



**The City of Lago Vista Police Department is looking for professionals for a growing Department.**

**TO CONTACT THE LAGO VISTA POLICE DEPARTMENT  
CALL (512) 267-7141 or FAX (512) 267-9576**

**TO WRITE TO OR PICK UP IN PERSON:**

**Lago Vista Police Department  
5901 Municipal Complex Way  
Lago Vista, Texas 78645**

Name:

I am applying for:

- Peace officer, currently licensed or enrolled in academy; PID #
- Telecommunicator; PID #
- Civilian employment

The Lago Vista Police Department is an equal opportunity employer

Currently licensed out-of-state officers in good standing must be licensed by TCOLE by the testing date or currently enrolled in an approved full-time or part-time Texas police academy with an expected graduation date to be eligible to apply. Academic alternative academies and out of state peace officer classes are not classified as an academy in this regard.

### **Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
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 accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All applicable documents must be submitted with the PHS (photocopies are acceptable in most cases). Check each item submitted or write N/A next to the item.

- Completed Personal History Statement Copy of
- your Social Security card.
- Original certified copy of your birth certificate. (No photo copy) Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being licensed (Peace Officer Only).
- Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty four months of active service.
- Sealed original certified copy of your college transcript (No photo copy of transcript). Photocopy of college diploma. Full Credit report, dated no more than 30 days before date PHS must be submitted.
- Copy of your Peace Officer Certificate from your police academy. (Peace Officer Only)
- Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Only) Copy of your DD-214 if applicable. Must possess an honorable discharge.
- Original certified copy of your Naturalization papers, if applicable. (No photo copy) Copy of
- current proof of automobile liability insurance.
- Copy of a TCOLE approved Firearms Qualifications within the last 12 months. (Peace Officer Only)

10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

## Instructions to the Applicant

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

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

### DISQUALIFICATIONS

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

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

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to

Be as complete, honest and specific as possible in your responses.

### Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

To conduct a thorough background, we are requesting your Social Security Number (SSN). As described in your initial application, the Lago Vista Police Department may also use your SSN to make requests for information about you from employers, schools, banks, law enforcement agencies, credit agencies, and others who know you, but only where that is allowed by law. The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you.

## **Causes for Disqualification for Applicants:**

Has made false statements in any material fact; withheld information, practiced or attempted to practice any deception or fraud in the application, examination or appointment. Depending on the variables involved, disqualification may be either permanent or temporary.

Has failed to complete or satisfactorily meet the employment process requirement for the respective department, failure to provide notary seals required, missing documents, including missed appointments, failure to return necessary paperwork, failure to notify department of changes in address or telephone numbers, or who otherwise failed to complete application process. This is a temporary disqualification.

Has traffic violations exceeding 5 events, either moving violations or preventable accidents, in the preceding 36 months, or a reckless driving conviction in the preceding 60 months. This is a temporary disqualification. Has any of the following with the past 3 years: Failure to stop and render aid; Leaving the scene of an accident; Driving with license suspended; or Had driver's license suspended.

Has unstable job history. This includes the applicant changing jobs at less than 3-year intervals for reasons other than promotions or those reasons beyond the applicant's control, such as company closures, temporary position, or layoffs. This also includes previous termination by an employer because of conduct that would violate the Lago Vista Police Department Policies. Also includes a history of inability to get along with co-workers or creating a hostile working environment. Depending on the variables involved, disqualification may be either permanent or temporary.

Have tattoos in violation of Lago Vista Police Department Policies, which states in part: No agency personnel will have tattoos, body art, or branding that cannot be covered by the official uniform or plain-clothes apparel.

Must not have engaged in the use of a drug, narcotic, or controlled substance other than marijuana, within the 5 years preceding the application submittal, except under the care of a physician. Must not have abused any prescription medication within the last 5 years.

Must not have engaged in the use of marijuana, within the 2 years preceding the application submittal, except under the care of a physician.

Involvement in the illegal delivery or furnishing of any controlled substance or drug to another and received remuneration or any benefit. This is a permanent disqualification.

A poor credit status involving a pending or established garnishment or judgment that may cause undue hardship while employed or any debts currently assigned to collections, where the applicant has not made arrangements to correct or properly discharge debt. A bankruptcy alone will not automatically disqualify a candidate.

Prior or current unethical conduct, intentional misrepresentation or intentional falsifications during the selection process may permanently disqualify a candidate from reapplication.

**SECTION 1: PERSONAL**

1. Last Name		First	MI	Suffix
2. Other Names, including nicknames, you have used or been known by.				
3. Street Address, (Apt, Unit)		City	State	Zip
4. Address if different from above.				
5. Phone #. Home	Cell	Work	Ext.	Fax
6. Email: Home		Business		Other
7. Birth Place (City / County / State / Country)			8. DOB	9. Social Security #
10. Driver License #		11. Physical description		
State:	Exp:	HT.	WT.	Hair Color
				Eye Color

12. Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the PID you were assigned: _			
A. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number
B. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number

If you are enrolled and have not yet graduated, provide expected graduation date:

If you have graduated, but not taken the TCOLE exam, provide expected exam date:

If you are an out of state peace officer applicant and have not yet challenged the TCOLE exam, provide an explanation of your current status on challenging the TCOLE exam.

Best phone number to reach you between 8 AM and 5 PM Monday - Friday

Home
  Work
  Cell

**13.** Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)?  Yes  No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if know)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

**Steps:**  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  
 Conditional job offer  Psychological Examination Date \_\_\_\_\_ Medical Date:

**Status:**  Hired  On List  Withdrawn  Disqualified

B. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

**Steps:**  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  
 Conditional job offer  Psychological Examination Date \_\_\_\_\_ Medical Date:

**Status:**  Hired  On List  Withdrawn  Disqualified

C. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

**Steps:**  Application  Written  Physical agility  Oral  Polygraph/CVSA  Background  Chief's oral  
 Conditional job offer  Psychological Examination Date \_\_\_\_\_ Medical Date:

**Status:**  Hired  On List  Withdrawn  Disqualified

**SECTION 2: RELATIVES AND REFERENCES**

**14. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Father Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	B. Step-Father Name		DOB	
Home Address s		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	C. Mother Name		DOB	
Home Address		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	D. Step-Mother Name		DOB	
Home Address s		City		State Zip
Work Address		City		State Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	E. Spouse / Registered Domestic Partner	DOB	
Home Address		City	State Zip
Work Address		City	State Zip
Home Phone	Cell	Work Phone	Email
Years of Marriage	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> NA	F. Father-in-Law Name	DOB	
Home Address		City	State Zip
Work Address		City	State Zip
Home Phone	Cell	Work Phone	Email

<input type="checkbox"/> NA	G. Mother-in-Law Name	DOB	
Home Address		City	State Zip
Work Address		City	State Zip
Home Phone	Cell	Work Phone	Email

<input type="checkbox"/> NA	H. Former Spouse(s) Cohabitant	I. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State Zip	
Work Address		City	State Zip	
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> NA	<b>I. Former Spouse(s) Cohabitant</b>	2. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N A	<b>J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.</b>			
1. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell		Email		

2. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell		Email		

3. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell		Email		

4. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

5. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

6. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

<input type="checkbox"/> N A	<b>K. CHILDREN</b> List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.				
1. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
B	Contact Number	Email			

3. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male Female	Address		City	State	Zip
B	Contact Number		Email		

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male Female	Address		City	State	Zip
B	Contact Number		Email		

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male Female	Address		City	State	Zip
B	Contact Number		Email		

<b>15. REFERENCES</b>					
List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.					
A. Name		Address		City	State Zip
Company / Work address			City	State	Zip
Home Phone	Work Phone	Cell		Email	
How do you know this person? (friend, teacher, family, co-worker)				How long have you known this person?	

B. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

C. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

D. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

E. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

F. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

G. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, family, co-worker)			How long have you known this person?	

**SECTION 3: EDUCATION**

<b>NOTE:</b> You will be required to furnish transcripts or other proof to support all of your educational claims.				
16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty				
17. List High Schools Attended or where you obtained your GED.				
A. Name		City	State	
From	To	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Name		City	State	
From	To	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18 List all colleges or universities attended:				
A. Name		City	State	
From	To	Type of Degree Earned	Total Units Earned	

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

19. List any trade, vocational, or business schools / institutes attended.			
A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

**SECTION 3: EDUCATION** *continued.*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> 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 action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE**

**21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Current residence Street		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you live				

B. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

C. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

D. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

E. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

F. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

G. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

**22.** Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

23. Have you ever been evicted or asked to leave a residence?  Yes  No

24. Have you ever left a residence owing rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**25. JOB EXPERIENCE**

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?  
 No    Yes   If YES, list below - **even if it outside the 10 year range**
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

A. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties/Assignments	<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	Co-workers Phone Number		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.		

<b>B. PERIOD OF UNEMPLOYMENT</b> 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	To
--	------	----

C. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties/Assignments			<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	Co-workers Phone Number			

D. PERIOD OF UNEMPLOYMENT			From	To
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				

E. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties/Assignments			<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	Co-workers Phone Number			

F. PERIOD OF UNEMPLOYMENT			From	To
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				

G. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties/Assignments		<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	Co-workers Phone Number			

<b>H. PERIOD OF UNEMPLOYMENT</b>				From	To
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					

I. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties/Assignments		<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	Co-workers Phone Number			

<b>J. PERIOD OF UNEMPLOYMENT</b>				From	To
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					

K. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties/Assignments			<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		Co-workers Phone Number		

L. PERIOD OF UNEMPLOYMENT				From	To
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					

M. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties/Assignments			<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		Co-workers Phone Number		

N. PERIOD OF UNEMPLOYMENT				From	To
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					

O. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties/Assignments			<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		Co-workers Phone Number		

P. PERIOD OF UNEMPLOYMENT				From	To
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					

Q. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties/Assignments			<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		Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes <input type="checkbox"/> No
29. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes   No
30. Have you ever resigned in lieu of termination?	Yes <input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	Yes <input type="checkbox"/> No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

**SECTION 6: MILITARY EXPERIENCE (Complete for all branches of military served. Add pages if necessary)**

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _		
41. Branch of Service	Date of Service From	To:
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i>		
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard		If checked, date obligation ends:
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered YES to questions 44 and or 45, Explain ( Include dates and circumstances)

**SECTION 7 FINANCIAL**

**46. INCOME AND EXPENSES**

For each of the following questions fill in the amounts to the nearest dollar

A. From your employer(s), what is your take home monthly income? \$\_\_

B. Do you have income other than from your salary or wages?  Yes  No

If yes, fill in amount: \$\_\_ per month Explain: \_

C. Approximately how much do you spend each month? \$\_\_

Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lie on an income tax form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes Yes	<input type="checkbox"/> No <input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	Yes	<input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	Yes	<input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

**SECTION 8: LEGAL**

**Disclosure of Citations, Arrests, and Convictions**

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations (excluding traffic tickets) May have been detained and or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**61. Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?**    Yes    No               

If yes, explain each incident.	
A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

62. Have you ever been placed on court probation as an adult?	Yes <input type="checkbox"/> No
63. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	Yes <input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	Yes <input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Include any civil lawsuits related to a law enforcement job	Yes <input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	Yes <input type="checkbox"/> No
70. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	Yes <input type="checkbox"/> No
71. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

**72. UNDETECTED ACTS – PART 1**  
 Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A. Annoying / obscene phone calls	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>73. UNDETECTED ACTS - PART 2</b> At any time in your life have you <b>ever</b> committed any of the following?		
A. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Accessing, producing, or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Hit and run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

M. Hate crime	<input type="checkbox"/>	Yes	No
N. Insurance fraud	<input type="checkbox"/>	Yes	No
O. Theft (value of over \$500, or any firearm)	<input type="checkbox"/>	Yes	No
P. Murder, homicide, or attempted murder	<input type="checkbox"/>	Yes	No
Q. Perjury (lying under oath)	<input type="checkbox"/>	Yes	No
R. Possession of an explosive / destructive device	<input type="checkbox"/>	Yes	No
S. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/>	Yes	No
T. Stalking	<input type="checkbox"/>	Yes	No
U. Blackmail or extortion	<input type="checkbox"/>	Yes	No
V. Any other act amounting to a felony	<input type="checkbox"/>	Yes	No

If you answered yes to **any** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines / Methamphetamine Uppers, Speed, Crank, etc.  
 Barbiturates (Downers)  
 Cocaine / Crack Cocaine  
 Designer Drugs (Ecstasy, Synthetic Heroin, etc.)  
 GHB (Date Rape Drug)  
 Glue  
 Hallucinogens (Peyote, LSD, Mushrooms)  
 Hashish / Hashish Oil

Heroin / Opium  
 Marijuana (3 year use restriction)  
 Mescaline Morphine  
 PCP / Angel Dust Quaaludes Steroids  
 Tetrahydrocannabinol (THC)

**74. Within the past five years**, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?  Yes  No  
 If yes, give details, including drug(s) used and circumstances:

**75. Prior to the past five years (check all that apply):**

I have never used any drug recreationally.

I have tried or used one or more drugs listed above, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).  
If checked, give details including drug(s) used, most recent date used, and circumstances.

**76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?**

Sold  Manufactured  Purchased  Furnished  Cultivated  Carried or held for another

Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

**SECTION 9: MOTOR VEHICLE OPERATION**

77. Current Driver License #	State of Issue	Expiration date	Name under which license was granted

78. 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

79. Have you ever been refused a driver's license by any state  Yes  No

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

80. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain ( include when, where and circumstances):	

81. List your current liability insurance on your vehicle(s)					
A. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company		Policy number		Expires	
Address	City	State	Zip	Contact Number	
B. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company		Policy Number		Expires	
Address	City	State	Zip	Contact Number	
C. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company		Policy Number		Expires	
Address	City	State	Zip	Contact Number	
D. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License
Insurance Company		Policy Number		Expires	
Address	City	State	Zip	Contact Number	

82. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

B. Nature of Violation		Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
C. Nature of Violation		Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
D. 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.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine		
If checked, explain circumstances:		

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.		
Date	Location (Street, City, State, Zip)	
Police Report Yes <input type="checkbox"/> No	Law Enforcement Agency	Injury <input type="checkbox"/> Non Injury
Date	Location (Street, City, State, Zip)	
Police Report Yes <input type="checkbox"/> No	Law Enforcement Agency	Injury <input type="checkbox"/> Non Injury
Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	Injury <input type="checkbox"/> Non Injury

84. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes   No		
If yes, give reason		
Date	Location Street, City, State, Zip	
85. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes   No		
If yes, give reason:		Insurance Company
Date	Location Street, City, State, Zip	

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

87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability  Yes  No

89. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  No

90. Have you ever hit or physically overpowered a spouse, romantic partner or family members?  Yes  No

If you answered yes to any of **Questions 87-90**, give details dates and circumstances; indicate corresponding number.

**SECTION 11: SOCIAL MEDIA SITES**

91. Have you ever had a social media site (i.e. Facebook, My Space, etc.)?  Yes  No

92. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

List other email addresses you use that were not listed in section 1.



ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific item being referenced.

Large empty rectangular box for providing additional information.

**ACKNOWLEDGEMENT & CERTIFICATION**

I UNDERSTAND THAT ALL APPOINTMENTS ARE PROBATIONARY FOR A PERIOD OF ONE (1) YEAR, DURING WHICH TIME THE EMPLOYEE MUST DEMONSTRATE HIS OR HER FITNESS/ SUITABILITY FOR CONTINUED EMPLOYMENT WITH THE LAGO VISTA POLICE DEPARTMENT.

I UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER & FITNESS/ SUITABILITY INVESTIGATION.

I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE MISREPRESENTATIONS, OMISSIONS, FALSIFICATIONS, OR INTENTIONAL INACCURACIES, MY APPLICATION WILL BE REJECTED.

I ALSO UNDERSTAND THAT SHOULD IT BE REVEALED AFTER ANY APPOINTMENT THAT I MISREPRESENTED, OMITTED, OR FALSIFIED INFORMATION THAT SUCH INFORMATION MAY CONSTITUTE GROUNDS FOR TERMINATION.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE ABOVE STATEMENTS & ANSWERS TO QUESTIONS.

I FURTHER CERTIFY THAT ALL STATEMENTS ARE MINE & ARE ACCURATE, TRUE, & CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Applicant Acknowledging & Certifying Above Statements

SUBSCRIBED & SWORN TO BEFORE ME, by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC (Print or Type)

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

\_\_\_\_\_  
Notary Commission Expires

Notary Seal or Stamp

## AUTHORIZATION FOR RELEASE OF INFORMATION

Applicants Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **Lago Vista Police Department**. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the **Lago Vista Police Department** bearing this release to obtain **any** information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of **all** records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Lago Vista Police Department**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Lago Vista Police Department** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of **any** and **all** public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints, or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph or voice-stress analysis examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related

personnel, both individually and collectively, from any and all liability for damages of whatever kind may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I direct you to release such information upon request to the duly accredited representative of the **Lago Vista Police Department** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **Lago Vista Police Department's** acceptance and processing of my application for employment, I agree to hold the \_\_\_\_\_, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **Lago Vista Police Department**.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Lago Vista Police Department** in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

The waiver is valid for a period of \_\_\_\_\_, from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

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

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature of Applicant

**SWORN TO AND SUBSCRIBED** before me by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Seal or Stamp

\_\_\_\_\_  
Printed Name of Notary Public

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

\_\_\_\_\_  
Notary Commission Expires

**WAIVER OF LIABILITY**

**EMPLOYMENT TERMINATION HISTORY RELEASE**

NAME (Last, First, Middle Initial) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DEPARTMENT REQUESTING RECORDS \_\_\_\_\_

**I understand** that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

**I understand** the report 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 may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

**I understand** the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above; 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 expressly waive my right** to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or 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 the Commission, 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 reports concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

**I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, telecommunicator, or public security officer which are on file with the Commission to the department named above.**

\_\_\_\_\_  
Signature of Licensee Date

Sworn to & subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public in & for, State of Texas \_\_\_\_\_  
Printed Name of Notary Signature of Notary