



**ROSENBERG FIRE DEPARTMENT**  
**Fire Inspector/Firefighter/EMT**  
**Employment Application**

**NAME:** \_\_\_\_\_

## **INSTRUCTIONS**

### **READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

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 and Personal History Statement must be returned by the closing date that is posted/advertised.
2. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
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 accurate and in proper sequence before you begin.
5. 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.**
6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
7. Be sure that the "Authority To Release Personal Information" and the last page of the Personal History Statement are signed and notarized before the Application is returned. Failure to do so will result in disqualification.
8. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**
9. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
10. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**

## PROSPECTIVE APPLICANTS:

The following is a listing of the minimum requirements that must be met for a police position with this department:

1. Applicant must be authorized to work in the United States on an unrestricted basis.
2. Applicant must be at least 20 years of age.
3. Applicant must have a high school diploma or equivalent
4. Applicant must have a valid Texas Driver's License.
5. Applicant must have no felony convictions.
6. Applicant must have no D.W.I. or D.U.I.D. convictions within the last ten years.
7. Applicant must have no convictions of a crime of domestic violence.
8. Applicants must be of outstanding moral character as confirmed through a background investigation.
9. Applicant must have a good employment and credit histories as confirmed through a background investigation.
10. If having served in the Armed Force, the applicant must have an honorable discharge.
11. Applicant must pass a basic reading and writing skills examination.
12. Applicant must pass an Oral Review Board.
13. Applicant will be required to pass a polygraph test.
14. Applicant must pass a psychological examination after an offer of employment has been made.
15. Applicant must pass a physical examination and drug screen after an offer of employment has been made.

**All documents requested must be submitted with the application (photocopies are acceptable in most cases).**

1. Copy of your valid Texas driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
2. Copy of your Social Security card.
3. Copy of your High School diploma or GED certificate.
4. Copy of your DD-214 if applicable. Must possess an honorable discharge.
5. Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
6. Copy of Marriage Certificate (if applicable)
7. Dissolution of marriage papers (if applicable)
8. Copy of your birth certificate. (No photo copy)
9. Sealed original certified copy of your college transcript. (No photo copy)
10. Copy of your college diploma.
11. Copy of your Texas Commission on Law Enforcement License (if applicable) and all training certificates, licenses, schools, etc. awarded to you.
12. Copy of your Naturalization papers, if applicable.
13. Copy of current proof of automobile liability insurance.
14. If applicable, certified copy of official court documents showing the disposition(s) and release from probation for any and all criminal charges.
15. Copy of a current Credit Report (Supplemental requirement).

**THE CITY OF ROSENBERG IS NOT RESPONSIBLE FOR NOTARIZING AND/OR COPYING REQUIRED DOCUMENTATION.**

**BE SURE THIS IS HANDLED BEFORE YOUR APPLICATION IS SUBMITTED.**

**Applicant Qualification Section**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet **all** five (5) of these requirements to qualify for licensure as a peace officer or jailer in Texas.

**Initial:**

\_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

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

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

The City of Rosenberg considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job-related medical condition or disability, or any other legally protected status.

**CITY OF  
ROSENBERG**  
AN EQUAL OPPORTUNITY EMPLOYER

PERSONNEL DEPARTMENT  
2110 FOURTH ST.  
ROSENBERG, TX 77471

**APPLICATION FOR EMPLOYMENT**

Position applied for

Application Date

Date Available

Minimum acceptable salary

Regular Full Time  Regular Part Time  Temporary Part Time  Temporary Full Time

NOTE: Copies of diploma(s) or college transcript(s) must be included with this application if applicable for position applying for.

PERSONNEL DATA	Name (Last, first, middle) ( <i>Proof of identity will be required upon employment</i> )		Social Security Number	
	Are you authorized to work in the U.S. on an unrestricted basis? ( <i>Proof of citizenship or immigration status will be required upon employment</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Address (Street & number or P.O. Box, City, State, Zip code)		Phone (Area code and number)	
			Alternate Phone (Area code and number)	
	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives working for the City of Rosenberg? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list names, relationships, and department employed.			
	Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe location, date and offense. (Conviction will not necessarily disqualify an applicant from employment.)			
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five years:				
Have you ever been employed by the City of Rosenberg? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes" When? Department:		

EDUCATION	Type of School	Name and Location of School	Number of Sem. Hrs. Completed	Graduated Yes	Graduated No	Type of Degree or Diploma	G.P.A.	Major
		HIGH SCHOOL			<input type="checkbox"/>	<input type="checkbox"/>		
	COLLEGE OR UNIVERSITY			<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
	TECHNICAL OR VOCATIONAL			<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			

Licenses or certificates (Driver's License...)

JOB SKILLS	YEARS OF WORK EXPERIENCE	Supervisory	Clerical	Accounting	Data Processing	Construction	Other (list)
	Indicate below which machine and other job skills you have:						
	<input type="checkbox"/> computer		<input type="checkbox"/> word processing		<input type="checkbox"/> shorthand, speed _____ wpm		
	<input type="checkbox"/> key station terminal (CRT)		<input type="checkbox"/> adding machine		<input type="checkbox"/> dictaphone, speed _____ wpm		
	<input type="checkbox"/> typewriter, speed _____ wpm		<input type="checkbox"/> calculator		<input type="checkbox"/> Other _____		
<input type="checkbox"/> Construction Tools		<input type="checkbox"/> Maintainers/Bulldozers		<input type="checkbox"/> Backhoes/Front loaders			
<input type="checkbox"/> Tractors/Mowers		<input type="checkbox"/> Dump trucks		<input type="checkbox"/> Other _____			
List Foreign Languages		<input type="checkbox"/> fair <input type="checkbox"/> <b>Speak</b> good <input type="checkbox"/> excellent		<input type="checkbox"/> fair <input type="checkbox"/> <b>Read</b> good <input type="checkbox"/> excellent		<input type="checkbox"/> fair <input type="checkbox"/> <b>Write</b> good <input type="checkbox"/> excellent	

State any additional information you feel might be helpful to us in considering your application.

How were you referred to the City of Rosenberg?

If referred by an employee of the City, give name and department.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on "layoff status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Complete the following, do not say "see resume."** Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

<b>MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES?</b>						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
E M P L O Y M E N T  R E C O R D	<b>1</b>	Name of employer (Firm, organization, etc.)					Area Code & Phone Number			
	Address (Street & No., City, State, Zip code)									
	Dates of Employment (month, year)		Title of Position		Salary or Earnings					
	From	To			Starting \$	Per	Ending \$	Per		
	Type of business organization		Number of Employees You Supervised		Name of Immediate Supervisor					
	Description of duties, responsibilities, accomplishments:									
	Office machines used/ Equipment used:					Reason for leaving:				
	<b>2</b>	Name of employer (Firm, organization, etc.)					Area Code & Phone Number			
	Address (Street & No., City, State, Zip Code)									
	Dates of Employment (month, year)		Title of Position		Salary or Earnings					
From	To			Starting \$	Per	Ending \$	Per			
Type of business organization		Number of Employees You Supervised		Name of Immediate Supervisor						
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					
<b>3</b>	Name of employer (Firm, organization, etc.)					Area Code & Phone Number				
Address (Street & No., City, State, Zip Code)										
Dates of Employment (month, year)		Title of Position		Salary or Earnings						
From	To			Starting \$	Per	Ending \$	Per			
Type of business organization		Number of Employees You Supervised		Name of Immediate Supervisor						
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					
<b>4</b>	Name of employer (Firm, organization, etc.)					Area Code & Phone Number				
Address (Street & No., City, State, Zip Code)										
Dates of Employment (month, year)		Title of Position		Salary or Earnings						
From	To			Starting \$	Per	Ending \$	Per			
Type of business organization		Number of Employees You Supervised		Name of Immediate Supervisor						
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					
<b>5</b>	Name of employer (Firm, organization, etc.)					Area Code & Phone Number				
Address (Street & No., City, State, Zip Code)										
Dates of Employment (month, year)		Title of Position		Salary or Earnings						
From	To			Starting \$	Per	Ending \$	Per			
Type of business organization		Number of Employees You Supervised		Name of Immediate Supervisor						
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					



## APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

1. I certify that answers give herein are true and complete to the best of my knowledge.
2. I agree that any written or oral misrepresentations or omissions made in making this application will be grounds for immediate dismissal.
3. I understand that I may be required to provide the City of Rosenberg with a "criminal clearance letter" if I apply for a job working on private property or handling money.
4. I understand that the City of Rosenberg is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment
5. I understand that I will be required to authorize release of financial information, including credit history information if I apply for a job in law enforcement or a job handling money.
6. I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions, and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.
7. This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I understand, also, that I am required to abide by all rules and regulations of the employer as a condition of employment.
8. I understand that upon an offer of employment I will be required to pass a physical exam and drug screening as a condition of employment.

APPLICATION MUST BE SIGNED	Applicant Signature	Date
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<i>For personnel department only</i>			
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, give explanation)	
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment
Job Title	Hourly Rate/Salary		
Department			
Additional Notes			
By	Name & Title		Date

DISABLED PERSONS IN NEED OF SPECIAL ASSISTANCE IN ANY STAGE OF THE APPLICATION PROCESS SHOULD CONTACT THE PERSONNEL DIRECTOR AT (832) 595 - 3320.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

**CONFIDENTIAL**  
**Employment Application Supplement Form**

To the applicant: Completion of this portion of the application is optional and is considered voluntary. It is not required that you complete the confidential portion of this application, however, the remainder of this application must be completed in its entirety to be considered for employment. The commitment of the City of Rosenberg to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following is requested for the Personnel Department use only in order to assist us in complying with EEO reporting guidelines. Since this information will not be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

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**Please complete the following:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position for which you are an applicant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check the proper response: \_\_\_\_\_

**\*Race:**

American Indian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_

Hispanic Heritage \_\_\_\_\_ Asian American \_\_\_\_\_ Other \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**Military Service Status:**

Veteran \_\_\_\_\_ Non Veteran \_\_\_\_\_

Active Duty \_\_\_\_\_ Reserve/Guard \_\_\_\_\_

When was your discharge date? \_\_\_\_\_

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**\*Note:** For purposes of racial statistical calculation, the following categories are used:

- White – Includes persons of Indo-European descent, including Pakistani and East Indian persons
- Black – Includes persons of African descent as well as those identified as Jamaican, Trinidadian and West Indian.
- Hispanic – Includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.
- American Indian – Includes persons who identify themselves or are known as such by virtue of tribal association.
- Asian American – Includes persons of Japanese, Chinese, Korean, or Filipino descent.
- Other – Includes Eskimos, Malaysians, Thais, and others not covered above.

**REQUEST FOR ENTRY LEVEL EXAMINATION**

PROSPECTIVE APPLICANTS FOR FIRE POSITIONS IN THE ROSENBERG FIRE DEPARTMENT ARE REQUIRED TO TAKE AND PASS AN ENTRY LEVEL EXAMINATION OF READING AND WRITING SKILLS BEFORE BEING FURTHER CONSIDERED FOR EMPLOYMENT. NOTE THAT THIS EXAMINATION IS NOT THE SAME AS THE T.C.O.L.E. LICENSE EXAMINATION.

PLEASE COMPLETE THE INFORMATION BELOW. IF YOU HAVE TAKEN AND PASSED THE ENTRY LEVEL EXAMINATION AT ANOTHER AGENCY AND IF YOUR SCORES ARE AVAILABLE FROM THAT AGENCY, YOU WILL NOT NEED TO RETAKE THE EXAMINATION. IF YOU NEED TO TAKE THE EXAMINATION FROM US, YOU WILL BE NOTIFIED OF THE NEXT EXAMINATION DATE AND TIME.

ARE YOU LICENSED BY T.C.O.L.E?  YES  NO

HAVE YOU TAKEN THE NATIONAL POLICE SELECTION TEST (POST) OF READING AND WRITING SKILLS AT ANOTHER DEPARTMENT?  YES  NO

IF YES, STATE WHICH DEPARTMENT AND WHEN

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**CITY OF ROSENBERG  
FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
SUPPLEMENT I**

I understand that before being considered for employment, information contained in this application, along with any personal or private information relating to my background, including work record, educational history, military record, workman's compensation claims, medical records (physical and mental), polygraph, financial status, criminal record and general reputation, may be checked and be considered by the Rosenberg Police Department.

I also understand that any information obtained from a background investigation concerning me for employment purposes, will be confidential: and, that whether I am or am not accepted for employment, the Rosenberg Police Department, or any of its employees, will bear no obligation to reveal to me, or anyone, any information or explanation relating to the acceptance or rejection of this application including the background investigation report, physical exam and/or psychological report. I also understand that all information obtained from a background investigation, physical exam and/or psychological report concerning me remain the property of the City of Rosenberg.

I fully understand the conditions stated above, and authorize the release of any information that relates to me to be released to the Rosenberg Police Department for the purposes of the employment application and background investigation process.

---

SIGNATURE

---

DATE

I DO NOT AUTHORIZE THE RELEASE OF THE ABOVE STATED INFORMATION.

---

SIGNATURE

---

DATE

**CITY OF ROSENBERG  
FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
SUPPLEMENT II**

I understand that before being considered for employment, and/or for future employment, with the Rosenberg Police Department, a consumer report (commonly known as a credit check) is required as a part of a background investigation. I understand that I will furnish the requested documentation and is hereby part of the employment application.

I also understand that should I be denied employment based, in whole or in part, on any information obtained from a consumer report, the information from the consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation. The City before taking any adverse action based shall provide a description in writing of the rights of the consumer, as prescribed by the Bureau.

I fully understand the conditions stated above, and authorize the release of this information as it relates to me, to be released to the Rosenberg Police Department for the purposes of the employment application and background investigation process.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**CITY OF ROSENBERG  
FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
SUPPLEMENT III**

You are required to complete this Qualification Inquiry and provide it to the City of Rosenberg with your completed application. In completing this form, you are advised that:

- (1) The purpose is to obtain information which will assist in determining whether you are eligible for hire by this department.
- (2) You have a duty to complete this form. Any willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.
- (3) Neither your answers nor any information or evidence gained by reason of your answers can be used against you in a criminal prosecution for a violation of Title 18, U. S. Code Section 922 (g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary hearings should you be accepted for employment.

A. Have you ever been arrested or convicted of a misdemeanor crime of domestic violence within the meaning of the statute (18 U.S.C. Sec.922(g))? The term "misdemeanor crime of violence" means an offense that:

(a) is a misdemeanor under federal or state law; and (b) has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Initial and date:            YES \_\_\_\_\_ NO \_\_\_\_\_

B. If you answered Yes to the first question, provide the following information with respect to the arrest or conviction:

Court/Jurisdiction: \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Status/Charge: \_\_\_\_\_

Date Sentenced: \_\_\_\_\_

I hereby certify that, to the best of my information and belief, all the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal, and is also criminally punishable.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

## APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First Name	Middle	Maiden
Mailing Address (if different from residence)			State & Zip Code
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Drivers License No. & State	
Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.			
Place of Birth (City, County, State, Country)			Are you a U.S. Citizen by Birth?
			Are you a Naturalized Citizen?
Height	Weight	Eye Color	Hair Color
Scars, Tattoos (description and location) or other distinguishing marks			
Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)			
List ALL E-Mail Addresses(S)			

## MARITAL & FAMILY HISTORY

### **CURRENT RELATIONSHIP**

Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Co-habiting <input type="checkbox"/>	Spouse's/Co-habitant's name (include maiden name)		
Spouse/Co-habitant's Address	Spouse/Co-habitant's Date of Birth	Date of Marriage	
Spouse/Co-habitant's Employer(s)	Spouse/Co-habitant's Employer & Address	Spouse/Co-habitant's Home Telephone No	
Roommate(s)(do not include parents or cohabitants)		Date(s) of birth	

### **PREVIOUS RELATIONSHIPS**

Have you ever been: Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Date of Marriage	Court or State issued
	Date of Separation, Divorce, Widowed	Court or State issued
Ex-spouse's Name	Date of Birth	Telephone Number
Have you ever been: Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Date of Marriage	Court or State issued
	Date of Separation, Divorce, Widowed	Court or State issued
Ex-spouse's Name	Date of Birth	Telephone Number

### **RELATIVES (INCLUDE MAIDEN NAME)**

Father	Name	Complete Address	Phone Number	DOB
Mother				
Step-Father				
Step-Mother				
Sibling				
Sibling				

**CHILDREN**

Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	

**RESIDENTIAL HISTORY**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.**

From	To	Address	City	State & Zip code

**TRAFFIC RECORD**

**DRIVERS LICENSE INFORMATION**

Have you ever possessed a driver's license issued by any state other than Texas? Yes  No

If **yes**, give details below

Drivers License Number	State	Date issued
Drivers License Number	State	Date issued
Have you <b>ever</b> had your driver's license suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give reason, date, and length of suspension:		
Date of Suspension	Length of Suspension	Reason for Suspension

**INSURANCE INFORMATION**

Auto Insurance Carrier	Expires
Policy Number	

**ACCIDENT INFORMATION**

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

**VEHICLE INFORMATION**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

**CITATION INFORMATION**Identify all traffic citations you have received within the last 10 years, **excluding** parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed etc.)

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name	Address	Type (e.g., social, fraternal, professional)	From	To

### T.C.O.L.E. AFFILIATIONS

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

\*(Do **not** include regular peace officers whom you may know unless they are **employed** by TCOLE)

Name	Nature of Relationship	Years Known	Home Telephone
Address			Alternate Telephone

### ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement? Yes  No

If **yes**, complete the following table:

Agency	Offense	Date	Location	Outcome

#### **Family Violence**

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does **not** include defensive measures to protect oneself.) (Texas Family Code Section 71.004)

If yes, explain:

#### **Assault**

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01)

If yes, explain:

#### **Criminal Offenses**

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense?

If yes, explain:

#### **Civil Litigation**

Have you **ever** been a party to a civil suit or action?

If yes, explain:

#### **Other Police Involvement**

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called?

If yes, explain:

#### **Undetected Crimes**

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement?

If yes, explain:

#### **Anticipation of Litigation**

Do you anticipate being sued or named in any type of lawsuit or proceeding?

If yes, explain:

### FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives have ever been arrested? Yes  No

If **yes**, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency


### FINANCIAL HISTORY

#### INCOME

Your current net monthly income	Source	Spouse's current net monthly income	Source
Name of personal financial institution		Type of account(s)	Year opened account(s)

#### CREDITORS

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citifinancial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check **any and all** that apply

<input type="checkbox"/> I have filed bankruptcy personally or on behalf of a business.
<input type="checkbox"/> I have had credit accounts suspended, charged off, or cancelled for failure to pay.
<input type="checkbox"/> I have had personal or real property repossessed or foreclosed.
<input type="checkbox"/> I have written a check that was later returned for Non Sufficient Funds (NSF).
<input type="checkbox"/> I have failed to pay Federal, state, or other taxes.
<input type="checkbox"/> I have been delinquent on court-imposed alimony or child support payments.
<input type="checkbox"/> I have failed to file a tax return, when required by law.
<input type="checkbox"/> I have been disciplined regarding the use of a travel/credit card provided by an employer.
<input type="checkbox"/> I have had a lien placed against my property for failing to pay taxes or other debts.
<input type="checkbox"/> I am currently more than sixty (60) days delinquent on any debts.
<input type="checkbox"/> I have had a judgment entered against me.
<input type="checkbox"/> I have defaulted on any type of loan.



Agency Name	Address	Date Applied or Hired	Result
Agency Name	Address	Date Applied or Hired	Result
Agency Name	Address	Date Applied or Hired	Result
Agency Name	Address	Date Applied or Hired	Result
Agency Name	Address	Date Applied or Hired	Result

### DRUG HISTORY

(It is imperative these declarations be answered with complete honesty and will be relayed to the Polygraph Examiner for consistency.)

Check any and all that may apply

<input type="checkbox"/> I consume alcoholic beverages.	How often?		
<input type="checkbox"/> I have used Marijuana or Hashish.	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have used Cocaine.	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have used LSD.	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have used Heroin.	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have used Methamphetamine.	Last used? Explain	Number of Times?	
<input type="checkbox"/> I have used Ecstasy / MDMA.	Last used? Explain	Number of Times?	
<input type="checkbox"/> I have used illegal synthetic drugs (bath salt, Kush).	Last used? Explain	Number of Times?	
<input type="checkbox"/> I have used Psilocybin (Magic Mushrooms).	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have used prescription drug(s) not prescribed to me.	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have used performance-enhancing steroids not prescribed by a physician.	Last used? Explain	Number of Times?	of
<input type="checkbox"/> I have sold or furnished controlled substances or prescription drugs to another person.	Explain details	Number of Times?	of

### ADDITIONAL DECLARATIONS

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment for the Communications Specialist or Civilian Jailer position for which I applied for?

If yes, explain:

--

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

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

SEAL

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

My Commission Expires: \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, respectfully request and authorize you to furnish the Rosenberg Police Department any and all information that you may have concerning me. This includes, but is not limited to, my educational history, character, medical records (physical and mental), employment and pre-employment records including background reports, polygraph report, efficiency ratings, complaints or grievances filed against me, and the records of attorneys at law whether representing me or another person in all criminal or civil cases in which I presently have, or have had an interest. This includes all information of a confidential or privileged nature and photostats of the same, if requested. This information is to be used to assist the Rosenberg Police Department in determining my qualifications and fitness for the position I am seeking.

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

I further agree to waive any right whatsoever to the background investigation report, psychological and/or physical reports developed through this waiver.

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.

DATE OF BIRTH: \_\_\_\_\_

TEXAS DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SWORN AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
COMMISSION EXPIRATION