

PERSONAL HISTORY
STATEMENT
OF

Name _____

DL# _____ State of DL _____

RACE _____ SEX _____

DOB _____ SS# _____

Address _____

Phone _____

Date Application returned _____

USE TYPEWRITER OR PRINT DO NOT LEAVE ANY QUESTIONS UNANSWERED USE ADDITIONAL SHEETS OF PAPER IF NEEDED BE SURE ALL INFORMATION IS CORRECT

SUBMIT ALL CERTIFICATIONS, DIPLOMAS, DEGREES, TRANSCRIPTS AND MILITARY DISCHARGE ALONG WITH PERSONAL HISTORY STATEMENT

NOTE: APPLICANT MUST SIGN EVERY PLACE INDICATED BY RED (X)

NOTE: MOST PLACES INDICATED BY RED (X) MUST BE NOTARIZED WE REQUEST THAT THE APPLICANT SIGN ALL FORMS IN FRONT OF THE CITY SECRETARY.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

RIESEL POLICE DEPARTMENT P.O. Box 249 Riesel TX 76682

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

Information provided in this section is used for identification purposes only.

1. NICKNAME(S), MAIDEN NAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

2. PLACE OF BIRTH _____
City County State Country

3. ARE YOU A U.S. CITIZEN ? Yes _____ No _____

4. HEIGHT _____

5. WEIGHT _____

6. COLOR OF EYES _____

DO YOU USE CORRECTIVE VISION ? YES _____ NO _____

7. COLOR OF HAIR _____

8. SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS _____

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RESIDENCES - List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____
TELEPHONE _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
TELEPHONE _____ JOB TITLE _____
DUTIES _____

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SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

TELEPHONE _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

TELEPHONE _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

TELEPHONE _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

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REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

TELEPHONE _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

TELEPHONE _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

TELEPHONE _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

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MILITARY RECORD

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES _____ NO _____

DATE OF SERVICE: FROM _____ TO _____ HIGHEST RANK _____

BRANCH OF SERVICE _____ UNIT DESIGNATION _____

MILITARY SERVICE NUMBER _____ TYPE OF DISCHARGE _____

WERE YOU EVER DISCIPLINED WHILE IN THE SERVICE? YES _____ NO _____

CHARGE AGENCY DATE AGE AT TIME DISPOSITION

EDUCATIONAL HISTORY

1. HIGH SCHOOL ATTENDED _____

CITY, STATE _____ DATES ATTENDED _____

GRADUATED? YES _____ NO _____

HIGH SCHOOL ATTENDED _____

CITY, STATE _____ DATES ATTENDED _____

GRADUATED? YES _____ NO _____

COLLEGE OR UNIVERSITY _____ CITY,

STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ MAJOR _____ DEGREE _____

COLLEGE OR UNIVERSITY _____ CITY,

STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ MAJOR _____ DEGREE _____

COLLEGE OR UNIVERSITY _____ CITY,

STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ MAJOR _____ DEGREE _____

List any other schools you have attended (Trade, Vocational or Business).

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SCHOOL _____

CITY STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ COURSE OF STUDY _____

CERTIFICATE/DIPLOMA YES _____ NO _____

List any other schools you have attended (Trade, Vocational or Business).

SCHOOL _____

CITY STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ COURSE OF STUDY _____

CERTIFICATE/DIPLOMA YES _____ NO _____

List any other schools you have attended (Trade, Vocational or Business).

SCHOOL _____

CITY STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ COURSE OF STUDY _____

CERTIFICATE/DIPLOMA YES _____ NO _____

SPECIAL QUALIFICATIONS AND SKILLS

1. List any special license you hold (such as pilot, scuba, swat, SFST, ect.) showing licensing authority, original date of issue and date of expiration.

2. List any specialized equipment which you can operate.

3. List your ability in any foreign languages (excellent, good, fair).

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4. List any other special skills or qualifications you may possess.

ARRESTS, DETENTIONS, LITIGATION - CRIMINAL OR CIVIL

1. Have you ever been arrested or detained by police? YES ____ NO ____
2. Have you ever been summoned into court? YES ____ NO ____

If YES, complete the following:

Date Offense Charged Agency/Court City.State Disposition

3. Have you ever been involved as a party in civil litigation?
YES ____ NO ____ If YES, give details: _____

TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked?

YES _____ NO _____ If YES; give date, location, driver's license number and reason: _____

2. Automobile liability insurance company and policy number?

3. List to the best of your memory all traffic citations you have received, excluding parking citations.

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 dates and locations.

MARITAL AND FAMILY HISTORY

1. Present status:

Single _____ Engaged _____ Married _____

Separated _____ Divorced _____ Widowed _____

2. If engaged:

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Name of fiancée _____

Address _____

Telephone _____

3. If married:

Spouse (include maiden name) _____

Date of marriage _____

Location of marriage _____

4. If ever separated, divorced or widowed:

Date of marriage:

City, State: _____

Spouse's name: _____

Present address: _____

City, State: _____

Telephone: _____

SPOUSE'S CURRENT Status: _____

Date-Order/Decree: _____

Court & State- Issued: _____

5. List all children related to you or your spouse (natural, step, adopted and foster).

NAME

RELATION

6. List all other dependents.

Relationship

7. If separated or divorced, do you pay child support?

YES _____ NO _____ If YES, complete the following.

Name of Child Address Amount

8. List other relatives in the following order: Father, Mother(include maiden name), Brother's and Sister's. If deceased, so indicate.

NAME ADDRESS TELEPHONE RELATION AGE

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FINANCIAL OBLIGATIONS - Give names and addresses of the individuals, companies or others to whom you are indebted, including the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any others. Include account numbers where applicable.

Name and address of creditor	Reason for debt or item purchased	Account number	Total balance	Monthly payments
--	--	--	--	--
--	--	--	--	--
--	--	--	--	--
--	--	--	--	--
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TOTAL _____

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MEDICAL HISTORY

1. List the following information concerning all doctors consulted within the last three (3) years and all periods of hospitalization within the last five (5) years.

Reason for consultation --Month & -- # of-- Name & address of physician
Illness or Operation Year Days and/or Hospital

2. Do you have any physical handicaps, chronic diseases or disabilities?
YES_____NO_____ If YES, explain. _____

3. Have you ever received workmen's compensation or any other disability insurance payments?
YES_____NO_____ If YES, explain.

4. Are you currently taking any medication prescribed by a physician?
YES_____NO_____ If YES, explain.

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REFERENCES - List six (6) persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name _____ Address _____
Residence Phone _____ Business Phone _____
Business Address _____
Years Known _____

2. Name _____ Address _____
Residence Phone _____ Business Phone _____
Business Address _____
Years Known _____

3. Name _____ Address _____
Residence Phone _____ Business Phone _____
Business Address _____
Years Known _____

4. Name _____ Address _____
Residence Phone _____ Business Phone _____
Business Address _____
Years Known _____

5. Name _____ Address _____
Residence Phone _____ Business Phone _____
Business Address _____
Years Known _____

6. Name _____ Address _____
Residence Phone _____ Business Phone _____
Business Address _____
Years Known _____

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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with the City of Riesel Police Department is of an "at will" nature, which means that the Employee may resign at any time and the **Employer may discharge the Employee** at anytime with or without cause. It is further understood that this "at will employment" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that I will be on a probationary status for six (6) months. I further understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

X

Signature of Applicant

Date of Application

Subscribed and sworn to before me, this the _____ day of _____ 20__.

Notary Public in and for The State of Texas

My Commission Expires: _____

Authority for Release of Information and Waiver
City of Riesel
County of McLennan

KNOW ALL MEN BE THESE PRESENTS:

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Riesel Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; medical and psychiatric treatment and/or consultation, including hospitals clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person In any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Riesel Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Further, by affixing my signature, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material obtained as a result of the execution of this document.

X _____
Signature «F Name» «M Name» «Last Name»

Date of Birth

Address

Social Security Number

City State Zip

Telephone Number (include area code & ext)

Subscribed and sworn to before me, this the _____ day of _____, 20_____

Notary Public in and for The State of Texas

My Commission Expires: _____

RIESEL POLICE DEPARTMENT P.O. Box 249 Riesel TX 76682

Please give a Handwritten Narrative of the reason you are applying for a position as Police Officer for the City of Riesel.
Please describe your Qualifications for this Position.

RIESEL POLICE DEPARTMENT P.O. Box 249 Riesel TX 76682

Please return this application to

The City of Riesel Police Dept.
POB 249
Riesel TX 76682

For questions contact

dkrumnow@hotmail.com

Do not return applications that are not signed and Notarized as required. These forms will be Notarized free of charge at Riesel City Hall located at 104 N. HWY 6 Riesel TX free of charge. 254-896-6501