?      Yes      No

7. Have your wages ever been garnished?      Yes      No

8. Have you ever been delinquent on income or other tax payments?      Yes      No

9. Have you ever failed to file income tax or cheated/lie on an income tax form?      Yes      No

10. Have you ever had an employment bond refused?      Yes      No

11. Have you ever avoided paying any lawful debt by moving away?      Yes      No

12. Have you ever defaulted on a loan, including a student loan?      Yes      No

13a. Have you ever borrowed money to pay for a gambling debt?      Yes      No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling?      Yes      No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?  
Yes      No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?  
Yes      No

16. Have you written three or more bad checks in a one-year period?      Yes      No

17. Are you in arrears on court-ordered child support? Yes No

If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

---

## SECTION 8: LEGAL

### Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

**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

**If yes, explain each incident:**

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:



5. Have you ever been placed on court probation as an adult?      Yes      No
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?  
Yes      No
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult?      Yes      No
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?  
Yes      No
9. Have the police ever been called to your home for any reason?      Yes      No
10. Have you or your spouse/partner ever been referred to Child Protective Services?      Yes      No
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order?      Yes      No
12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?      Yes      No
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance?      Yes      No
14. Have you ever filed a false insurance or workers' compensation claim?      Yes      No

If you answered **"Yes"** to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

---

### 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?

15. Annoying/obscene phone calls      Yes      No
16. Assault (use of force or violence upon another)      Yes      No
17. Assault on a family member (use of force or violence upon a family member)      Yes      No
18. Brandishing a weapon (any type of weapon)      Yes      No
19. Carrying a concealed weapon without a permit      Yes      No
20. Contributing to the delinquency of a minor      Yes      No
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel)      Yes      No
22. Driving under the influence of alcohol and/or drugs      Yes      No

- |  |     |    |
|--|-----|----|
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |
| 24. Hit and run collision (no injuries)  | Yes | No |
| 25. Hunting or fishing without a license   | Yes | No |
| 26. Illegal gambling   | Yes | No |
| 27. Impersonating a peace officer  | Yes | No |
| 28. Indecent exposure (including flashing or mooning)  | Yes | No |
| 29. Joyriding (using a car or other vehicle without owner's permission)                                | Yes | No |

#### Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

- |   |     |    |
|---|-----|----|
| 30. Arson (intentionally destroying property by setting a fire)                           | Yes | No |
| 31. Assault with a deadly weapon  | Yes | No |
| 32. Theft of a vehicle and/or vehicle parts   | Yes | No |
| 33. Burglary (entering a structure or vehicle to commit theft or other crime)             | Yes | No |
| 34. Child molestation (performing unlawful acts with a child)                             | Yes | No |
| 35. Accessing, producing, or possessing child pornography                                 | Yes | No |
| 36. Injury to a child, elderly, and/or disabled   | Yes | No |
| 37. Embezzlement (theft of money or other valuables entrusted to you)                     | Yes | No |
| 38. Felony drunk driving (involving injuries)   | Yes | No |
| 39. Forcible rape or other act of unlawful intercourse/sexual activity                    | Yes | No |
| 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 41. Hit and run (with injuries)   | Yes | No |
| 42. Hate crime  | Yes | No |
| 43. Insurance fraud   | Yes | No |
| 44. Theft (value of over \$500 and/or any firearm)  | Yes | No |
| 45. Murder, homicide, or attempted murder   | Yes | No |
| 46. Perjury (lying under oath)  | Yes | No |
| 47. Possession of an explosive/destructive device   | Yes | No |
| 48. Robbery (theft from another person using a weapon, force, or fear)                    | Yes | No |
| 49. Stalking  | Yes | No |
| 50. Blackmail or extortion  | Yes | No |
| 51. Any other act amounting to a felony   | Yes | No |

If you answered “**YES**” to **any** of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

---

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

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

**52. Within the past three years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?      Yes      No

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

---

**53. 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 listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

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

Sold      Manufactured      Purchased      Furnished      Cultivated      Carried or held for another

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

---

**SECTION 9: MOTOR VEHICLE OPERATION**

Current Driver License #:      State of Issue:      Expiration Date:

Full name under which license was granted:

**List other states where you have been licensed to operate a motor vehicle:**

1.      N/A      State of Issue:      Type of License:      License Number:

Name under which license was granted:

2.      N/A      State of Issue:      Type of License:      License Number:

Name under which license was granted:

3.      N/A      State of Issue:      Type of License:      License Number:

Name under which license was granted:

---

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

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

---

Has your driver's license ever been suspended or revoked?      Yes      No

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

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

**4. Type of Coverage:**      Insured                      Bonded                      Cash Deposit

Vehicle Make/Model:                                      Year:                                      Vehicle License:

Insurance Company:                                      Policy Number:                                      Expires:

Address:

City:                                      State:                                      Zip:                                      Contact Number:

**5. Type of Coverage:**      Insured                      Bonded                      Cash Deposit

Vehicle Make/Model:                                      Year:                                      Vehicle License:

Insurance Company:                                      Policy Number:                                      Expires:

Address:

City:                                      State:                                      Zip:                                      Contact Number:

**6. Type of Coverage:**      Insured                      Bonded                      Cash Deposit

Vehicle Make/Model:                                      Year:                                      Vehicle License:

Insurance Company:                                      Policy Number:                                      Expires:

Address:

City:                                      State:                                      Zip:                                      Contact Number:

**7. Type of Coverage:**      Insured                      Bonded                      Cash Deposit

Vehicle Make/Model:                                      Year:                                      Vehicle License:

Insurance Company:                                      Policy Number:                                      Expires:

Address:

City:                                      State:                                      Zip:                                      Contact Number:

---

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

**8. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:      Not Guilty                      Fined                      Traffic School                      Dismissed

**9. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:      Not Guilty              Fined              Traffic School              Dismissed

**10. Nature of Violation:**

Location (Street, City, State, Zip):

Date Violation Occurred:                      Action Taken:      Not Guilty              Fined              Traffic School              Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).

Failed to appear	Failed to complete traffic school	Failed to pay the required fine
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
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21	21	21
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84	84	84
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86	86	86
87	87	87
88	88	88
89	89	89
90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years?      Yes      No

**If yes, give details:**

11. Date: \_\_\_\_\_ Location (Street, City, State, Zip): \_\_\_\_\_

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:

**12. Date:** \_\_\_\_\_ **Location (Street, City, State, Zip):** \_\_\_\_\_

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:

**13. Date:** \_\_\_\_\_ **Location (Street, City, State, Zip):** \_\_\_\_\_

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:

14. Date: \_\_\_\_\_ Location (Street, City, State, Zip): \_\_\_\_\_

Police Report?	Yes	No	Injury or Non-Injury?	Injury	Non-Injury
----------------	-----	----	-----------------------	--------	------------

Law Enforcement Agency:



## SECTION 10: SOCIAL MEDIA SITES

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

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.



## SECTION 11: 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 section, question number, and specific item being referenced.

**SECTION 12: CERTIFICATION**

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 of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary public in and for, State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Seal or Stamp:

Town of Cross Roads/Cross Roads Police Department

(Name of Law Enforcement Agency)

**AUTHORITY TO RELEASE INFORMATION**

## TO WHOM IT MAY CONCERN:

I hereby authorize the Town of Cross Roads and Cross Roads Police Department 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: \_\_\_\_\_



## Town of Cross Roads Employment Application

Thank you for your interest in employment with the Town of Cross Roads. The Town of Cross Roads is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, color, sex, religion, national origin, age or disability. Reasonable accommodations for persons with disabilities will be made upon request. Please provide at least 48 hours advance notice so that your request may be accommodated.

- **The Town of Cross Roads accepts applications for posted job vacancies only.** All individuals who wish to be considered for employment are required to complete and sign an Employment Application. A resume may be attached; However, **the application form must be completely filled out in order to be accepted.** Incomplete applications, including failure to sign the application form or applications that are not legible **will not** be accepted.
- We do not accept unsolicited applications, nor do we keep applications “on file.”
- You must meet all of the qualifications of the position for which you are applying. Applicants must indicate how they meet the posted requirements for the job. If questions are not applicable, enter “NA.” Do not leave items blank.
- A separate application form must be submitted for each position for which you are applying. You may submit photocopies as a substitute for an original application form; However, the Town of Cross Roads will not provide photocopies of applications or resumes for you.
- Completed applications **must** be received in the Town **no later** than 5:00 p.m. on the date of the deadline. Applications received after the deadline will not be processed.
- The application form and all attachments become the property of the Town of Cross Roads. Information provided by applicants is subject to disclosure in accordance with the provisions of the Texas Public Information Act.
- The hiring supervisor will contact applicants selected for interview and make the final hiring decision.
- All information on the application form and any attachments are subject to verification. If an applicant is recommended for hire, **the following checks will be made:** an evaluation of the applicant’s driver’s license record (if driving is a requirement of the position), work references and a criminal history background check. After a conditional offer of employment is made, a medical examination and a drug and/or alcohol test will be required. Applicants refusing to cooperate, failing to show up for scheduled appointments and/or failing to successfully pass required tests will be disqualified from consideration for employment with the Town of Cross Roads
- **Submit applications by mail or email to:**

*Town of Cross Roads  
Attn: Town Administrator  
1404 FM 424  
Cross Roads, TX 76227  
Email: [HR@crossroadstx.gov](mailto:HR@crossroadstx.gov)*



## Town of Cross Roads Employment Application

Position Applied For: \_\_\_\_\_

### Application Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I. Today's date*

Address: \_\_\_\_\_  
*Street Apartment/Unit #*

\_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Full-time Part-time Temporary Desired Salary: \$ \_\_\_\_\_  
*MM/DD/YYYY*

Are you authorized to work in the U.S? YES NO  
-

Have you ever worked for Cross Roads? YES NO  
If yes, when? \_\_\_\_\_

Have you ever been discharged, fired or asked  
to resign from any job? YES NO  
If yes, explain? \_\_\_\_\_

Are you related to any current employee or  
elected official of the Town of Cross Roads? YES NO

Have you ever been convicted of a felony or  
Misdemeanor (including DWI/DUI)? YES NO  
If yes, when? \_\_\_\_\_

Indicate any foreign languages you can speak,  
read and/or write: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? YES NO

College: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

### Licenses, Certifications and Other Forms of Recognition

*Applicants may be required to provide copies of licenses and certifications.*

Indicate the type of license/certification, the state or other authority issued by and the expiration date:

### Previous Employment

Begin with your most recent position and include all employment within the last 10 years, including each position held with the same employer. If you need additional space you may copy and attach additional pages.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference:      YES      NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference:      YES      NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference:      YES      NO

### Qualifications

Please describe how you meet each of the minimum qualifications on the job description. You may attach a separate sheet of paper if more space is required.

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Driving Requirements

If driving is a requirement of the position for which you are applying, a three year motor vehicle report from the Department of Public Safety will be required. Attach motor vehicle reports (MVR's) for all licenses you have held in the last three years to this application.

### Disclaimer and Signature

Thank you for completing this application and for your interest in employment with the Town of Cross Roads. All qualified persons will receive consideration without regard to race, color, religion, sex, age, national origin, veteran or disabled status (except where age, sex or physical requirement constitute a bona fide occupational qualification).

#### APPLICANT'S CERTIFICATION:

The information provided in my application for employment is true and correct to the best of my knowledge. I understand that, if employed, false statements or omissions on this application form or any other material required for employment shall be considered sufficient cause for discharge. I authorize the Town of Cross Roads to investigate my personal history and/or employment record and to contact any and all references to obtain additional job related information about me. In consideration for the Town's acceptance of my application, I release from liability the Town of Cross Roads, its officers and employees, and all other persons, corporations and organizations from claims and damages in connection with furnishing such information. I understand that the employment process may include testing and review of my driving record which is on file with appropriate law enforcement agencies. I also agree that if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain an acceptable driving record may result in my discharge. If offered employment by the Town, I agree to submit upon request to a medical examination and a drug and/or alcohol test to determine my ability to perform the duties of my position. I understand and acknowledge that employment with the Town of Cross Roads is "at will" and that such employment relationship may be ended by the employee or by the Town of Cross Roads at any time for any reason or for no reason at all. I further understand and acknowledge that no pre-employment or post-employment discussions or representations may vary the "at will" nature of any employment with the Town of Cross Roads.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(By typing your name, you are authorizing the Town of Cross Roads to accept it as your original signature)*