



HOUSTON POLICE DEPARTMENT PERSONAL HISTORY STATEMENT



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ANY FALSE, INACCURATE, INCOMPLETE, OR MISLEADING INFORMATION PROVIDED BY YOU IN THIS PERSONAL HISTORY STATEMENT MAY BE GROUNDS FOR DENYING YOUR APPLICATION FOR THE POSITION OF POLICE OFFICER TRAINEE.

- Read each question carefully and take the time to completely answer it as accurately as possible. All information included in this packet will be verified.
- Type the form on your computer (hand-written statements will not be accepted).
- You must provide answers to each and every question. “Unknown” is normally not an acceptable answer. However, if you are unable to acquire the information asked for, be prepared to give a statement explaining why you cannot obtain it.
- If the information requested does not apply, indicate so by using “N/A”. However, please note the selective omission of information is unacceptable and may result in your termination from the application process.
- Print the document, single-sided, and bring it with you to your initial interview. If you do not bring a completed personal history statement to your initial interview you will be rescheduled for another day.

NOTE: In order to properly fill out, save and print the pdf form of this Personal History Statement, you MUST use Adobe Reader or Acrobat 8.0 or greater. You can download the latest [Adobe Reader here](#).

FOR OFFICE USE ONLY *chain of custody and file assignment*

Date Reviewed: _____ Reviewed By: _____

Date Reviewed: _____ Reviewed By: _____

Date Reviewed: _____ Reviewed By: _____

Disposition: _____

Assigned to: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES & MAIDEN NAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME	WORK	EXT.	OTHER <input type="checkbox"/> CELL
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. BIRTHPLACE CITY/COUNTY/STATE/COUNTRY		8. BIRTHDATE	9. SOCIAL SECURITY NUMBER
10. IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	TYPE
		HEIGHT	WEIGHT HAIR COLOR EYE COLOR
13. ARE YOU FLUENT IN A SECOND LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE INDICATE WHICH LANGUAGES.			

SECTION 2 : RELATIVES

IMMEDIATE FAMILY			
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mother and father must be listed. Mark "N/A" if a category is not applicable or "D" if the individual is deceased. If deceased please provide name and DOB only. 			
<input type="checkbox"/> UNK <input type="checkbox"/> D	A. Father	NAME – Last, First, Middle, and any other names they have used	
		Race	
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT	CITY	STATE ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP
	WORK PHONE	CELL PHONE	HOME PHONE EMAIL

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES <i>continued</i>						
IMMEDIATE FAMILY <i>continued</i>						
<input type="checkbox"/> UNK <input type="checkbox"/> D	B. Mother	NAME – Last, First, Maiden and any other names they have used				
		Race				
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
<input type="checkbox"/> N/A <input type="checkbox"/> D	C. Stepfather	NAME – Last, First, Middle, and any other names they have used				
		Race				
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
<input type="checkbox"/> N/A <input type="checkbox"/> D	D. Stepmother	NAME – Last, First, Middle, Maiden and any other names they have used				
		Race				
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
<input type="checkbox"/> N/A <input type="checkbox"/> D	E. Mother-in-law	NAME – Last, First, Middle, Maiden and any other names they have used				
		Race				
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE		CELL PHONE		EMAIL	
<input type="checkbox"/> N/A <input type="checkbox"/> D	F. Father-in-law	NAME – Last, First, Middle, Maiden and any other names they have used				
		Race				
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE		CELL PHONE		EMAIL	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY *continued*

Current Status? Married Divorced Single

How many times have you been married? _____

<input type="checkbox"/> N/A <input type="checkbox"/> D	G. Spouse/ Common Law	NAME – Last, First, Middle and any other names they have used	Race	Sex
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DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP
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LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP		
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL	

<input type="checkbox"/> N/A <input type="checkbox"/> D	H. Former Spouse / Former Common Law	If deceased D please provide name and DOB only
---	---	--

1. NAME- Last, First, Middle, and any other names they have used

		Race	Sex			
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP		

LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP		
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL	

YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------	---

2. NAME- Last, First, Middle, and any other names they have used

		Race	Sex			
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP		

LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP		
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL	

YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------	---

3. NAME- Last, First, Middle, and any other names they have used

		Race	Sex			
DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP		

LAST FOUR DIGITS OF S.S.N.	PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP		
	WORK PHONE	CELL PHONE	HOME PHONE	EMAIL	

YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY *continued*

List Significant others in your life: i.e. girlfriend, boyfriend, fiancé

1. NAME – <i>Last, First, Middle, Maiden and any other names they have used</i>	RELATIONSHIP	DATE OF BIRTH
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HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP	RACE / SEX
--------------------------------	------	-------	-----	------------

HOME PHONE	LAST FOUR DIGITS OF S.S.N.
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CELL PHONE	EMAIL
------------	-------

2. NAME – <i>Last, First, Middle, Maiden and any other names they have used</i>	RELATIONSHIP	DATE OF BIRTH
---	--------------	---------------

HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP	RACE / SEX
--------------------------------	------	-------	-----	------------

HOME PHONE	LAST FOUR DIGITS OF S.S.N.
------------	----------------------------

CELL PHONE	EMAIL
------------	-------

3. NAME – <i>Last, First, Middle, Maiden and any other names they have used</i>	RELATIONSHIP	DATE OF BIRTH
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HOME ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP	RACE / SEX
--------------------------------	------	-------	-----	------------

HOME PHONE	LAST FOUR DIGITS OF S.S.N.
------------	----------------------------

CELL PHONE	EMAIL
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If you have any children and have never been married, complete the following information:

1. FULL NAME OF CHILD’S MOTHER/FATHER <i>include maiden and other names used</i>	DATE OF BIRTH
--	---------------

LAST KNOWN ADDRESS	CITY	STATE	ZIP	RACE / SEX
--------------------	------	-------	-----	------------

CONTACT PHONE	LAST FOUR DIGITS OF S.S.N.
---------------	----------------------------

2. FULL NAME OF CHILD’S MOTHER/FATHER <i>include maiden and other names used</i>	DATE OF BIRTH
--	---------------

LAST KNOWN ADDRESS	CITY	STATE	ZIP	RACE / SEX
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CONTACT PHONE	LAST FOUR DIGITS OF S.S.N.
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Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY *continued*

N/A **Children**

List all of your children, including natural, adopted, step, and/or foster. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. CHECK AS MANY THAT APPLY. If deceased please provide name and DOB only.

1. NAME – Last, First, Middle	<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> ADOPTED <input type="checkbox"/> OTHER	LAST FOUR DIGITS OF S.S.N.
--------------------------------------	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP
--	---------------	---------------------------	------	-------	-----

RACE	CONTACT NUMBER	EMAIL
------	----------------	-------

2. NAME – Last, First, Middle	<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> ADOPTED <input type="checkbox"/> OTHER	LAST FOUR DIGITS OF S.S.N.
--------------------------------------	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP
--	---------------	---------------------------	------	-------	-----

RACE	CONTACT NUMBER	EMAIL
------	----------------	-------

3. NAME – Last, First, Middle	<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> ADOPTED <input type="checkbox"/> OTHER	LAST FOUR DIGITS OF S.S.N.
--------------------------------------	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP
--	---------------	---------------------------	------	-------	-----

RACE	CONTACT NUMBER	EMAIL
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4. NAME – Last, First, Middle	<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> ADOPTED <input type="checkbox"/> OTHER	LAST FOUR DIGITS OF S.S.N.
--------------------------------------	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP
--	---------------	---------------------------	------	-------	-----

RACE	CONTACT NUMBER	EMAIL
------	----------------	-------

5. NAME – Last, First, Middle	<input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> ADOPTED <input type="checkbox"/> OTHER	LAST FOUR DIGITS OF S.S.N.
--------------------------------------	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS NUMBER/STREET/APT	CITY	STATE	ZIP
--	---------------	---------------------------	------	-------	-----

RACE	CONTACT NUMBER	EMAIL
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Are you paying child support? YES NO a. If yes, which children? Names _____

b. Who has custody of the children? _____

c. Ever delinquent on payment? _____

d. How many times? _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY Brothers and Sisters

N/A **Brothers and Sisters – list all siblings, including half-siblings, step-siblings, foster siblings, etc.
If deceased D please provide name and DOB only**

1. NAME – Last, First, Middle, Maiden and any other names they have used	RELATIONSHIP
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<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL		

2. NAME – Last, First, Middle, Maiden and any other names they have used	RELATIONSHIP
---	---------------------

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL		

3. NAME – Last, First, Middle, Maiden and any other names they have used	RELATIONSHIP
---	---------------------

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL		

4. NAME – Last, First, Middle, Maiden and any other names they have used	RELATIONSHIP
---	---------------------

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL		

5. NAME – Last, First, Middle, Maiden and any other names they have used	RELATIONSHIP
---	---------------------

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER	EMAIL		

N/A **OTHER RELATIVES**

List all relatives employed by the Houston Police Department.

1. FULL NAME	RELATIONSHIP	DIVISION / CONTACT NUMBER
2. FULL NAME	RELATIONSHIP	DIVISION / CONTACT NUMBER
3. FULL NAME	RELATIONSHIP	DIVISION / CONTACT NUMBER
4. FULL NAME	RELATIONSHIP	DIVISION / CONTACT NUMBER

SECTION 2 : RELATIVES *continued*

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

ADDITIONAL INFORMATION

List any information you did not have room for below. Include the section number for the information.

SECTION 3: REFERENCES

REFERENCES

List 3-6 people who know you well and have known for at least 5 years, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, housemates, or other people listed elsewhere. Prefer local references

1. NAME – Last, First, Middle	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
DATE OF BIRTH		How long have you known this person?			
How do you know this person? ex: friend, teacher, family friend, co-worker					

2. NAME – Last, First, Middle	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
DATE OF BIRTH		How long have you known this person?			
How do you know this person? ex: friend, teacher, family friend, co-worker					

3. NAME – Last, First, Middle	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
DATE OF BIRTH		How long have you known this person?			
How do you know this person? ex: friend, teacher, family friend, co-worker					

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 3: REFERENCES *continued*

4. NAME – Last, First, Middle	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
DATE OF BIRTH		How long have you known this person?			
How do you know this person? ex: friend, teacher, family friend, co-worker					

5. NAME – Last, First, Middle	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
DATE OF BIRTH		How long have you known this person?			
How do you know this person? ex: friend, teacher, family friend, co-worker					

6. NAME – Last, First, Middle	HOME ADDRESS NUMBER/STREET/APT		CITY	STATE	ZIP
PRESENT EMPLOYER	JOB TITLE	WORK ADDRESS NUMBER/STREET/UNIT CITY STATE ZIP			
WORK PHONE	CELL PHONE	HOME PHONE	EMAIL		
DATE OF BIRTH		How long have you known this person?			
How do you know this person? ex: friend, teacher, family friend, co-worker					

SECTION 4: EDUCATION

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

Check applicable: High School Diploma GED

List high schools, secondary schools, and/or alternative schools attended:

1. NAME	FROM Mo/Yr	TO Mo/Yr	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY		
2. NAME	FROM Mo/Yr	TO Mo/Yr	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY		

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 4: EDUCATION *continued*

List all colleges, universities, trade, vocational, or business school/institutes attended (include the name of the campus):

1. NAME	FROM Mo/Yr	TO Mo/Yr	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
2. NAME	FROM Mo/Yr	TO Mo/Yr	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
3. NAME	FROM Mo/Yr	TO Mo/Yr	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
4. NAME	FROM Mo/Yr	TO Mo/Yr	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
5. NAME	FROM Mo/Yr	TO Mo/Yr	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

Have you ever attended a TCOLE basic academy?..... YES NO **If yes, please provide the following information:**

1. ACADEMY NAME	FROM Mo/Yr	TO Mo/Yr	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
ADDRESS	CITY	STATE	ZIP

2. ACADEMY NAME	FROM Mo/Yr	TO Mo/Yr	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
ADDRESS	CITY	STATE	ZIP

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 and all disciplinary actions received in any school or educational institution. Include when the disciplinary actions occurred, name of schools, and explanation of circumstances.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE

- LIST OF RESIDENCES**
- List ALL where you actually resided during the last ten 10 years, regardless of the length of time you resided there, beginning with your present address. Provide complete address include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number. Do not use P.O. Boxes. Do not leave any gaps in time.
 - If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks, billet and/or ship-mates unless you shared individual quarters. List all TDY's, deployments and special duty assignments over thirty days.
 - If more space is needed, please print another "Section 5: Residence" page.

1. ADDRESS WHERE YOU NOW LIVE NUMBER / STREET / APT				FROM Mo/Yr	TO Present
---	--	--	--	------------	------------

CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH
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ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT	CONTACT NUMBER
---	----------------

CITY	STATE	ZIP
------	-------	-----

NAMES OF THOSE WITH WHOM YOU LIVE:

2. FORMER ADDRESS NUMBER / STREET / APT				FROM Mo/Yr	TO
---	--	--	--	------------	----

CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH
------	-------	-----	--

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT	CONTACT NUMBER
---	----------------

CITY	STATE	ZIP
------	-------	-----

NAMES OF THOSE WITH WHOM YOU LIVE:

REASON FOR MOVING:

3. FORMER ADDRESS NUMBER / STREET / APT				FROM Mo/Yr	TO
---	--	--	--	------------	----

CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH
------	-------	-----	--

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT	CONTACT NUMBER
---	----------------

CITY	STATE	ZIP
------	-------	-----

NAMES OF THOSE WITH WHOM YOU LIVE:

REASON FOR MOVING:

4. FORMER ADDRESS NUMBER / STREET / APT				FROM Mo/Yr	TO
---	--	--	--	------------	----

CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH
------	-------	-----	--

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT	CONTACT NUMBER
---	----------------

CITY	STATE	ZIP
------	-------	-----

NAMES OF THOSE WITH WHOM YOU LIVE:

REASON FOR MOVING:

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE *continued*

LIST OF RESIDENCES *continued*

5. FORMER ADDRESS NUMBER / STREET / APT				FROM Mo/Yr	TO
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVE:					
REASON FOR MOVING:					

6. FORMER ADDRESS NUMBER / STREET / APT				FROM Mo/Yr	TO
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVE:					
REASON FOR MOVING:					

7. FORMER ADDRESS NUMBER / STREET / APT				FROM Mo/Yr	TO
CITY	STATE	ZIP	NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH		
ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER NUMBER / STREET / APT				CONTACT NUMBER	
CITY	STATE		ZIP		
NAMES OF THOSE WITH WHOM YOU LIVE:					
REASON FOR MOVING:					

ROOMMATES: Please List all Former Roommates

1. NAME				CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY		DATE OF BIRTH	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE *continued*

LIST OF ROOMMATES *continued*

2. NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE ZIP
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY	DATE OF BIRTH	EMAIL	
3. NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE ZIP
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY	DATE OF BIRTH	EMAIL	
4. NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE ZIP
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY	DATE OF BIRTH	EMAIL	
5. NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE ZIP
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY	DATE OF BIRTH	EMAIL	
6. NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE ZIP
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY	DATE OF BIRTH	EMAIL	
7. NAME		CONTACT NUMBER	
CURRENT ADDRESS IF DIFFERENT NUMBER/STREET/APT		CITY	STATE ZIP
NATURE OF RELATIONSHIP Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY	DATE OF BIRTH	EMAIL	

Have you ever been evicted or asked to leave a residence? YES NO

Have you ever left a residence owing rent? YES NO

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE *continued*

LIST OF ROOMMATES *continued*

If you answered yes to ever been evicted or asked to leave a residence or left a residence owing rent, explain include when, where and circumstances:

SECTION 6 : EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- List ALL jobs you have had in the past ten 10 years, regardless of the length of time employed, including part-time, temporary, self-employment, internships and volunteer. **Begin with your most current employment.**
 - List ALL periods of unemployment. **Do not leave any gaps in time.**
 - List any businesses you have ever owned or taken an active role in, including LLC's, DBA's, S-Corporations, etc.
- If more space is needed, please print another "Section 6: Experience and Employment" page.**

PERIOD OF UNEMPLOYMENT <i>only if applicable</i> Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM Mo/Yr	TO Mo/Yr
---	------------	----------

1. NAME OF EMPLOYER	FROM Mo/Yr	TO Mo/Yr
---------------------	------------	----------

ADDRESS	SUPERVISOR
---------	------------

CITY	STATE	ZIP	CONTACT NUMBER	EXT.
------	-------	-----	----------------	------

JOB TITLE	EMAIL
-----------	-------

DUTIES / ASSIGNMENTS	Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
----------------------	------------	---

NAMES OF CO-WORKERS 1.	2.	REASON FOR LEAVING
Would there be a problem if we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	If resigned or quit, how many days/weeks notice did you give?

PERIOD OF UNEMPLOYMENT <i>only if applicable</i> Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM Mo/Yr	TO Mo/Yr
---	------------	----------

2. NAME OF EMPLOYER	FROM Mo/Yr	TO Mo/Yr
---------------------	------------	----------

ADDRESS	SUPERVISOR
---------	------------

CITY	STATE	ZIP	CONTACT NUMBER	EXT.
------	-------	-----	----------------	------

JOB TITLE	EMAIL
-----------	-------

DUTIES / ASSIGNMENTS	Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
----------------------	------------	---

NAMES OF CO-WORKERS 1.	2.	REASON FOR LEAVING
---------------------------	----	--------------------

REASON FOR LEAVING	If resigned or quit, how many days/weeks notice did you give?
--------------------	---

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT <i>continued</i>						
JOB EXPERIENCE <i>continued</i>						
PERIOD OF UNEMPLOYMENT only if applicable Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM Mo/Yr	TO Mo/Yr
3. NAME OF EMPLOYER					FROM Mo/Yr	TO Mo/Yr
ADDRESS				SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER		EXT.	
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS				Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1.			2.			
REASON FOR LEAVING					If resigned or quit, how many days/weeks notice did you give?	
PERIOD OF UNEMPLOYMENT only if applicable Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM Mo/Yr	TO Mo/Yr
4. NAME OF EMPLOYER					FROM Mo/Yr	TO Mo/Yr
ADDRESS				SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER		EXT.	
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS				Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1.			2.			
REASON FOR LEAVING					If resigned or quit, how many days/weeks notice did you give?	
PERIOD OF UNEMPLOYMENT only if applicable Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM Mo/Yr	TO Mo/Yr
5. NAME OF EMPLOYER					FROM Mo/Yr	TO Mo/Yr
ADDRESS				SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER		EXT.	
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS				Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1.			2.			
REASON FOR LEAVING					If resigned or quit, how many days/weeks notice did you give?	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6: EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

PERIOD OF UNEMPLOYMENT only if applicable Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			FROM Mo/Yr	TO Mo/Yr
6. NAME OF EMPLOYER			FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1.		2.		
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?	

PERIOD OF UNEMPLOYMENT only if applicable Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			FROM Mo/Yr	TO Mo/Yr
7. NAME OF EMPLOYER			FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1.		2.		
REASON FOR LEAVING			If resigned or quit, how many days/weeks notice did you give?	

8. Have you ever applied to the Houston Police Department before? YES NO

a. Number of times? _____ b. When? _____

c. If rejected, reason: _____

9. Have you ever applied for any other position with the City of Houston? YES NO

a. Number of times? _____ b. Department? _____

c. For what position? _____ d. Outcome _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

10. Have you ever applied to any other police department or law enforcement agency? YES NO
 If yes, please list all agencies applied to:

WHAT AGENCIES	WHEN	WHERE	OUTCOME
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

e. Was a background investigation conducted? YES NO

11. Do you know any officers from HPD or from other law enforcement agencies well enough to make a recommendation about you? YES NO

a. NAME: _____ CONTACT NUMBER: _____

b. NAME: _____ CONTACT NUMBER: _____

c. NAME: _____ CONTACT NUMBER: _____

d. NAME: _____ CONTACT NUMBER: _____

e. NAME: _____ CONTACT NUMBER: _____

12. Have you ever been polygraphed before? YES NO a. When? _____

b. Reason? _____

13. Have you ever been fired? YES NO a. How many times? _____ b. When? _____

c. Why? _____ d. Employer? _____

14. Have you ever been asked to resign? YES NO a. How many times? _____ b. When? _____

c. Why? _____ d. Employer? _____

15. Have you ever quit a job without giving sufficient notice? YES NO a. How many times? _____

b. When? _____ c. Why? _____ d. Employer? _____

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT continued

JOB EXPERIENCE continued

Before continuing, be sure you have listed all agencies you have applied with, including those that hired you as well as any that did not.

ONLY for persons with prior Law Enforcement Agency Employment
This includes Detention Officers and Civilian Jailers.
If you have prior Law Enforcement experience you must get a copy of your personnel file and any internal affairs investigations you have been involved in and turn it in with the packet.
If more space is needed, please print another "Section 6: Experience and Employment" page.

1. Have you worked for another police department or law enforcement agency? YES NO
a. Name of departments or agencies?
b. What were your dates of employment? From To
c. Duties/Division?
d. Reason for leaving: Voluntarily resigned YES NO Asked to resign YES NO Fired YES NO
Layoff YES NO Still Employed YES NO
Why?

2. Are you eligible to return? YES NO

3. Has any disciplinary action been taken against you? YES NO
a. How many times? b. When? c. What for?
d. Disciplinary Actions and Type?

4. Have you had any citizen complaints against you? YES NO
a. How many? b. When? c. What for?
d. Outcome?

5. Have you ever been the subject of an investigation? YES NO
a. How many times? b. When? c. By Whom?
d. What for? e. Outcome?

6. Did you ever accept any bribes? YES NO
a. How many times? b. What type of bribes? c. Value?
d. What were they for?

7. Did you ever fail to turn in found, confiscated, or prisoner's property? YES NO
a. How many times? b. What? c. Outcome?

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

POLICE QUESTIONS *continued*

8. Have you ever used, experimented with, or tried any illegal drugs or substances while employed as a police officer? YES NO

a. If yes, complete the following:

<u>NAME OF DRUG OR SUBSTANCE</u>	LAST TIME	
	<u>On duty</u>	<u>Off duty</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Comments: _____

9. Did you ever engage in any misconduct that went undetected? YES NO

a. How many times? _____ b. What? _____ c. When? _____

End of questions for applicants with prior law enforcement agency experience.

MILITARY EXPERIENCE:

1. Have you ever applied and been rejected for military service? YES NO

a. When? _____ b. Which branch of service? _____ c. Why? _____

2. Have you ever served in the Army, Navy, Marine Corps, Air Force, R. O. T. C., or other military or semi-military organizations? YES NO

a. ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
b. ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
c. ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
d. ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK

3. Have you ever received any disciplinary action while in the armed services? YES NO

Without exception include ALL Article 15's; Office Hours; Captain's Mast; NJP Non-Judicial Punishments and/or JP's Judicial Punishments etc.

a. What for? _____ b. Disciplinary Action received? _____

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

MILITARY EXPERIENCE *continued*

4. ASSIGNMENT / BASE				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS			2.		
1.					

5. ASSIGNMENT / BASE				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS			2.		
1.					

6. ASSIGNMENT / BASE				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS			2.		
1.					

7. ASSIGNMENT / BASE				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS					
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS			2.		
1.					

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

MILITARY EXPERIENCE *continued*

8. ASSIGNMENT / BASE				FROM Mo/Yr		TO Mo/Yr	
ADDRESS					SUPERVISOR		
CITY			STATE	ZIP	CONTACT NUMBER		EXT.
JOB TITLE					EMAIL		
DUTIES / ASSIGNMENTS							
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS							
1.				2.			

SECTION 7 : FINANCIAL OBLIGATIONS

List all current financial obligations.

CREDITOR	TOTAL DEBT	AMOUNT PER MONTH	ARE YOU DELINQUENT?
1.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 7 : FINANCIAL OBLIGATIONS

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

List all current financial obligations. *continued*

CREDITOR	TOTAL DEBT	AMOUNT PER MONTH	ARE YOU DELINQUENT?
14.	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Have you ever had any bill placed for collection? YES NO

a. How many? _____ b. When? _____

c. If placed for collection, what was the total amount owed on each account? _____

d. Have you made attempts to either contact or resolve the amounts with the collection agency? YES NO

Was agreement reached? YES NO When? _____

e. Have you made any attempts to resolve any debt with the creditor?

Was it resolved? YES NO When? _____

2. Have you ever had a check returned because of insufficient funds? YES NO

a. How many times? _____ b. How many times in the last 12 months? _____

c. When was the last time? _____ d. Cumulative Total? _____

e. Intentionally? YES NO f. Unintentionally? YES NO

3. Have you ever declared bankruptcy or filed a chapter that comes under the bankruptcy act? YES NO

a. When? _____ b. Why? _____ c. Disposition? _____

d. Have you re-established credit? YES NO e. If yes, how long ago? _____

f. If bankruptcy was filed, what were the circumstances? _____

g. What were the names of creditors involved in the bankruptcy? _____

h. Were you delinquent on these accounts when you filed bankruptcy? YES NO

How long? _____ Additional Comments: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS *continued*

List all current financial obligations. *continued*

4. Have you ever received any financial aid you were not entitled to? YES NO

5. Are you a co-signer on an outstanding loan? YES NO
 a. For whom? _____ b. How much? _____

6. Have you ever been sued? including divorce? YES NO a. By Whom? _____
 b. When? _____ c. What for? _____
 d. Settled or Pending? _____ e. In or out of Court? _____

7. Have you ever had a vehicle repossessed? YES NO a. When? _____
 b. Why? _____ c. Disposition? _____
 d. Additional Comments: _____

8. Have you ever purchased a house that went into foreclosure? YES NO a. When? _____
 b. Why? _____ c. Dispositon? _____
 d. Additional Comments: _____

SECTION 8 : Motor Vehicle Operation

Please provide the requested information regarding your driving history.

CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED AND LICENSE NUMBER.
1.		
2.		
3.		

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY STATE? YES NO

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

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, PLACED ON PROBATION OR REVOKED? YES NO

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

LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLES:

1. TYPE OF INSURANCE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT			VEHICLE LICENSE NUMBER AND STATE		
VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR		
VEHICLE IDENTIFICATION NUMBER VIN #					
INSURANCE COMPANY			POLICY NUMBER	EXPIRES	
ADDRESS NUMBER / STREET	CITY	STATE	ZIP	CONTACT NUMBER	
2. TYPE OF INSURANCE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT			VEHICLE LICENSE NUMBER AND STATE		
VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR		
VEHICLE IDENTIFICATION NUMBER VIN #					
INSURANCE COMPANY			POLICY NUMBER	EXPIRES	
ADDRESS NUMBER / STREET	CITY	STATE	ZIP	CONTACT NUMBER	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

LIST ALL TRAFFIC CITATIONS *continued*

List all traffic citations do not include parking tickets, whether you were convicted or not:

1. CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

2. CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

3. CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

4. CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

5. CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

6. CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 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 the following? Check all that apply
 Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident? YES NO
 If yes, please list the details.

1. DATE	LOCATION Number / Street / Apt	CITY	STATE	ZIP
---------	--------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

2. DATE	LOCATION Number / Street / Apt	CITY	STATE	ZIP
---------	--------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

LIST ALL TRAFFIC CITATIONS *continued*

3. DATE	LOCATION Number / Street / Apt	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
4. DATE	LOCATION Number / Street / Apt	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

Have you ever driven a vehicle without auto insurance, as required by law? YES NO

IF YES, GIVE REASON:

DATE Month Year	LOCATION Number / Street / Apt	CITY	STATE	ZIP
-------------------------	--------------------------------	------	-------	-----

Use this space for additional information you would like to include regarding your driving record.

SECTION 9: CRIMINAL ACTIVITY

List all arrests whether you were charged or not including juvenile arrests: Please mark "M" for Misdemeanor and "F" for Felony. Being "arrested" is defined as the taking into custody of a person for the purpose of holding or detaining him/her to answer a criminal charge or civil demand.

- Being arrested can include any of the following:
- Being placed in jail for ANY REASON with or without charges This can include, but is not limited to: traffic offenses, old traffic warrants, municipal offenses, municipal court warrants, county court offenses, county court warrants, etc.
 - Being detained and issued a citation for a misdemeanor offense examples: Shoplifting or Disorderly Conduct.
 - Being detained and questioned by the police
 - Being placed in jail for traffic-related offenses greater than a Municipal Court fine examples – Driving While Intoxicated Alcohol or an Unknown Substance, Driving While License Suspended, Failure to Stop and Give Information, etc.

A conviction is generally the result of a criminal trial which ends in a judgment or sentence of guilt. For the purpose of this form, the term conviction also includes the following:

- A judgment of guilt by a judge/jury
- A plea of guilty or no contest by an individual
- A sentence of confinement to jail or prison or to a term of probation
- A finding of Deferred Adjudication
- The paying of a fine this can include restitution paid to a business or individual and/or court costs.

1. CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
---	----------------	------------------------	------

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY *continued*

List all arrests *continued*

2. CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
3. CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
4. CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
5. CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE

Have you ever contacted law enforcement, been questioned by law enforcement, or been detained by law enforcement for any reason other than a traffic stop? The term "law enforcement" includes military counterparts. YES NO 1. If yes, explain:

List all Class C Misdemeanor citations issued to you: Non-traffic related

1. CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
2. CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
3. CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
4. CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
5. CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE

Please read carefully and answer the following questions pertaining to domestic violence, family violence and dating violence.

DOMESTIC VIOLENCE

Domestic Violence means an offense that has its factual basis, the use or attempted use of physical force, or 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 by a spouse, parent or guardian of the victim per 18 U.S. C§92133a.

1. Have you ever been convicted of a domestic violence crime?..... YES NO

If yes, state the approximate date:
 Provide a brief summary of the above incidents to include the county and court in which this case was heard, if applicable.

2. Has a person made any allegations of domestic violence against you? YES NO

If yes, state the approximate date:
 Provide a brief summary of the above incidents to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding domestic violence.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY *continued*

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 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; or
- Abuse by a member of a family or household toward a child of the family or household; or
- Dating violence per Texas Family Code § 71.0021.

1. Have you ever been convicted of family violence? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incidents to include the county and court in which this case was heard, if applicable.

2. Has a person made any allegations of family violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incidents to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding family violence.

DOMESTIC VIOLENCE

Dating violence means:

- An act by an individual that is against another individual with whom that person has or has had a dating relationship and that is intended to result in physical harm, bodily injury, assault, sexual assault, or that is a threat that reasonably places the individual in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself per Texas Family Code § 72.0021.
- A dating relationship is defined as a relationship between individuals who have or have had a continuing social relationship of a romantic or intimate nature per Texas Family Code § 72.0021.
- The existence of such a relationship shall be determined based on consideration of the length of the relationship, the nature of the relationship and the frequency and type of interaction between the people involved in the relationship. A casual acquaintanceship or ordinary fraternization in a business or social context does not constitute a “dating relationship.”

1. Have you ever been convicted of dating violence? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incidents to include the county and court in which this case was heard, if applicable.

2. Has a person made any allegations of dating violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incidents to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding dating violence.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY

FAMILY ARREST

1. Have any members of your immediate family parents, children, brothers, sisters, spouse or close relative those whom you associate with or could be influenced by ever been arrested? YES NO If yes, complete the following

a. Name: _____ b. Relationship: _____

c. DOB: _____

d. When and Where? _____

e. What for? _____

f. Number of times convicted for felonies? _____ g. For misdemeanors? _____

h. Disposition? _____

i. How did you feel about what they did? _____

j. Additional Comments: _____

FAMILY ARREST *continued*

2. Additional Family Members? YES NO

a. Name: _____ b. Relationship: _____

c. DOB: _____

d. When and Where? _____

e. What for? _____

f. Number of times convicted for felonies? _____ g. For misdemeanors? _____

h. Disposition? _____

i. How did you feel about what they did? _____

j. Additional Comments: _____

Please include a brief description of each arrest.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 10: OTHER TOPICS

Does your religion prevent the bearing of firearms? YES NO

If you believe that for religious reasons, you should be allowed to deviate from the cadet dress code policy that is required while attending the academy (i.e. length of hair, clean shaven appearance) , would you wish to request a religious accommodation from the Chief of Police? YES NO

During your training as a police cadet, you will be required to purchase some of the equipment necessary for your time in the academy (as well as for use later career as a Houston Police Officer.) The total price for this equipment can range anywhere from \$2000 to \$3000 and could include items such as uniform shirts, boots, handcuffs, firearms, weapon accessories (such as mounted sights/lights), flashlights, expandable baton, and others. Some items will be limited to a specific model or manufacturer, while others may come from a variety of sources. The Department will also issue you equipment that you must maintain in top condition. Specifics on these items as well as possible financial assistance will be provided both at orientation and at the start of the Academy.

If selected to the Academy, would you be willing to spend the appropriate cost for the required materials? YES NO

Police Department employees are paid bi-weekly on Friday. Your first paycheck will not be issued until the third Friday after class begins. If selected, would you be able to meet all your financial obligations on the salary paid as a cadet? YES NO

Do you understand that the Police Academy training lasts for approximately 24 weeks, full time; that the Academy is a period of selection; that you must complete it successfully; that you may be discharged from the Academy at any time; that you must submit yourself to strict military discipline; and that you may not have any other employment or attend any other school while as a cadet in the Houston Police Academy? YES NO

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 11: CERTIFICATION

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THE APPLICATION.

DATE

SIGNATURE OF APPLICANT

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 _____, _____

Signature of Notary

SEAL OR STAMP

My Commission Expires: _____