

**APPLICATION**

**MOUNT PLEASANT POLICE DEPARTMENT**

**POLICE OFFICER**

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY OF MOUNT PLEASANT POLICE DEPARTMENT

PLEASE ATTACH COPIES OF THE BELOW LISTED DOCUMENTS. THIS INFORMATION MUST ACCOMPANY THE PERSONAL HISTORY STATEMENT PRIOR TO PROCESSING.

1. Birth certificate.
2. Proof of citizenship (if you were not born in America).
3. Copy of High School Diploma or GED.
4. Copy of college transcript.
5. Copy of marriage license.
6. Copy of divorce decree if applicable.
7. Copy of DD-214 if applicable.
8. Copy of driver's license.
9. Copy of Social Security Card.
10. Copy of your automobile proof of insurance.

**INSTRUCTIONS**

**READ THESE INSTRUCTIONS CAREFULLY**

**BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly 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. An incomplete or falsified Personal History statement will disqualify you from further consideration of employment.

1. Your Personal History Statement should be printed legibly in black ink and by you and no one else. 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 addresses. If you are not sure of an address, check it by personal verification.
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 and question number before continuing your answer.
6. An accurate and complete form will help expedite our investigation. On the other hand, deliberate omissions or falsifications will result in disqualification.
7. **When completed the application must be sent or delivered to the:**

**Texas Workforce Commission.  
1902 W. Ferguson Rd.  
Mount Pleasant, Texas 75455  
903-572-9841**

**DO NOT SEND THE APPLICATION TO THE MOUNT PLEASANT POLICE DEPARTMENT.**



B. RESIDENCE - List all addresses where you lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

FROM TO ADDRESS

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C. WORK HISTORY - Beginning with your present or most recent job, list all employment since the age of 18 or the last 20 years, whichever is less, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_  
Reason for Leaving (Be specific) \_\_\_\_\_  
\_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_  
Reason for Leaving (Be specific) \_\_\_\_\_  
\_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_  
Reason for Leaving (Be specific) \_\_\_\_\_  
\_\_\_\_\_

4. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_

Reason for Leaving (Be specific) \_\_\_\_\_

\_\_\_\_\_

5. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Reason for Leaving (Be specific) \_\_\_\_\_

\_\_\_\_\_

6. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Reason for Leaving (Be specific) \_\_\_\_\_

\_\_\_\_\_

7. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Reason for Leaving (Be specific) \_\_\_\_\_  
\_\_\_\_\_

D. MILITARY RECORD

1. Have you served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Unit Designation \_\_\_\_\_ Military Service Number \_\_\_\_\_  
Highest Rank Held \_\_\_\_\_ Type of Discharge \_\_\_\_\_
3. Were you ever disciplined while in the military service (include court-martial, captains's masts, company punishment, etc.)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

| CHARGE | AGENCY | DATE TIME | DISPOSITION |
|--------|--------|-----------|-------------|
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |
|        |        |           |             |

If you received a discharge other than honorable, give complete details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. EDUCATIONAL HISTORY

| 1. | HIGH SCHOOL | CITY & STATE | DATES |    | GRADUATED |    |
|----|-------------|--------------|-------|----|-----------|----|
|    | ATTENDED    |              | FROM  | TO | YES       | NO |
|    |             |              |       |    |           |    |
|    |             |              |       |    |           |    |
|    |             |              |       |    |           |    |

2. COLLEGE OR UNIVERSITY

COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ SEMESTER HOURS \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_ DEGREE RECEIVED AND DATE \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ SEMESTER HOURS \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_ DEGREE RECEIVED AND DATE \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ SEMESTER HOURS \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_ DEGREE RECEIVED AND DATE \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any specialized machinery or equipment which you can operate.

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3. List all languages you are fluent in and indicate your degree of fluency in each area.

LANGUAGE 1. \_\_\_\_\_ LANGUAGE 2. \_\_\_\_\_

|         | Fair     | Good | Excellent | Fair     | Good | Excellent |
|---------|----------|------|-----------|----------|------|-----------|
| READING | 1. _____ |      |           | 2. _____ |      |           |

|          |          |  |  |          |  |  |
|----------|----------|--|--|----------|--|--|
| SPEAKING | 1. _____ |  |  | 2. _____ |  |  |
|----------|----------|--|--|----------|--|--|

|               |          |  |  |          |  |  |
|---------------|----------|--|--|----------|--|--|
| UNDERSTANDING | 1. _____ |  |  | 2. _____ |  |  |
|---------------|----------|--|--|----------|--|--|

|         |          |  |  |          |  |  |
|---------|----------|--|--|----------|--|--|
| WRITING | 1. _____ |  |  | 2. _____ |  |  |
|---------|----------|--|--|----------|--|--|

4. List any other special skills or qualifications you may possess.

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G. ARRESTS, DETENTIONS, AND LITIGATION

1. Have you ever been arrested, detained by police or summoned into court?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

| OFFENSE<br>CHARGES | POLICE AGENCY,<br>CITY & STATE | DATE | DISPOSITION<br>OF CASE |
|--------------------|--------------------------------|------|------------------------|
|--------------------|--------------------------------|------|------------------------|

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2. Have you ever been involved as a party in civil litigation? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give details. \_\_\_\_\_

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H. TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, give date, location and reasons. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. With what company do you carry auto insurance? \_\_\_\_\_

Address & Phone: \_\_\_\_\_

3. List to the best of your memory all traffic citations you have received:

| MONTH & YEAR | CHARGE | CITY & STATE | DISPOSITION |
|--------------|--------|--------------|-------------|
|--------------|--------|--------------|-------------|

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. MARITAL AND FAMILY HISTORY

1. Are you? \_\_\_\_\_ Single  
\_\_\_\_\_ Engaged  
\_\_\_\_\_ Married  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Widowed

2. If engaged: Name of fiancé \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. If married: Date: \_\_\_\_\_ City & State \_\_\_\_\_

Spouse's name (wife's maiden name) \_\_\_\_\_

4. If ever separated, divorced or widowed: Date of marriage \_\_\_\_\_

City and State \_\_\_\_\_ Spouse's name ( maiden name ) \_\_\_\_\_

Present address & phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Separated, Divorced or Annulled (Which State) \_\_\_\_\_

Date of Order or Decree \_\_\_\_\_

Court & State Where Issued \_\_\_\_\_

5. List all children related to you or your spouse (Natural, stepchildren and adopted).

| NAME | DATE OF BIRTH | RELATION | ADDRESS |
|------|---------------|----------|---------|
|------|---------------|----------|---------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List all other dependents.

| NAME | ADDRESS | RELATION |
|------|---------|----------|
|------|---------|----------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List other relatives in the following order: Father, Mother, (include maiden name), brothers, & sisters. If deceased, so indicate.

| NAME | DATE OF BIRTH | ADDRESS | PHONE # | RELATIONSHIP |
|------|---------------|---------|---------|--------------|
|------|---------------|---------|---------|--------------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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J. REFERENCES - List five persons who know you well enough to provide current information about you and who have known you for 3 years or more, but not relatives or former employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

K. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRPRESENT)

| NAME & ADDRESS | TYPE (SOCIAL, FRATERNAL<br>PROFFESIONAL, ETC.) | FROM | TO |
|----------------|--|------|----|
|----------------|--|------|----|

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L. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

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2. Have you ever used marijuana or any other drug not prescribed by your physician?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

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3. Have you ever sold or furnished drugs or narcotics to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

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4. If it became necessary to take a human life in the course of our duties as a police officer, would any religious or other beliefs prevent you from doing so?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain. \_\_\_\_\_

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5. Do you have any religious or other beliefs, which would prevent you from fully performing the duties of a Police Officer, including working on weekends, evening or night shifts.

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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6. Have you ever made application for employment with this or any other law enforcement or related agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, give agency, date(s), and status of application.

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7. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a Police Officer?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, explain. \_\_\_\_\_

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**ACKNOWLEDGEMENT**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

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

\_\_\_\_\_  
Date

AUTHORIZATION TO RELEASE INFORMATION

To: \_\_\_\_\_

I hereby request and authorize you to furnish the Mount Pleasant Police Department with any and all information they may request concerning my work record, educational history, military record, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Police Officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Police Officer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title