

PART II.

APPLICATION FOR APPOINTMENT

DO NOT WRITE IN THIS SPACE:	Applicant's Last Name and First Initial: _____
	Date This Application Received: _____
	Received by: _____ Position Sought: Deputy [] Reserve [] Dispatcher [] Clerical []
	Clerical Skills: Typing _____ wpm Short Hand _____ Computer: _____

Please read these instructions carefully:

You must complete this application completely, in black ink and it must be legibly printed in your own handwriting. Do not use a typewriter or computer to complete this application. Be advised that any application forms which do not reflect current, correct addresses and telephone numbers for past employers and personal references, etc. may be rejected. If you need additional space for your answers, you may attach additional sheets of paper, and reference the question or section number.

Personal History Statement

A. APPLICANT INFORMATION

1. _____
Last name First Name Middle Name
2. _____
Street Number Street Name Apartment Number
3. _____
City State Zip Code
4. _____
Home Telephone Number & AC Work Telephone Number & AC Pager Number & AC
5. _____
Date of Birth Age
6. _____
Social Security Number E-Mail Address
7. _____
(Place of Birth) City State County
8. Are you a United States Citizen: Yes [] No [] Naturalized: Yes [] No []
9. _____
Texas Driver's License Number Class Expiration Date
10. Height: _____ Ft. _____ In.
11. Weight: _____ Lbs.
12. Color of Eyes: _____

13. Color of Hair: _____
14. Describe any Scars, Tattoos or other Distinguishing Marks:

15. With whom do you reside? (Give name and relationship):

16. Are you related in any way to any employee of the Harris County Constable's Office – Precinct Six? Yes []
No []
17. If the answer to question 16 is yes, give name and relationship:

18. Have you ever worked for or been appointed to the Harris County Constable's Office – Precinct Six? Yes []
No []
19. If the answer to question 18 is yes, explain:

20. Do you personally know anyone currently employed or appointed by Precinct Six? Yes [] No []
21. If the answer to question 20 is yes, give their name and explain how you know them:

B. OTHER AGENCIES TO WHICH YOU HAVE MADE APPLICATION

Name all law enforcement agencies to which you have applied in the last two (2) years. List the agency name, the date or approximate date of application, and the status of the application if known.

	AGENCY NAME	DATE	STATUS OF APPLICATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

C. PREVIOUS LAW ENFORCEMENT EXPERIENCE

aa. Previous Law Enforcement History

Agency: _____ From: _____ To: _____

Chief: _____ Phone Number: _____

Reason for leaving: _____

While employed with the above listed department, were you ever investigated, indicted or charged with any offense? ____

Are you currently under investigation for any alleged offense with this or any other department? _____

When leaving the above listed department, did you leave during an investigation, as a result of an investigation or in an agreement in order to settle any investigation, legal action or termination? _____

If "yes" to any of the above questions, please explain briefly and supply supporting documentation at the time of application.

bb. Previous Law Enforcement History

Agency: _____ From: _____ To: _____

Chief: _____ Phone Number: _____

Reason for leaving: _____

While employed with the above listed department, were you ever investigated, indicted or charged with any offense? ____

Are you currently under investigation for any alleged offense with this or any other department? _____

When leaving the above listed department, did you leave during an investigation, as a result of an investigation or in an agreement in order to settle any investigation, legal action or termination? _____

If "yes" to any of the above questions, please explain briefly and supply supporting documentation at the time of application.

cc. Previous Law Enforcement History

Agency: _____ From: _____ To: _____

Chief: _____ Phone Number: _____

Reason for leaving: _____

While employed with the above listed department, were you ever investigated, indicted or charged with any offense? ____

Are you currently under investigation for any alleged offense with this or any other department? _____

When leaving the above listed department, did you leave during an investigation, as a result of an investigation or in an agreement in order to settle any investigation, legal action or termination? _____

If "yes" to any of the above questions, please explain briefly and supply supporting documentation at the time of application.

dd. Previous Law Enforcement History

Agency: _____ From: _____ To: _____

Chief: _____ Phone Number: _____

Reason for leaving: _____

While employed with the above listed department, were you ever investigated, indicted or charged with any offense? ____

Are you currently under investigation for any alleged offense with this or any other department? _____

When leaving the above listed department, did you leave during an investigation, as a result of an investigation or in an agreement in order to settle any investigation, legal action or termination? _____

If "yes" to any of the above questions, please explain briefly and supply supporting documentation at the time of application.

D. RESIDENCES

List all addresses where you have resided during the past ten (10) years, beginning with your present address. List dates of residence by the month and year. You may attach extra pages as necessary.

	Date From	Date To	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Add additional pages as needed)

E. MILITARY SERVICE

- 22. Have you ever served in the United States Armed Forces? Yes [] No []
- 22. Give dates of service: From: _____ To: _____
- 23. Branch of Service: _____
- 24. Military service number: _____
- 25. Highest rank obtained: _____
- 26. Name and location of last duty assignment: _____
- 27. Describe general duties while serving in the Armed Forces: _____
- 28. Type of discharge from service: _____ Date of discharge: _____
- 29. If you received other than an honorable discharge, explain: _____
- 30. Have you ever received discipline while in the military service (include Courts Martial, Captain's Mast, Company Punishment, etc.)? Yes [] No []
- 31. If the answer to question 29 is yes, explain fully: _____

F. EDUCATION HISTORY

- 32. State the highest level of formal education that you have obtained? _____
- 33. Give the name(s), location(s) and date(s) of attendance to all high schools that you have attended:

Name of College or University	Location City/state	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

34. Give the name(s), location(s) and date(s) of attendance of all colleges or universities that you have attended:

Name of College or University	Location City/state	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

35. Give the total number of units or semester credits that you have obtained at all colleges or universities that you have attended: _____

36. List all other schools attended including trade, vocational, business or technical and their names, addresses, dates of attendance and course of study, certificates obtained and all other pertinent information.

Name of College or University	Location City/state	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

37. Describe any college degree(s) obtained, if any and date obtained: (Include copy of transcripts with application)

Associate Degree: [] Bachelor's Degree: [] Master's Degree: [] College Hrs: []

Major: _____ Minor: _____

G. SPECIAL QUALIFICATIONS AND SKILLS

38. List any special licenses that you hold, such as a pilot, radio operator, scuba, law enforcement, etc., with the name of the licensing authority, the original date of issue and date of expiration:

39. List any specialized machinery or equipment which you are qualified to operate:

40. List any foreign language(s) in which you are fluent, and your degree of fluency: (Excellent – Good – Fair)

Language Reading Speaking Understanding Writing

G. ARRESTS, DETENTIONS and LITIGATIONS

41. Have you ever been arrested or detained by a law enforcement agency, or summoned into court? Yes [] No []

42. If the answer to question 41 is yes, please explain fully, provide the date, the crime charged, the city and state and the disposition of any charges: (Include a copy of court disposition with application)

43. Have you ever been involved as a party to any civil litigation as a plaintiff or defendant? Yes [] No []

44. If the answer to question 43 is yes, please explain fully, include the date, cause or case number, the court number, the county and state where the action was filed, disposition of the case and brief summary of the case:

H. VEHICLE OPERATIONS

45. Have you ever had your driver's license suspended or revoked? Yes [] No []

1. If the answer to question 45 is yes, please explain fully, provide the date, location and reason for the suspension or revocation:

47. Have you ever been involved in a motor vehicle accident? Yes [] No []

48. If the answer to question 47 is "yes," please explain fully and provide the date, location and brief description of the accident(s):

49. Do you have motor vehicle insurance? Yes [] No []

50. If the answer to question 49 is yes, provide the name of your insurance carrier, policy number, the name, address and telephone number of your agent:

I. MARITAL and FAMILY INFORMATION

51. Check your marital status: Married [] Single [] Divorced [] Separated [] Widowed [] Engaged []

52. If you are married, provide your spouses' full name and maiden name, address, home and work telephone number: (include information on previous spouses)

53. Provide the full name, date of birth of all children that are related to you or your spouse (include natural children, stepchildren, adopted or foster children):

Name	Relationship	Date of Birth	Address	Supported by whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

54. Provide the full name(s) of all other dependants, their relationship to you and their address and telephone number:

55. Are you paying child support to previous spouse(s)? _____ If yes, how much per month? \$ _____

56. List the full name(s) of the following, their addresses and telephone numbers (if deceased, please indicate):

Mother: _____

Father: _____

Sister: _____

Sister: _____

Brother: _____

Brother: _____

J. FINANCIAL INFORMATION

57. Provide the names and address and telephone number of your current and past employers for the last five years:

58. What is your current annual wage or salary? _____

58. Do you have any income from any other sources? Yes [] No []

59. If the answer to question is yes, then provide the source of that income and the amount of the income:

60. Do you have a bank account? Yes [] No [] If yes, provide the type of account, name of the bank where located:

Type of Account (checking, savings etc.)	Name of Bank	Address of Bank
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

61. Provide the names and addresses of any individuals, companies or others that you are indebted and the extent of your debt. Include rent, mortgages, vehicle loans, credit accounts, loans, child support payments, and any other debts and or payments.

Name of creditor	Address	Nature of debt	Total of debt	Monthly payment
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

62. Provide the names and addresses of any individuals, companies or others where you have any delinquent accounts:

J. MEDICAL HISTORY

63. Provide the name(s) and addresses of all doctors with whom you have consulted within the last three (3) years and list all periods of hospitalization within the last five (5) years.

64. Do you have any physical handicaps, chronic diseases or disabilities? Yes [] No [] If yes, please explain:

65. Have you ever received any workman's compensation or other disability insurance payments? Yes [] No [] If yes, please explain:

66. Are you currently taking any medication prescribed by a physician? Yes [] No [] If yes, please explain:

K. MEMBERSHIPS / ORGANIZATIONS

67. Have you ever been a member of any subversive or criminal organizations? Yes [] No [] If yes, please explain:

68. Have you ever been a member of or participated in any type of gang, street gang or any other type of gang activity? Yes [] No [] If the answer is yes, please explain.

69. List all professional, social or casual organizations that you are or have been a member:

L. PERSONAL DECLARATIONS

70. Do you use alcoholic beverages? Yes [] No [] If the answer is yes, please explain the frequency and extent of use:

71. Have you ever or currently use any controlled substances other than those which are prescribed to you by a physician? Yes [] No [] If yes, please explain fully:

72. Have you ever been given a polygraph examination? Yes [] No [] If yes, provide explain and provide the date and location:

73. Have you ever sold or furnished drugs or narcotics to anyone? Yes [] No [] If yes, explain fully.

74. Have you ever purchased or obtained any illegal drugs or narcotics from anyone? Yes [] No [] If yes, explain fully.

75. Have you ever stolen anything? Yes [] No [] If yes, explain what and when.

77. Have you ever been fired, terminated or asked to resign from a job? Yes [] No [] If yes, explain fully.

78. Is there anything that occurred in your past that may jeopardize the integrity of this department? Yes [] No []
If yes, explain fully.

79. State in your own words why you are seeking employment or appointment to this agency:

M. EMPLOYMENT INFORMATION (FOR APPLICANTS WITH NON-LAW ENFORCEMENT EXPERIENCE OR THOSE NOT CURRENTLY EMPLOYED IN A LAW ENFORCEMENT OCCUPATION)

Provide a full listing of your employment history, beginning with your present or most recent job first. List all employment including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

80. Dates Employed From: _____ To: _____
Name of Company or Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Immediate supervisor: _____ Phone # (_____) _____ Ext: _____
Title or Duties: _____
Salary/Wages: _____ Reason for leaving: _____

81. Dates Employed From: _____ To: _____
Name of Company or Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Immediate supervisor: _____ Phone # (_____) _____ Ext: _____
Title or Duties: _____
Salary/Wages: _____ Reason for leaving: _____

82. Dates Employed From: _____ To: _____
Name of Company or Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Immediate supervisor: _____ Phone # (_____) _____ Ext: _____
Title or Duties: _____
Salary/Wages: _____ Reason for leaving: _____

83. Dates Employed From: _____ To: _____
Name of Company or Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Immediate supervisor: _____ Phone # (_____) _____ Ext: _____
Title or Duties: _____
Salary/Wages: _____ Reason for leaving: _____

N. PERSONAL REFERENCES (Provide 4 or more references.)

84. Name: _____ Home phone and area code: _____
Address: _____ Work phone and area code: _____
City: _____ State: _____ Zip Code: _____ Years known: _____
Occupation / Relationship: _____

85. Name: _____ Home phone and area code: _____
Address: _____ Work phone and area code: _____
City: _____ State: _____ Zip Code: _____ Years known: _____
Occupation / Relationship: _____

86. Name: _____ Home phone and area code: _____
Address: _____ Work phone and area code: _____
City: _____ State: _____ Zip Code: _____ Years known: _____
Occupation / Relationship: _____

87. Name: _____ Home phone and area code: _____
Address: _____ Work phone and area code: _____
City: _____ State: _____ Zip Code: _____ Years known: _____
Occupation / Relationship: _____

O. AFFIDAVIT

NOTICE: Read but **DO NOT SIGN** this form. This form is an affidavit in which you are attesting that the information that you have provided elsewhere in this application for employment or appointment is correct. After you have fully completed the application, and attached any or all extra pages, you must take the application and this form to a licensed Texas Notary Public and have your signature duly notarized. Then, after you have made an appointment, you may personally deliver the completed and notarized application along with all other required documentation to the Personnel Division at 333 Lockwood, Houston, Texas 77011.

SWORN AFFIDAVIT OF APPLICANT

I hereby swear or affirm that I have personally completed the foregoing application; and that I am aware of the contents and that the answers to the questions and the statements that I have made therein are true and correct. I am also aware that any willful misrepresentation of fact or that any falsification of any answer or statement made herein will subject me to rejection and/or dismissal from this department, and further that I may be subject to criminal prosecution under Article 37.02 and/or Article 37.10, of the Texas Penal Code.

Signature of applicant

Social Security Number and Date of Birth

Printed full name of applicant

Address

Date Signed

City

State

Zip Code

SUBSCRIBED AND SWORN to before me, the undersigned authority, on this the ____ day of _____, 200____.

SEAL

Notary Public in and for the State of Texas

My Commission Expires: _____

P. RELEASE AUTHORIZATION

NOTARIZED AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of any and all records, medical records, files, photographs and notes or other historical record concerning myself the undersigned and identified individual to any duly authorized agent of the Harris County Constable's Office, Precinct Six, Houston, Texas, whether the said records, medical records, files, photographs and notes or other historical record are of a public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions including records of loans, records of commercial and or retail credit agencies (including credit reports and / or ratings); and other financial statements and statements wherever filed; medical and psychiatric or psychological treatment and / or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings or evaluations, complaints or grievances filed by or against me and the records and recollections of Attorney's 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. It is my further intent to waive any attorney client privilege that I may have had now or in the past.

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 or appointment by the Harris County Constable's Office Precinct Six or by Harris County, Texas. I also certify that the person(s) who may furnish such information concerning me shall not be held accountable for giving or providing such information; and I hereby explicitly release said person(s), organizations or any other entity from any and all liability which may be incurred as a result of furnishing such information.

I also agree to pay for any and all charges and fees concerning this request and can be billed for such charges at the below listed address.

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

Signature of applicant Social Security Number and Date of Birth

Printed full name of applicant Address

Date Signed City State Zip Code

SUBSCRIBED AND SWORN to before me, the undersigned authority, on this the _____ day of _____, 200_____.

Notary Public in and for the State of Texas

SEAL

My Commission Expires: _____