



APPLICATION

HARRIS COUNTY PRECINCT 3 CONSTABLE

701 W. Baker Road
Baytown, Texas 77521
(281) 427-4792

APPLICANT NAME: _____

POSITION APPLIED FOR

REGULAR

RESERVE

Study each question carefully and answer fully. Follow the instructions exactly. If not satisfactorily filled out, this questionnaire may be rejected on the grounds of being incomplete for inability to follow instructions.

Use ink and PRINT in your own hand. If you find space for any questions insufficient, attach an additional sheet (8 ½ " x 11"). Give your answer on the attached sheet the same number as the question being answered.

The following items and information will be needed from you to process your application.

Certified copy of high school transcripts or 12 hours of college transcript.

Certified copy of military discharge or DD214.

Certified copy of original birth certificate.

Copy of social security card.

Copy of drivers license.

Recent color photograph of you.



Ken Jones

HARRIS COUNTY PRECINCT 3 CONSTABLE

701 W. Baker Road
Baytown, Texas 77521
(281) 427-4792

PERSONAL HISTORY STATEMENT

APPLICANT _____

HOME PHONE _____

WORK PHONE _____

PAGER/CELL _____

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING !!!

These instructions are provided as a guide to assist you in promptly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement must be hand-printed and filled out by you personally. **DO NOT** type or have anyone else fill out this form for you. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct information and addresses. If you are not sure of any address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section before you continue your answer.
6. Attach copies of all diplomas, DD214's (or verification of release status), certificates and transcripts to the back of this form. Do not submit originals.
7. The last three pages of this document **MUST** be completed, signed and notarized.
8. An accurate and complete form will help expedite your application. On the other hand, **ANY OMISSIONS OR FALSIFICATIONS CAN RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION!**
9. **FAILURE TO COMPLETE THIS FORM WITH ALL INFORMATION AND BLANKS FILLED IN CAN TERMINATE YOUR APPLICATION AND/OR RESULT IN ELIMINATION FROM THE ELIGIBILITY LIST.**

DOCUMENT CHECKLIST

PLEASE RETURN YOUR PERSONAL HISTORY STATEMENT ALONG WITH COPIES OF THE FOLLOWING DOCUMENTS:

1. Birth Certificate
2. Marriage Certificate
3. Divorce Decree
4. High School Transcripts
5. High School Diploma or GED Certificate
6. University/College Transcripts
7. University/College Diploma
8. DD214 (Military Separation Document); or copy of separation orders if DD214 is not yet issued, or a letter from commanding officer advising separation status
9. Naturalization Papers
10. Notarized Authorization to Release Information Form
11. Notarized Authorization for Release of Employment History Records
12. Confidential Information Agreement Form
13. Texas Peace Officer License(s)
14. Texas Peace Officer Certificate or Degree of Proficiency
15. Valid Texas Driver License
16. Social Security Card

**FAILURE TO PROVIDE COPIES OF THESE DOCUMENTS
WILL ELIMINATE YOUR APPLICATION FROM FURTHER
CONSIDERATION!**

**MINIMUM STANDARDS FOR EMPLOYMENT WITH
HARRIS COUNTY PRECINCT 3 CONSTABLE DEPARTMENT**

A person who is an applicant for employment with Harris County Precinct 3 Constable Department as a Peace Officer or Reserve Law Enforcement Officer shall:

Be a Citizen of the United States of America.

Be at least 21 years of age on the date of enrollment.

Be fingerprinted and be subject to a search of local, state and national records and fingerprint files to disclose any criminal records.

Not have ever been convicted of a felony offense.

Not be on probation for a criminal offense.

Have not been convicted of a misdemeanor offense of the grade of "Class C" in the past 12 months.

Not have been convicted of a misdemeanor offense of the grade of "Class A" or its equivalent within the past 26 months.

Not have been convicted of a misdemeanor offense of the grade of "Class B" or its equivalent within the past 24 months.

Not have been convicted of any offense involving moral turpitude.

Not have been convicted in the military of an offense, the facts of which would have been a felony, crime or moral turpitude, driving while under the influence of drugs or a drug offense in civilian courts of the State of Texas.

Not have an excessive record of traffic convictions or collisions.

Not have documented record of bad credit.

Not have made a false statement in the application. False statements will be grounds to disqualify the applicant or grounds for dismissal if hired.

Be a high school graduate or have passed a General Education Development test indicating high school graduation level or have attained the equivalent of 12 semester hours credit at an accredited college or university.

**MINIMUM STANDARDS FOR EMPLOYMENT WITH
HARRIS COUNTY PRECINCT 3 CONSTABLE DEPARTMENT**

Be examined by a licensed physician and be declared, in writing, to be physically sound and free from any defect, which may adversely affect the performance of duty as a peace officer or reserved law enforcement officer.

Be examined by a licensed psychologist or physician to be of satisfactory psychological and emotional health to be a peace officer or reserve law enforcement officer.

Be interviewed personally by a representative of the department or an oral interview board.

Be discharged from any and all military service under honorable conditions.

Not have a license issued by the Texas Commission on Law Enforcement Officer Standards and Education previously revoked.

A reserve applicant must live within Precinct 3.

Must be willing to submit to a drug screening test.

RESIDENCES — List all addresses where you have lived during the past **10 years**, beginning with your present address. List date by month and year. Attach an extra copy of Page 8 if necessary.



DATES: FROM: _____ TO _____ COMPLETE ADDRESS:

Street Number/Name _____ City _____ State _____ Zip _____

APARTMENT: _____ HOUSE: _____

Apartment Complex Name _____ Landlord Name — Phone Number _____

Was a lease signed: Yes No Who was on lease? _____



DATES: FROM: _____ TO _____ COMPLETE ADDRESS:

Street Number/Name _____ City _____ State _____ Zip _____

APARTMENT: _____ HOUSE: _____

Apartment Complex Name _____ Landlord Name — Phone Number _____

Was a lease signed: Yes No Who was on lease? _____



DATES: FROM: _____ TO _____ COMPLETE ADDRESS:

Street Number/Name _____ City _____ State _____ Zip _____

APARTMENT: _____ HOUSE: _____

Apartment Complex Name _____ Landlord Name — Phone Number _____

Was a lease signed: Yes No Who was on lease? _____



RESIDENCES — (Continued)



DATES: FROM: _____ TO _____ COMPLETE ADDRESS:

Street Number/Name City State Zip

APARTMENT: _____ HOUSE: _____

Apartment Complex Name Landlord Name — Phone Number

Was a lease signed: Yes No Who was on lease? _____



DATES: FROM: _____ TO _____ COMPLETE ADDRESS:

Street Number/Name City State Zip

APARTMENT: _____ HOUSE: _____

Apartment Complex Name Landlord Name — Phone Number

Was a lease signed: Yes No Who was on lease? _____



DATES: FROM: _____ TO _____ COMPLETE ADDRESS:

Street Number/Name City State Zip

APARTMENT: _____ HOUSE: _____

Apartment Complex Name Landlord Name — Phone Number

Was a lease signed: Yes No Who was on lease? _____



EMPLOYMENT HISTORY — Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal positions. Include all periods of unemployment. A job is defined as any position you accepted, regardless of how long you worked. **Failure to list any jobs may terminate your application.** Attach extra sheets, if necessary.



Circle appropriate job description(s): Full Part Temporary Seasonal

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Duties: _____

Supervisor: _____ Co-Worker: _____

Employment began on: _____ Ended on: _____ = Total Time _____

Reason for leaving: _____

Was notice given? Yes No If yes, how much? _____

Eligible for re-hire? Yes No Salary: Start: _____ End _____



Circle appropriate job description(s): Full Part Temporary Seasonal

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Address: _____

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Duties: _____

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Phone: _____ Job Title: _____

Duties: _____

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Employment began on: _____ Ended on: _____ = Total Time _____

Reason for leaving: _____

Was notice given? Yes No If yes, how much? _____

Eligible for re-hire? Yes No Salary: Start: _____ End _____

MILITARY SERVICE

Are you registered with the Draft Board: Yes No FEMALE _____

If yes, list Selective Service Number: _____

Have you ever served with U.S. Armed Forces Yes No

If you have not been in the military, skip this section.

Date of Service: From _____ To _____ Branch _____

Military Service # _____ Rank at Discharge _____

Location of Discharge _____ Type of Discharge _____

Are you currently on: Active Reserve Inactive Reserve National Guard

Were you ever disciplined while in the military? Yes No

List **all** disciplinary actions, including Court Martial, Captain's Masts, Company Punishment, etc.

CHARGE	AGENCY	DATE	DISPOSITION

If you received a discharge other than honorable, attach sheets as needed to provide complete details.

EDUCATIONAL HISTORY

HIGH SCHOOL

NAME OF SCHOOL	CITY & STATE	DATES ATTENDED	GRADUATED YES/NO

COLLEGE OR UNIVERSITY

NAME OF INSTITUTION	CITY/STATE	DATES ATTENDED	TOTAL HOURS	MAJOR/MINOR	DEGREE RECEIVED

List other schools attended (academy, trade, vocational, business, etc.). Give name and address of school, dates attended, course of study, certificates earned and any other pertinent information.

Have you every been expelled from any school you have attended? Yes No
 If yes, School: _____ Reason: _____

Have you ever been placed on academic probation? Yes No
 If yes, School: _____ Date: _____

Reason: _____

SPECIAL QUALIFICATIONS & SKILLS

List any special skills or qualifications you may possess. List any special licenses you hold such as pilot, radio operator, scuba, etc., showing license authority, original date of issue and date of expiration.

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair, etc.).

LANGUAGE	READING	SPEAKING	WRITING

SCHOOL ACTIVITIES: CLUBS, ORGANIZATIONS, SPORTS, ETC.

POSITIONS OF LEADERSHIP: (INDICATE POSITION HELD/ORGANIZATION)

COMMUNITY ACTIVITIES:

AWARDS, COMMENDATIONS OR SPECIAL RECOGNITION:

DRIVING RECORD

Has your driver's license ever been suspended or revoked? Yes No

If yes, give dates, locations and reasons:

List the name of the company that carries your auto insurance (include policy number).

List ALL traffic tickets you have received, excluding parking tickets. INCLUDE CITATIONS FOR WHICH YOU HAVE TAKEN DEFENSIVE DRIVING, DEFERRED ADJUDICATION, ETC.

MONTH/YEAR	CHARGE	CITY & STATE	DISPOSITION

List any traffic accidents in which you have been involved (as a passenger or a driver). Include dates and locations, city and state and describe what happened.

DRIVING RECORD (CONTINUED)

Have you ever held a driver's license in another state: Yes No

STATE _____ DL # _____ DATE _____ TYPE _____
STATE _____ DL # _____ DATE _____ TYPE _____

How many moving violation citations have you received since you began driving?

How many moving violation citations have you received in the past three years?

Have you ever driven without a valid driver's license? _____

Have you ever driven without motor vehicle insurance? _____

Have you ever had a hearing for probation/suspension of your driver's license?

Have you ever been classified as high risk for auto insurance? _____

Have you ever had your insurance revoked due to the number of traffic citations you have received?

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked?

Have you ever been denied auto insurance for any reason? _____

How many motor vehicle accidents have you been involved in as a driver? _____

Have you ever been involved in a hit-and-run accident? _____

Have you ever been involved in an accident, as the driver, after you had been drinking alcoholic beverages?

ARRESTS, DETENTION AND LITIGATION

Have you ever been arrested for DWI or DUID? Yes No

If yes, provide details: _____

Have you ever been detained, but not arrested, by the police for **any** reason?

Yes No If yes, provide details:

OTHER THAN THE ABOVE, have you ever been arrested, detained by police or summoned into court? Yes No If yes, list all detentions and summons below, including traffic warrants, offenses committed as a juvenile and offenses expunged from your record.

OFFENSE CHARGED	POLICE AGENCY CITY, STATE	DATE	DISPOSITION

Have you ever been a party in a civil litigation? Yes No

MARITAL & FAMILY INFORMATION

Status: Single Separated Divorced
 Married Engaged Widowed

Current Marriage

Spouse's Name: _____ Maiden Name _____
 Spouse's Date of Birth _____
 Date of Marriage: _____ Place of Marriage: _____
 Present Address: _____
 Phone: Home _____ Work _____

Previous Spouses (List all previous spouses, including annulments).

Date of Marriage: _____ City & State _____
 Date of Order/Decree _____ Court & State of Issue _____
 Ex-Spouse's Name: _____ Maiden Name: _____
 Present Address: _____
 Phone: Home _____ Work _____

Do you pay child support? Yes No
 If yes, are you current on the payments? Yes No
 If no, indicate the amount past due: \$ _____

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

NAME	RELATION	BIRTHDATE	ADDRESS	SUPPORTED BY WHOM

MARITAL AND FAMILY INFORMATION (Continued)

List all other dependents:

NAME	ADDRESS	RELATION

List all other family members (include those related by marriage). If deceased, indicate the year of death. (Father, Mother, Brother, Sister, Step, Natural, In-Laws, Foster)

NAME/BIRTHDATE	RELATIONSHIP	OCCUPATION	COMPLETE ADDRESS

FINANCIAL

Your monthly salary? _____ Spouse's monthly salary? _____

Other monthly income – describe:

Do you own any real estate? YES NO

Location(s):

Do you own any bonds? YES NO

Do you own any corporate stock? YES NO

Do you have a bank account? YES NO

List **all** Savings

Average Balance	Name & Address of Bank

List **all** Checking

Average Balance	Name & Address of Bank

FINANCIAL (Continued)

- Have you ever been delinquent on loan payments? Yes No
- Have you ever filed for or declared bankruptcy? Yes No
- Have any of your bills ever been placed for collection? Yes No
- Have you ever had purchased good repossessed? Yes No
- Have your wages ever been garnished? Yes No
- Have you ever been delinquent on income or tax payments? Yes No
- Have you ever had a check returned for insufficient funds? Yes No
- Have you ever been delinquent on student loan payments? Yes No

If yes to any of the above questions, please explain:

IF YOU CURRENTLY RESIDE WITH ANY PERSON, OTHER THAN FAMILY MEMBERS, LIST BELOW:

NAME & BIRTHDATE	OCCUPATION	LENGTH OF TIME TOGETHER

DRUG USE

In recent years, drug usage has become extremely common in our society. It is important that the Department be aware of your past and current illegal drug usage. As a peace officer, you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage. The defense could ask about your personal drug use in an effort to attack or impeach your credibility.

Let's discuss what we mean by drug usage. By usage, we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorption into the body by any means. Each separate instance of usage, regardless of the quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug. You must also explain how you used the drug. If the drug was smoked, snorted, injected, eaten or used in any other manner, you must provide an explanation.

When asked about the maximum number of times that you used the drug, you **MUST** give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times and you state that used cocaine five times, you will appear to be deceptive when questioned on the polygraph examination. Likewise, if you are not certain how many times you have used a drug, such as marijuana, then state the absolute maximum number of times you *could* have used the drug.

1. Have you ever used any illegal drug or a drug not prescribed by your physician?
 Yes No

If yes, check the appropriate drug from the chart below. If you have used any of the drugs mentioned, list the first time (year) you used the drug and the last time (month and year) you used the drug, how you used the drug and the maximum number of times you have used the drug. If you have never used the particular drug, then put a N/A in the "first time used" box. Please list only drugs **not prescribed** to you by a physician. You should also list the use of prescription drugs belonging to another person, even if legally prescribed for them, was not prescribed for you.

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED
PCP				
ANGEL DUST				
MARIJUANA				
LSD				
PEYOTE				
MESCALINE				
HEROIN				
COCAINE				
QUAALUDES				
DOWNERS				
TRANQUILIZER				
AMPHETAMINE/ METH- AMPHETAMINE/ SPEED/CRANK				
BIPHETAMINE				
ECSTASY/ICE				
PRELUDIN				
DILAUDID				
TALWIN/PBZ				
INHALANTS				
MUSHROOMS				
OTHERS				
DESIGNER DRUG				
STEROIDS				
ROHYPNOL DATE RAPE DRUG				

DRUG USE (Continued)

- 2. Have you ever furnished drugs or narcotics to anyone? Yes No
- 3. Have you ever sold drugs or narcotics to anyone? Yes No
- 4. Have you abused any prescribed medication with the past five years? Yes No

Type: _____

- 5. Have you ever lied to a doctor about symptoms in order to get a prescription such as Valium or a pain killer? Yes No
- 6. Do you associate with individuals who use illegal drugs and/or abuse medications?

- 7. Have you ever attempted and/or succeeded in “getting high” with products such as paint, glue, gasoline, nitrous oxide, etc.?

PERSONAL DECLARATIONS

Do you have a life style that would prevent you from fully performing the duties of a police officer, including working on weekends or on evening/night shifts:

Yes No If yes, explain:

Have you ever made application for employment with our agency or any other law enforcement or related agency? Yes No

If **yes**, list **ALL** agencies, dates and status of application:

AGENCY, CITY, STATE	DATE OF APPLICATION	STATUS/OUTCOME

Are there any incidents in your life or details not mentioned herein which may influence this Department's evaluation of your application for employment as a police officer?

REFERENCES — List five persons who know you well enough to provide **current** information about you. **DO NOT** list relatives, former employers, supervisors or anyone previously listed in this document. Include people that see you regularly.

NAME _____ HOME PHONE _____

ADDRESS _____

BUSINESS NAME _____ WORK PHONE _____

BUSINESS ADDRESS _____

HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME PHONE _____

ADDRESS _____

BUSINESS NAME _____ WORK PHONE _____

BUSINESS ADDRESS _____

HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME PHONE _____

ADDRESS _____

BUSINESS NAME _____ WORK PHONE _____

BUSINESS ADDRESS _____

HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME PHONE _____

ADDRESS _____

BUSINESS NAME _____ WORK PHONE _____

BUSINESS ADDRESS _____

HOURS OF WORK _____ YEARS KNOWN _____

NAME _____ HOME PHONE _____

ADDRESS _____

BUSINESS NAME _____ WORK PHONE _____

BUSINESS ADDRESS _____

HOURS OF WORK _____ YEARS KNOWN _____

**HARRIS COUNTY PRECINCT 3 CONSTABLE'S DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Harris County Precinct 3 Constable's Department, 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 of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints, grievances and disciplinary actions filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Harris County Constable Precinct 3 Constable's Department.

I also certify that any person(s) and governmental entity(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entity(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the Harris County Constable Precinct 3 Constable's Department from any claim or demand related to the County of Harris obtaining and/or considering any such information.

I also authorize the release of my name and full disclosure of records concerning myself to verify past and future applications with other law enforcement agencies.

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

Applicant's printed name (include maiden name) Applicant's signature (include maiden name)
Social Security #: _____ Phone _____
Address _____

SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, _____.

SEAL

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

CONFIDENTIAL INFORMATION AGREEMENT FORM

In order to determine your qualifications for this sworn position, it may be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, polygraph examination, psychological evaluation, driving history, credit report and other confidential documents. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed.

If you are rejected for cause you will be informed of the cause via written rejection letter. Your rejection notification will also reflect if the reason(s) for our non-acceptance of you is of a temporary reconcilable nature, or one of permanence.

I have read the above statement and fully understand its meaning and agree with its provisions.

Applicant's Name (Printed)

Applicant's Signature

Date

SWORN AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC FOR THE STATE OF TEXAS, THIS _____ DAY OF _____, _____.

Notary Signature

Seal

STATEMENT OF APPLICANT OR LICENSE HOLDER

NAME (LAST, FIRST, MIDDLE INITIAL) _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT REQUESTING RECORDS _____

I understand that a report of separation is submitted to the Texas Commission on Law Enforcement Officer Standards and Education each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report of separation must include an explanation of the circumstances of my resignation or termination;

I understand the chief administrator of each law enforcement agency with which I apply for employment or appointment may request the contents of each separation report;

I understand the Texas Commission on Law Enforcement Officer Standards and Education (Commission) is not liable for civil damages for providing information contained in a report of separation concerning the circumstances of my resignation or termination when a written request from a chief administrator and this release is presented to the Commission; and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I have read and understand the foregoing statements. I hereby authorize the Commission to release all employment history (separation) reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer or armed public security officer which are on file with the Commission to the above named department requesting records.

Signature

WAIVER OF LIABILITY

I expressly waive my right to hold the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of employment history (separation) reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer or armed public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency or other law enforcement official made the report in good faith; and

I expressly waive my right to hold a law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my employment history (separation) records concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, _____

Notary Public

SEAL OR STAMP

Printed or typed name of Notary

Notary Commission Expires