

RECEIVED: \_\_\_\_\_, 20\_\_\_\_

RETURNED: \_\_\_\_\_, 20\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

FULL-TIME

RESERVE

### PERSONAL HISTORY STATEMENT

CLUTE POLICE DEPARTMENT  
104 EAST MAIN STREET  
CLUTE, TX 77531

979-265-6194

## 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. Failure to completely and properly fill out this application will result in your disqualification for consideration for employment.

1. **THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND PRINTED IN BLACK INK OR TYPED. Answer all questions to the best of your ability. Your ability to follow directions and to properly fill out this application will be viewed as part of the hiring process and failure to do so will result in disqualification for employment.**
2. Your personal History Statement should be **PRINTED** legibly in ink or typed. Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter N/A in the space provided.
4. 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. Failure to do so will result in your disqualification for employment.
5. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
6. 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.
7. An accurate and complete form must be submitted for consideration for employment with the Clute Police Department. Any form not completed correctly will be disqualified for consideration for employment.
8. **REMIT A LEGIBLE PHOTOCOPY OF YOUR DRIVERS LICENSE.  
(LAST PAGE)**

ALL ITEMS (ORIGINALS AND COPIES) SUBMITTED WITH THIS APPLICATION  
BECOME THE PROPERTY OF THE CLUTE POLICE DEPARTMENT.



B. RESIDENCES - LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 10 YEARS, BEGINNING WITH PRESENT ADDRESS. LIST DATE BY MONTH AND YEAR. ATTACH EXTRA PAGE(S) IF NECESSARY.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY - BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT SINCE THE AGE OF 16, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. ATTACH EXTRA PAGES IF NECESSARY.

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
 DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
 DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
 DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF CO-WORKER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES?  YES  NO

2. DATE OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE? (INCLUDE COURT-MARTIAL, CAPTAINS MASTS, COMPANY PUNISHMENT, ETC.)

YES  NO

CHARGE	AGENCY	DATE	AGE	DISPOSITION
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4. IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. EDUCATIONAL HISTORY

1. SCHOOL	CITY/STATE	FROM	TO	GRADUATE?
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2. COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_  
UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_

DEGREE AND DATE RECEIVED \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

UNITS COMPLETED \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_

DEGREE AND DATE RECEIVED \_\_\_\_\_

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 & 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. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OR FLUENCY (EXCELLENT, GOOD, FAIR)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
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_____	_____	_____	_____	_____
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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                      AGENCY                      CITY & STATE                      DATE                      DISPOSITION

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2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?  
 YES  NO IF YES, GIVE DETAILS.

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H. TRAFFIC RECORD

1. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?  
 YES  NO IF YES, GIVE DATE, LOCATION AND DETAILS.

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2. WITH WHAT COMPANY DO YOU CARRY INSURANCE? \_\_\_\_\_

3. LIST TO THE BEST OF YOUR MEMORY ALL TRAFFIC CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

<u>MO/YR</u>	<u>CHARGE</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROPRIATE DATES AND LOCATIONS.

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I. MARITAL AND FAMILY HISTORY

1. ARE YOU SINGLE, ENGAGED, MARRIED, SEPARATED, DIVORCED OR WIDOWED? \_\_\_\_\_

2. IF ENGAGED:

NAME OF FIANCE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

3. IF MARRIED:

DATE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

SPOUSE'S MAIDEN NAME: \_\_\_\_\_

4. IF SEPARATED, DIVORCED OR WIDOWED:

DATE OF MARRIAGE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

SPOUSE'S MAIDEN NAME: \_\_\_\_\_

PRESENT ADDRESS & PHONE: \_\_\_\_\_

ARE YOU:  SEPARATED  DIVORCED  ANNULLED?

DATE OF ORDER OR DECREE: \_\_\_\_\_

COURT & STATE WHERE ISSUED: \_\_\_\_\_

5. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED & FOSTER CHILDREN)

NAME	RELATION	DOB	ADDRESS	SUPPORTED/WHOM
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6. LIST ALL OTHER DEPENDENTS.

NAME	ADDRESS	PHONE	RELATION	AGE
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7. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (MAIDEN NAME) BROTHER, SISTER.

NAME	ADDRESS	PHONE	RELATION	AGE
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J. FINANCIAL HISTORY

1. WHAT IS YOUR PRESENT SALARY OR WAGES? \_\_\_\_\_

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?  YES  NO IF YES GIVE DETAILS (AMOUNT, FREQUENCY, SOURCE) \_\_\_\_\_

3. DO YOU OWN ANY REAL ESTATE?  YES  NO VALUE \$ \_\_\_\_\_  
IF YES, LOCATION \_\_\_\_\_

4. DO YOU OWN ANY BONDS (GOVERNMENT OR OTHER)?  YES  NO  
VALUE: \$ \_\_\_\_\_

5. DO YOU OWN ANY CORPORATE STOCK?  YES  NO VALUE: \$ \_\_\_\_\_

6. DO YOU HAVE A BANK ACCOUNT?  
SAVINGS:  YES  NO AVERAGE BALANCE: \$ \_\_\_\_\_  
NAME & ADDRESS OF BANK \_\_\_\_\_  
CHECKING:  YES  NO AVERAGE BALANCE: \$ \_\_\_\_\_  
NAME & ADDRESS OF BANK \_\_\_\_\_

FINANCIAL OBLIGATIONS:

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU ARE INDENTED, AND THE EXTENT OF YOUR DEBT, INCLUDE RENT, MORTGAGE, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS AND PAYMENTS. INCLUDE ACCOUNT NUMBER.

TYPE NAME/ADDRESS OF CREDITOR REASON ACCT# BALANCE PAYMENTS

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TOTAL \_\_\_\_\_

(IF YOU NEED MORE ROOM LIST ON BACK)

K. MEDICAL HISTORY

1. LIST THE FOLLOWING INFORMATION CONCERNING ALL DOCTORS CONSULTED WITHIN THE LAST THREE YEARS, AND ALL PERIODS OF HOSPITALIZATION WITHIN THE LAST FIVE YEARS.

CONSULTATION, ILLNESS      MO/YR      #DAYS      NAME/ADDRESS      PHYSICIAN

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2. DO YOU HAVE ANY PHYSICAL HANDICAPS, CHRONIC DISEASES OR DISABILITIES?  YES  NO IF YES, GIVE DETAILS:

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3. HAVE YOU EVER RECEIVED WORKER'S COMPENSATION OR ANY OTHER DISABILITY INSURANCE PAYMENTS?  YES  NO IF YES, GIVE DETAILS.

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4. ARE YOU CURRENTLY TAKING ANY MEDICATION PRESCRIBED BY A PHYSICIAN?  YES  NO IF YES, GIVE DETAILS:

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B. REFERENCES:

LIST AT LEAST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVE OR FORMER EMPLOYERS.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: (RESIDENCE) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: (RESIDENCE) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE:(RESIDENCE) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHO  
NE:(RESIDENCE) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE:(RESIDENCE) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

M. MEMBERSHIPS IN ORGANIZATIONS (PAST OR PRESENT)

NAME & ADDRESS	TYPE (SOC, PROF)	FROM	TO
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

N. 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 DRUGS NOT PRESCRIBED BY YOUR PHYSICIAN?  YES  NO IF YES, GIVE DETAILS. \_\_\_\_\_  
\_\_\_\_\_

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?  YES  NO IF YES, GIVE DETAILS. \_\_\_\_\_  
\_\_\_\_\_

4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR 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, GIVE DETAILS

\_\_\_\_\_  
\_\_\_\_\_

6. HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY?  YES  NO IF YES, GIVE AGENCY, DATES AND STATUS OF APPLICATION.

AGENCY	DATE	STATUS
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_____	_____	_____
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7. ARE THERE 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 YES, EXPLAIN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O. IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

ATTACH  
PHOTOCOPY  
OF DRIVERS  
LICENSE HERE