

CITY OF BELLMEAD  
POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT

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

**GENERAL INSTRUCTIONS:** Hand print an answer to every question. If the question does not apply to you, so state with N/A. If the space available is insufficient, use a separate sheet. DO NOT MISSTATE OR OMIT material facts, since the statements made herein are subject to verification to determine your eligibility for employment.

**FALSIFICATION OR OMISSION OF ANY MATERIAL INFORMATION IN THIS DOCUMENT MAY RESULT IN THE PERMANENT REJECTION OF YOUR APPLICATION FOR EMPLOYMENT.**

**APPLICANT:**

NAME: \_\_\_\_\_  
*Last First Middle*

OTHER NAMES: (Nicknames, alias, maiden, etc.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

DL#: \_\_\_\_\_ STATE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

COLOR OF EYES: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
*City County State*

US CITIZEN? \_\_\_\_\_ SCARS, MARKS, TATTOOS: \_\_\_\_\_

**WORK EXPERIENCE:**

BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS YOU HAVE HAD IN THE PAST TWENTY (20) YEARS. INCLUDE ALL PART TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES, IF NECESSARY.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED.

**CIRCLE APPROPRIATE JOB DESCRIPTION:**

FULL TIME                      PART TIME                      TEMPORARY                      SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

***CIRCLE APPROPRIATE JOB DESCRIPTION:***

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF EMPLOYER/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HIGHEST SALARY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

LIST TWO COWORKERS: \_\_\_\_\_

DESCRIBE DUTIES AND RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST REASONS FOR LEAVING THIS POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERIODS OF UNEMPLOYMENT:**

RECORD ANY PERIOD OF UNEMPLOYMENT YOU HAVE HAD IN THE PAST TWENTY (20) YEARS (a period of unemployment is any time you did not have a job).

FROM: (MO/YR)	TO: (MO/YR)	TOTAL TIME UNEMPLOYED	REASON FOR UNEMPLOYMENT

**EDUCATIONAL HISTORY:**

LIST ALL ELEMENTARY, JUNIOR HIGH, HIGH SCHOOLS, COLLEGES, TECHNICAL OR TRADE SCHOOLS YOU HAVE EVER ATTENDED REGARDLESS OF WHETHER OR NOT YOU GRADUATED AND/OR COMPLETED THE PRESCRIBED COURSE OF STUDY. IF YOU LIST COLLEGES/UNIVERSITIES AND YOU DID NOT GRADUATE, INDICATE THE CORRECT NUMBER OF CREDIT HOURS YOU RECEIVED FROM EACH. IF YOU ATTENDED A TECHNICAL OR TRADE SCHOOL, INDICATE YOUR COURSE OF STUDY AND WHETHER YOU WERE AWARDED A DIPLOMA OR CERTIFICATE.

NAME AND TYPE OF SCHOOL LOCATION (CITY & STATE)	DATES ATTENDED FROM	DATES ATTENDED TO	DEGREE AND/OR CREDIT HOURS

HAVE YOU EVER BEEN EXPELLED FROM ANY SCHOOL YOU ATTENDED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE SCHOOL, DATE(S), AND REASON: \_\_\_\_\_

HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE SCHOOL, DATE (S), AND REASON: \_\_\_\_\_

IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE EACH LANGUAGE AND YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR) IN EACH AREA:

LANGUAGE	READ	SPEAK/UNDERSTAND	WRITE



**ARRESTS AND DETENTIONS:**

HAVE YOU EVER BEEN ARRESTED BY THE POLICE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN DETAINED (OTHER THAN FOR A TRAFFIC VIOLATION) BY THE POLICE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN SUMMONED INTO COURT FOR A CRIMINAL OFFENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN EACH INCIDENT (LIST JUVENILE AS WELL AS ADULT OCCURENCES). USE ADDITIONAL SHEETS IF NECESSARY. FOR EACH INCIDENT, THE COURT DISPOSITION AND OFFENSE REPORT ARE REQUIRED.

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LITIGATION:**

HAVE YOU EVER BEEN INVOLVED IN ANY KIND OF LAW SUIT (EVEN AS A WITNESS)? \_\_\_\_\_ YES \_\_\_\_\_ NO

WERE YOU SUED? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER SUED ANYONE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN EACH INCIDENT. USE ADDITIONAL SHEETS IF NECESSARY. ATTACH COPIES OF ALL DOCUMENTS.

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING RECORD:**

HAVE YOU EVER DRIVEN A MOTOR VEHICLE, SINCE YOUR 17<sup>TH</sup> BIRTHDAY WITHOUT A VALID DRIVER'S LICENSE?

\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER DRIVEN A MOTOR VEHICLE, WITHIN THE PAST THREE YEARS WITHOUT PROPER INSURANCE?

\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR PLACED ON PROBATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN (ATTACH ADDITIONAL SHEETS IF NECESSARY). SHOW DATE, TYPE OF SUSPENSION, AND DATE SUSPENSION WAS LIFTED:

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HAVE YOU EVER KNOWINGLY DRIVEN A MOTOR VEHICLE AFTER YOUR DRIVER'S LICENSE WAS SUSPENDED OR REVOKED?

\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER HAD A VALID DRIVER'S LICENSE IN ANOTHER STATE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, LIST DL NUMBER AND STATE: \_\_\_\_\_

HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE FOR ANY REASON? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_

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HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT AND LEFT THE SCENE WITHOUT IDENTIFYING YOURSELF?

\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER STRUCK AN UNATTENDED VEHICLE AND THEN LEFT WITHOUT LEAVING PROPER IDENTIFICATION?

\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT WHEN YOU WERE DRIVING AFTER YOU HAD BEEN DRINKING ANY TYPE OF ALCOHOLIC BEVERAGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_

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LIST, ALL MOVING AND NON-MOVING CITATIONS YOU HAVE RECEIVED IN THE PAST TWELVE (12) YEARS:

DATE	VIOLATION	AGENCY	DISPOSITION

LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED AS A DRIVER IN THE PAST TWELVE (12) YEARS:

DATE	LOCATION	BRIEF DESCRIPTION

WITH WHAT COMPANY DO YOU CARRY AUTOMOBILE INSURANCE?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

POLICY #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**MARITAL AND FAMILY HISTORY:**

**MARITAL STATUS:** (CIRCLE ONE)

SINGLE      ENGAGED      MARRIED      SEPARATED      DIVORCED      WIDOWED

HOW MANY TIMES:      MARRIED \_\_\_\_\_      DIVORCED \_\_\_\_\_

**IF YOU ARE ENGAGED:**

FULL NAME OF FIANCEE: \_\_\_\_\_

DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

**IF YOU ARE MARRIED:**

SPOUSE'S FULL NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DL#: \_\_\_\_\_ STATE: \_\_\_\_\_ SS#: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

ATTACH COPY OF MARRIAGE CERTIFICATE

**IF YOU ARE SEPARATED:**

SPOUSE'S CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

DATE FILED: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CAUSE #: \_\_\_\_\_

ATTACH COPY OF ORIGINAL PETITION FOR DIVORCE/SEPARATION, MARRIAGE DATE

**IF YOU ARE DIVORCED:**

FORMER SPOUSE'S CURRENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ DATE DECREE ISSUED: \_\_\_\_\_ CAUSE #: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

IF YOU HAVE HAD MORE THAN ONE DIVORCE, INCLUDE ADDITIONAL SHEETS AND ATTACH ALL FINAL DECREES.

LIST ALL CHILDREN RELATED TO YOU (NATURAL, STEPCHILD, ADOPTED):

NAME	DOB	RESIDENCE

LIST OTHER IMMEDIATE FAMILY MEMBERS (FATHER, MOTHER, BROTHERS, SISTERS) OF BOTH YOU AND YOUR SPOUSE. INCLUDE THOSE RELATED BY MARRIAGE. IF DECEASED, INDICATE YEAR OF DEATH.

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

**IF YOU CURRENTLY SHARE A RESIDENCE WITH ANY PERSON (S) OTHER THAN FAMILY MEMBER (S), LIST BELOW:**

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

**RESIDENCES:**

LIST ALL RESIDENCES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS. BEGIN WITH YOUR CURRENT RESIDENCE. LIST BY MONTH AND YEAR. INCLUDE APARTMENT COMPLEX NAMES AND OFFICE PHONE NUMBERS. ATTACH ADDITIONAL PAGES IF NECESSARY.

FROM/TO: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APARTMENT COMPLEX NAME: \_\_\_\_\_

FROM/TO: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APARTMENT COMPLEX NAME: \_\_\_\_\_

FROM/TO: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APARTMENT COMPLEX NAME: \_\_\_\_\_

FROM/TO: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APARTMENT COMPLEX NAME: \_\_\_\_\_

FROM/TO: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APARTMENT COMPLEX NAME: \_\_\_\_\_

FROM/TO: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APARTMENT COMPLEX NAME: \_\_\_\_\_

**FINANCIAL HISTORY:**

WHAT IS YOUR PRESENT SALARY/WAGE (MO-NET)? \_\_\_\_\_

WHAT IS YOUR SPOUSE'S OCCUPATION/WAGE (MO-NET)? \_\_\_\_\_

LIST ANY INCOME FROM ANY OTHER SOURCE OTHER THAN YOUR PRINCIPLE OCCUPATION (EXCLUDING YOUR SPOUSE):

SOURCE	AMOUNT	FREQUENCY

DO YOU OWN ANY REAL ESTATE? \_\_\_\_\_ YES \_\_\_\_\_ NO

LOCATION: \_\_\_\_\_ VALUE: \_\_\_\_\_

DO YOU OWN ANY BONDS (IRA'S, GOVERNMENT, ETC.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, VALUE: \_\_\_\_\_

DO YOU OWN ANY CORPORATE STOCK? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, VALUE: \_\_\_\_\_

**BANK ACCOUNTS**

TYPE ACCOUNT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ BALANCE: \_\_\_\_\_

TYPE ACCOUNT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ BALANCE: \_\_\_\_\_

TYPE ACCOUNT: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ BALANCE: \_\_\_\_\_

**CREDITORS**

LIST THE NAMES AND ADDRESSES OF COMPANIES, INDIVIDUALS, OR OTHERS TO WHOM YOU OWE MONEY AND THE AMOUNT OF YOUR DEBT. INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS AND PAYMENTS. INCLUDE ALL DEBTS OWED BY YOUR SPOUSE. USE ADDITIONAL SHEETS IF NECESSARY.

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CREDITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REASON FOR DEBT: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

PAST DUE: \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU OWN A BUSINESS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, UNDER WHAT NAME AND DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

HAVE YOU EVERY FILED FOR A DBA (DOING BUSINESS AS)? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAVE YOU EVER FILED FOR INCORPORATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAVE YOU OR YOUR BUSINESS EVER BEEN FORECLOSED UPON? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAVE YOU OR YOUR BUSINESS EVER BEEN IN BANKRUPTCY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAVE YOU OR YOUR BUSINESS EVER HAD PROPERTY REPOSSESSED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAS ANYONE EVER THREATENED TO TAKE YOU TO COURT FOR NONPAYMENT OF A BILL? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

**UNDETECTED CRIMES:**

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAVE YOU EVER TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU BY YOUR PHYSICIAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAVE YOU EVERY TAKEN/USED ANY ILLEGAL NARCOTICS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

HAS ANOTHER INDIVIDUAL EVER USED DRUGS IN YOUR PRESENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_

**PERSONAL REFERENCES:**

LIST SEVEN PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST FAMILY MEMBERS OR CURRENT OR FORMER EMPLOYERS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. / CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MEMBERSHIPS IN ORGANIZATIONS (PAST AND PRESENT):**

LIST YOUR PAST AND PRESENT MEMBERSHIPS IN GROUPS, ASSOCIATIONS, AND CLUBS. INDICATE THE OFFICIAL NAME OF THE ORGANIZATION, TYPE OF ORGANIZATION (SOCIAL, FRATERNAL, ETC). PERIOD OF MEMBERSHIP (FROM/TO), ADDRESS (INCLUDE CITY, STATE, ZIP), AND ANY OFFICE YOU HELD IN THE ORGANIZATION.

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

**MISCELLANEOUS INFORMATION:**

DO YOU OR YOUR SPOUSE HAVE A RELATIVE CURRENTLY EMPLOYED BY THE CITY OF BELLMEAD? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE THE NAME, RELATIONSHIP, AND POSITION OF THE RELATIVE.

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

HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT TO ANY OTHER LAW ENFORCEMENT AGENCY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, LIST AGENCIES WITH WHICH YOU HAVE APPLIED. INDICATE THE DATE OF THE APPLICATION, THE POSITION APPLIED FOR, AND THE PRESENT STATUS OF THE APPLICATION:

<u>CITY/ORGANIZATION</u>	<u>DATE</u>	<u>POSITION</u>	<u>APPLICATION STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU HAVE PREVIOUSLY WORKED FOR ANY EMERGENCY SERVICE PROVIDER (FIRE, POLICE, OR E.M.S.) LIST ANY AND ALL INTERNAL INVESTIGATIONS IN WHICH YOU WERE LISTED AS A PARTY OR WERE THE FOCUS OF ANY INVESTIGATION, GIVE DATES AND DETAILS. USE ADDITIONAL SHEETS IF NECESSARY.

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

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES OF A POLICE OFFICER, INFLUENCE THE ACTIONS YOU MAY BE REQUIRED TO TAKE, OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH A DESCRIPTION, IN YOUR OWN WORDS, OF YOUR FREQUENCY AND EXTENT OF USE OF INTOXICATING LIQUORS.

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU NOW, OR HAVE YOU EVER, BELONGED TO OR ASSOCIATED WITH ANY GROUP OR ORGANIZATION WHICH ADVOCATES OR SUPPORTS THE VIOLENT OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU NOW, OR HAVE YOU EVER, BELONGED TO OR ASSOCIATED WITH ANY GROUP OR ORGANIZATION WHICH MIGHT BE CONSIDERED RADICAL OR SUBVERSIVE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YOUR RESPONSE TO ANY OF THE ABOVE QUESTIONS IS YES, ATTACH AN ADDITIONAL SHEET AND EXPLAIN.

**EMERGENCY INFORMATION:**

IN CASE OF INJURY OR OTHER EMERGENCY NOTIFY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PAGER: \_\_\_\_\_

**AFFIRMATION:**

I SWEAR AND AFFIRM THAT THE FACTS AND INFORMATION CONTAINED IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND CORRECT. I FULLY UNDERSTAND THAT ANY FALSIFICATION, MISSTATEMENT, DECEPTION, OR OMISSION OF ANY MATERIAL INFORMATION MAY RESULT IN THE REJECTION OF MY APPLICATION FOR EMPLOYMENT.

FURTHER, I UNDERSTAND THAT, IN THE EVENT I AM EMPLOYED BY THE CITY OF BELLMEAD, ANY FALSIFICATION, MISSTATEMENT, DECEPTION, OR OMISSION OF ANY MATERIAL INFORMATION MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT.

SIGNED:

\_\_\_\_\_  
USUAL SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**NOTE: THIS DOCUMENT IS NOT VALID UNLESS SIGNED BY THE APPLICANT.**

Print your name on the back of a front view photograph taken during the past six months.  
  
Attach photograph here securely with past, tape or staples.