



OFFICE OF
Phil Camus, Constable Precinct 5
Harris County
17423 Katy Freeway, Houston, Texas 77094

List any previous police related employment (Full Time – Reserve)

Police Academy Attended: _____

Date graduated: _____ Anticipated Graduation Date: _____

Have you taken the TCLEOSE Test? Yes No

If no, what date do you anticipate taking the TCLEOSE Exam? _____

Current Employer: _____ Date of Employment: _____

Duties/Position: _____ Supervisor: _____

Have you served in the United States Armed Forces? Yes No

Branch of Service: _____ Type of Discharge: _____

Have you ever been arrested by a Law Enforcement Agency? Yes No

If Yes, Complete the following, giving a detailed explanation regarding ALL arrests.

Explanation of each charge (If necessary, use a separate sheet of paper)

I, _____, hereby swear/affirm that I have personally completed the forgoing Pre-Application questionnaire. I am aware of the contents and the answers to all questions and statements made by me are true and correct. I am also aware that any willful misrepresentation of fact(s) or falsifications of any answer or statement herein will subject me to rejection, dismissal and criminal prosecution under Article 37.02 and/or Article 37.10 of the Texas Penal Code.

Signature

Date signed



OFFICE OF
Phil Camus, Constable Precinct 5
Harris County
17423 Katy Freeway, Houston, Texas 77094

<p>CONFIDENTIAL INFORMATION AGREEMENT</p>
--

A thorough and comprehensive investigation will be conducted on all applicants for employment with the Harris County Precinct 5 Constable's Office. All information is confidential and the department will not reveal the reason for rejection to those applicants who are not accepted. At no time will any part of the investigation be made available to you.

I have read and fully understand the above statement and agree that all information obtained during the application process will remain confidential and will not be made available to me.

Applicants Printed Name

Applicants Signature

Date



OFFICE OF
Phil Camus, Constable Precinct 5
Harris County
17423 Katy Freeway, Houston, Texas 77094

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF BY ANY DULY AUTHORIZED AGENT OF HARRIS COUNTY, STATE OF TEXAS, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

The intent of this authorization is to give my consent for full and complete disclosure of the records of Educational Institutions, Financial or Credit Institutions, including records or loans, records of Commercial or Retail Credit agencies, including Credit Reports and/or rating; and other financial statements and records wherever filed; Medical and Psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; Employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, records and recollections of Attorneys at law, or of other counsel, whether representing me or another person in any other case, either criminal or civil, in which I presently have or have had an interest in.

I understand that any information obtained through a personal history background investigation developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by Harris County. I also certify that any person(s) who furnishes 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 procured as a result of furnishing such information.

I also agree to pay any and all charges and fees concerning this request.

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.

PRINTED NAME (INCLUDING MAIDEN NAME)

SIGNATURE (INCLUDING MAIDEN NAME)

CITY, STATE, ZIP CODE

SOCIAL SECURITY DATE OF BIRTH

BIRTH LOCATION: CITY, COUNTY, STATE

WITNESS SIGNATURE DATE & TIME