

CITY OF BEAUMONT POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT FOR POLICE DEPARTMENT APPLICANTS

PLEA	SE RETURN TO:	CITY OF BEAUMONT HUMAN RESOURCES 801 MAIN ST. SUITE 135 P.O. BOX 3827	NAME	:	
		BEAUMONT, TEXAS 77704 (409) 880-3777	DATE	DUE:	
		(407) 860-3777	DATE	DCE.	
am a	applying for:				
	Police Officer	PID#		Police Cadet PID#	_(if applicable)
	Telecommunic	ator		Civilian Employment	

IMPORTANT

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 THE INFORMATION BE ACCURATE AND COMPLETE. It will be used as the basis for a background investigation that will determine your eligibility for employment as a peace officer with the City of Beaumont.

- 1. Your Personal History Statement should be hand printed legibly in black ink. A typed packet is preferred.
- 2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
- 3. Avoid errors by reading the directions carefully before making any entries on the form.
- 4. You are responsible for obtaining correct addresses (including zip codes and phone numbers). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the needed directories. When providing phone numbers, include the area code.
- 5. If there is insufficient space on the Personal History Statement Form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.
- 6. If you have any questions regarding the required information, contact the Human Resources Office prior to the return of the document. The normal operation hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday.
- 7. <u>Attach copies of all</u> diplomas (schools/colleges), DD214's (military discharge), certificates and transcripts to the back of this form.
- 8. The Authorization for Release of Information and the Acknowledgment Letter (Pages 35-38) must be signed and dated by you **before** it will be accepted. The forms are to be notarized and must be signed in the presence of the notary.
- 9. An accurate and complete form will help expedite the background investigation. On the other hand, deliberate omissions or falsifications may result in your disqualification or termination of employment if hired. Your failure to complete this document properly and completely may result in the rejection of your application.
- 10. Copies of the application documents listed below **<u>must</u>** be returned with the Personal History Statement for applicant processing to begin.
 - a. Birth Certificate
 - b. Driver's License
 - c. G.E.D. / High School / College Diplomas
 - d. College and High School Transcripts
 - e. Military Discharge Papers (DD-214 long form) and/or Statement of Service
 - f. Marriage Certificate / Dissolution Papers
 - g. Naturalization Papers
 - h. Automobile Insurance Card with policy number
 - i. Certificates of Schools
 - j. Social Security Card
 - k. Peace Officer's Permanent License TCOLE (if applicable)
 - 1. Copies of all documents related to any discipline you have received, including copies of any disciplinary investigative reports
 - m. Copies of any court documents relating to any arrests, criminal charges, indictments, information, etc. in which you were the defendant
 - n. Copies of any court orders or legal agreements regarding child support
 - o. Copies of any special licenses or permits you hold or have held (i.e., pilot, radio operator, scuba, concealed weapon, security officer, etc.)
 - p. Copies of all complaints filed in any court action in which you were a plaintiff or defendant

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Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following TCOLE requirements. You must meet \underline{all} six (6) of these requirements to qualify for licensure as a peace officer or telecommunicator.

INITIAL	REQUIREMENTS
	1. I am a citizen of the United States of America
	2. I have earned a high school diploma or a GED.
	3. I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community supervision/probation or deferred adjudication for a Class A misdemeanor or a felony.
	4. During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community supervision/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 discharge.
	6. I have never been convicted or placed on community supervision in any court for an offense involving family violence as defined by Chapter 71, Texas Family Code.

Due to the high standards of the Beaumont Police Department, there are a number of reasons why an applicant <u>may</u> be disqualified for employment. The following is a partial list of common disqualifiers:

- Applicant fails to pass any part of the entrance examinations; Applicant fails to successfully demonstrate
 his/her ability to read, write and fluently speak the English language. The applicant will be disqualified until
 the deficiency is corrected.
- Applicant fails to meet Minimum Standards for Initial Licensure as set forth by Texas Commission on Law Enforcement for Peace Officer candidates
- Applicant is not a citizen of the United States of America by birth or naturalization. The applicant will be disqualified until citizenship is obtained in compliance with Federal Laws.
- Applicant is unable to perform the essential functions of the position to which he/she seeks appointment, with or without reasonable accommodation.
- Applicant has engaged in, received deferred adjudication for, or have been convicted of a Class B
 misdemeanor under the Texas Penal Code or equivalent under federal law, to include the Uniform
 Code of Military Justice (UCMJ) in the past ten (10) years.

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- Applicant has engaged in, received deferred adjudication for, or has been convicted of conduct which
 constitutes a Class A misdemeanor or any class of felony under the Texas Penal Code or federal law, to
 include the UCMJ.
- An applicant shall not be considered for employment while charges are pending for any criminal offense or while he/she is currently on probation for any offense other than a Class C traffic offense.
- Applicant has made any false statement in any material fact; withheld information, practiced or attempted to practice any deception or fraud in his/her application, examination or appointment.
- Applicant has engaged in conduct which constitutes excessive use of intoxicants, including alcohol.
- Applicant has not used illicit substances as indicated by the following guidelines:
 - o No Marijuana use within the last two (2) years.
 - o No unlawful consumption of paints, gases or other abusable chemicals.
 - No unlawful consumption of all other illegal drugs or controlled substances within the last five (5) years.
 - Use or delivery without remuneration of any medically prescribed drug for purely medicinal purposes will not be used to disqualify an applicant.
- Applicant has engaged in DWI/BWI/FWI/DUI within the past five (5) years or has more than five (5) traffic charges (moving violations) within the past five (5) years.
- Applicant has been dismissed or resigned in lieu of dismissal from any employment for inefficiency, delinquency or misconduct.
- Applicant has demonstrated a failure to pay just debts. Due to variable involved, each situation shall be considered on a case-by-case basis. Just debts are to include mandated Child Support.
- Applicant has exercised poor judgment skills within the past five (5) years. The applicant has demonstrated either immaturity or poor judgment in the applicant's decision making process.
- Applicant has a history of unstable work, i.e., as evidenced by frequent changing of jobs for no apparent reason (excluding seasonal, student or contract work).
- Applicant with military service, discharge status cannot reflect "Dishonorable Discharge" or you will be disqualified.

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BEAUMONT POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Last Name			First	Middle
Stuck Address				And No
Street Address				Apt. No.
City			State & Zip Code	
City			State & Zip Code	
Mailing Address (if different fro	m residence)		State & Zip Code	
Home Telephone Number	Work Telep	hone Number	Cellular Number	
Date of Birth	Social Secu	rity Number	Drivers License Number	r & State
List other names used: (Ma	aiden, Adoptio	on, Nicknames	, Etc.)	
Place of Birth City (City, Co	ounty, State, C	Country)		
Are you a U.S. Citizen by B	irth?		Are you a Naturalized	Citizen?
Height We	ight	Eye Co	lor	Hair Color
Race Sex				
Identifying Marks: (Scars	s, Tattoos, etc.) List the des	cription and where the	y are located.
NAME BY WHICH YOU	J PREFER T	O BE ADDR	ESSED:	
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MARITAL AND FAMILY HISTORY

Check your current m	arital status:		
Single	Engaged	Married	
Separated	Divorced	Widowed	
If you are engaged:	Anticipated Wedding Date:		
Name of Fiancé:		Date of Birth:_	
Address:	Home #	Cell#_	
If you are married (i	including common law):	Date of marria	ge:
Spouse's Name:		Date of Birth:_	
Current Address:			
If you have ever been	n separated, divorced, or w	idowed, provide details	s below:
Date of Marriage		Date of Marriag	e
City & State		City & State	
Separated	Date	Separated	Date
Divorced	Date	Divorced	Date
Widowed	Date	Widowed	Date
Annulled	Date	Annulled	Date
Court, County & State i	ssued	Court, County &	t State issued
		Ex-spouse's Nar	me
Have you ever been ma If yes, explain:	rried to more than one person a		No

FAMILY HISTORY (Continued)

If you currently share a residence with any person(s) other than immediate family member(s), list:

Full Name	Date of Birth	Relationship	Occupation/Work Number	Length of time together

Identify children related to you or your spouse (Biological, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Current Address

Have you ever been a party to any litigation, court orders, or legal agreements in regard to child support?
Yes No

If yes, list court, court number, amount, nature of litigation, whether the support is current or delinquent, and all other relevant details.

RESIDENCES

List all address where you have lived <u>beginning with your present address</u>. List date by <u>month and year</u>. Attach an additional page if necessary. Include apartment complex names and the office telephone number.

From	То	Address	Name of Apartment Complex & Telephone Number

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EMPLOYMENT HISTORY

Beginning with your present or most recent job, list <u>all</u> of the jobs you have had since the age of seventeen (17). Include all part-time, temporary, or seasonal positions. The information you furnish will be used to contact your present and/or former employers for a reference check. You <u>must</u> write legibly and provide current addresses including street number and name, city state and zip code. ANY BLANK SPACES WILL INDICATE AN INCOMPLETE FORM AND MAY ELIMINATE YOU FROM FURTHER CONSIDERATION. Attach additional pages if necessary.

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

If you are currently employed, may we cont	act your present er	nployer?	Yes	No
Check the appropriate employment status:	Full-Time	Part-Time	Temporary	Seasonal
Employer:	Beginning Salary:		Ending Salary:	
Employer's Address: Street/Mailing Address	Ci	ty/State	Zip Co	ode
Employer's Telephone Number:				
Employment Began on: MM/DD/YYYY Position(s) held with company:	Ended on:MM/	DD/YYYY	= Total Time	
Title:	Time In po	osition(s):		
Duties/Responsibilities:				
Did you receive job performance evaluations w	ith this company?	Yes	No	
Name of final supervisor:	Supervisor	Telephone n	umber	
Reason for leaving this position:				

Check the appropriate employment status:	Full-Time	Part-Time	Temporary	Seasonal
Employer:	_Beginning Sa	lary:	Ending Salary:	
Employer's Address: Street/Mailing Address		City/State	Zip Code	
Employer's Telephone Number:				
Employment Began on:MM/DD/YYYY	_Ended on:	MM/DD/YYYY	= Total Time	
Position(s) held with company:				
Title:	Time	In position(s):		
Duties/Responsibilities:				
Identify any disciplinary actions you received:_				
Did you receive job performance evaluations wi	th this company	y? Yes	No	
Name of final supervisor:	Super	visor Telephone n	umber	
Are you eligible for rehire? Yes No				
Reason for leaving this position:				
				_

Check the appropriate employment status:	Full-Time	Part-Time	Temporary	Seasonal
Employer:	Beginning Sa	lary:	_Ending Salary:	
Employer's Address: Street/Mailing Address		City/State	Zip Code	
Employer's Telephone Number:				
Employment Began on:MM/DD/YYYY	_ Ended on:	MM/DD/YYYY	= Total Time	
Position(s) held with company:				
Title:	Time I	n position(s):		
Duties/Responsibilities:				
Identify any disciplinary actions you received:_				
Did you receive job performance evaluations wi	ith this company	Y? Yes	No	
Name of final supervisor:	Superv	visor Telephone nu	ımber	
Are you eligible for rehire? Yes N	No			
Reason for leaving this position:				

Check the appropriate employment status:	Full-Time	Part-Time	Temporary	Seasonal
Employer:	_Beginning Salary	y:	Ending Salary:	
Employer's Address: Street/Mailing Address	C	City/State	Zip Co	de
Employer's Telephone Number:				
Employment Began on:MM/DD/YYYY	Ended on: MM	M/DD/YYYY	= Total Time	
Position(s) held with company:				
Title:	Time In p	oosition(s):		
Duties/Responsibilities:				
Identify any disciplinary actions you received:_				
Did you receive job performance evaluations wi	th this company?	Yes	No	
Name of final supervisor:	Superviso	or Telephone nu	ımber	
Are you eligible for rehire? Yes No				
Reason for leaving this position:				
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Check the appropriate employment status:	Full-Time	Part-Time	Temporary	Seasonal
Employer:	_Beginning Salar	y:	Ending Salary:	
Employer's Address: Street/Mailing Address	(City/State	Zip Co	ode
Employer's Telephone Number:				
Employment Began on:MM/DD/YYYY	_ Ended on:MN	M/DD/YYYY	= Total Time	
Position(s) held with company:				
Title:	Time In]	position(s):		
Duties/Responsibilities:				
Identify any disciplinary actions you received:_				
Did you receive job performance evaluations wi	th this company?	Yes	No	
Name of final supervisor:	Supervis	or Telephone n	umber	
Are you eligible for rehire? Yes No				
Reason for leaving this position:				
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Check the appropriate employment status:	Full-Time	Part-Time	Temporary	Seasonal
Employer:	_Beginning Salar	-y:	Ending Salary:	
Employer's Address: Street/Mailing Address	(City/State	Zip Coo	de
Employer's Telephone Number:				
Employment Began on:MM/DD/YYYY	_ Ended on: MN	M/DD/YYYY	= Total Time	
Position(s) held with company:				
Title:	Time In	position(s):		
Duties/Responsibilities:				
Identify any disciplinary actions you received:				
Did you receive job performance evaluations wi	th this company?	Yes	No	
Name of final supervisor:	Supervis	or Telephone n	umber	
Are you eligible for rehire? Yes No				
Reason for leaving this position:				
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Yes	No	If yes, explain in detail including employer, date of action, circumstances, et
Be con	mplete ar	nd detailed
		resigned from any position or employment while under investigation or after be investigation was contemplated?
Yes	No	If yes, explain in detail including employer, date of action, circumstances, et
Be con	mplete ar	nd detailed
Have	you ever	been fired or told that you were going to be fired?
Yes	No	If yes, explain in detail including employer, date of action, circumstances, etc.
Be con	mplete ar	nd detailed
Have		been subjected to any type of investigation for disciplinary or internal employm
		been subjected to any type of investigation for disciplinary or internal employment of the subjected to any type of investigation for disciplinary or internal employment of the subject o
reasor	ns? No	If yes, explain in detail including employer, date of action, circumstances, e
reasor	ns? No	

Yes	No	If yes, explain in detail including employer, date of action, circumstance
Be co	mplete ar	nd detailed
Have	you ever	had any complaints regarding the use of excessive force made against you'
Have Yes	you ever No	had any complaints regarding the use of excessive force made against you's If yes, explain in detail including employer, date of action, circumstance
Yes	No	If yes, explain in detail including employer, date of action, circumstance
Yes	No	
Yes	No mplete ar	If yes, explain in detail including employer, date of action, circumstance

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from high school. A period of unemployment is any time you did not have a job.

From: (Mo./Yr)	To: (Mo./Yr.)	Reason for being Unemployed

If you were a full-time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates. In the employment history section list jobs you worked while in college.

MILITARY SERVICE

Have you registered with	selective service?	Yes	No			
Have you ever been rejec	ted by any branch of the	U. S. Arm	ed Forces?	Yes	No	
Have you ever been a me	mber of any branch of th	ne U.S. Arr	ned Forces?	Yes	No	
Branch of Service:		Highe	st Rank Obtain	ned		
Date of Induction: MM/DD	Date of Discharg	ge:	Type of	f Discharge	e:	
Awards: (Type and date a	warded)					
Special Schools / Training	0					
While in the military served deck court or by summary Yes No If yes, give date, place, la for each incident.	y, special or general cou	rt-martial?				
Date:	Type:		Char	ge:		
Place:	Authority:		Resu	lts:		
Last duty station and nam	e of commanding office	er:				
Are you currently a member Yes No	per of a U.S. Reserve, N	ational or S	State Guard org	ganization?	,	
Branch of Service:	Grade & Service #	<u>!</u> :	Are You:	Active	Inactive	Standb
Organization / Station / U	nit and Location:					
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EDUCATIONAL HISTORY

List all high schools, colleges, technological and/or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours with which you are credited. If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and type of school	Dates	Attended	Certificate/Diploma
Location (City and State)	From	То	Degree and/or Credit Hrs Earned
Have you ever been expelled, suspen attended? Yes No	ded or received	any disciplinar	y action from any school you have
School: Dat	es:	1	Reason:
Have you ever been placed on acaden	nic probation?	Yes	No
School: Dat	es:		Reason:

ARREST, DETENTIONS

Have you ever been arrested by any law enforcement agency? Yes No					
If yes, complete the follow	ving table:				
Agency	Offense	Date	Location	Disposition of Arrest	
Have you ever been detain Yes No	ed (other than a traffic	ticket) by any	law enforcement agend	ey?	
Have you ever been consid Yes No	dered or named as a sus	spect in a crimi	nal investigation or cri	minal offense?	
Have you ever been summ Yes No	noned into or appeared	in any court for	r a criminal offense?		
Have you ever petitioned a Yes No	any court to seal or exp	ounge any recor	d regarding you?		
If yes, explain each incide	nt (list juvenile as well	as adult occur	rences).		
household against another injury, assault, or sexual a	member of the family ssault or that is a threa lt, or sexual assault, bu	y or household at that reasonab	that is intended to resily places the member i	t by a member of a family or ult in physical harm, bodily in fear of imminent physical is to protect oneself.) (Texas	

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LITIGATION

Have you ever been involved in an	ny type of la	w suit or li	tigation? (Even	as a witness)	Yes	No
Were you sued? Yes	No					
Have you ever sued anyone?	Yes	No				
Have you ever filed bankruptcy?	Yes	No				
Has anyone ever threatened to take	e you to cou	rt for non-	payment of a bil	l or debt?	Yes	No
Explain any yes answers:						
DRIVING RECORD						
How many moving citations ha	ve you rece	eived since	you began dri	ving?		
How many moving citations ha	ve you rece	eived in the	e past five year	rs?		
Have you ever driven a motor v	ehicle, sind	ce your 17	th birthday, wi	thout a vali	d driver's	license?
Have you ever driven a motor v Yes No	ehicle, with	hin the pas	st three years, v	without fina	ncial respo	onsibility?
Have you ever possessed a driv	er's license	issued by	any state other	r that Texas	? Ye	s No
If yes, give details below:						
Driver's License No.			State	Date	issued	
Driver's License No.			State	Date	issued	
Have you ever had your driver'	s license sı	uspended o	or revoked?	Yes	No	
Date of Suspension/Revocation	ı:					
Type of Suspension/Revocation						
Date Lifted:						
Have you ever had your driver'			robation?	Yes	No	
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DRIVING RECORD (Continued)

Have you ever had a hearing for probation	/ suspension, etc.?	Yes	No	
Have you ever been placed as an assigned	risk for vehicle ins	urance?	Yes	No
Have you ever had your insurance revoked	d? Yes	No		
Have you ever been denied a driver's licer	nse for any reason?	Yes	No	
How many motor vehicle accidents have y	ou been involved in	n as a drive	r?	
Have you ever been involved in an accident Yes No				
Have you ever been involved in an accident of alcoholic beverage or using drugs?	Yes No	riving after	you nad be	en drinking any type
Have you ever struck an unattended vehicle Yes No	le and then left with	nout leaving	g identificati	ion?
*With what company do you carry automol	bile insurance?			
Company address: Street Address	City		State	Zip
Policy Number:	Effective	Dates:		
Explain any yes answers listed under Driv	ing Record:			
* ATTACH COPIES OF CURRENT IN	NSURANCE CAR	D AND AI	LL RELAT	ED DOCUMENTS

DRIVING RECORD (Continued)

I	ist	all	driving	citations	vou have	received:
•	1150		4111115	citations	you mave	recerved.

Date Received	Type of Violation	Issuing Agency	Disposition (Paid, Not Guilty, Defensive Driving, Etc.)

List all accidents in which you have been involved as a driver:

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red	light, failed to control speed)	I
Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red	light, failed to control speed)	
Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red	light, failed to control speed)	

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

If you are fluent i Fair)	n a foreign langua	ge, indicate in eacl	n area your degree of fluenc	y. (Excellent, Good,
LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	a copy of each dip		and training hours for each	

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed drugs into a person's system. Example: experimented, tried, etc.

Have you ever used any of the below items without a prescription?

Drug	Yes	No	Total Number of Times Used	Approximate Last Date Used	Purpose of Use (e.g., Intoxication, Recreation, Experimentation, Medicinal)	Forms Used
Anti-depressants						
Barbiturates						
Bath Salts						
Cocaine						
Codeine						
Designer Drug (Any)						
Ecstasy "XTC"						
Heroin						
LSD						
Marijuana						
Marijuana (Synthetic)						
Methamphetamine						
Muscle Relaxers						
Mushrooms						
PCP						
Steroids						

Have you used any other **illegal drug(s)** not listed above? Yes No If yes, describe what drug, last use, and for what purpose (e.g., intoxication, recreation, experimentation, or medicinal): Have you ever **furnished** any of the items specified above to anyone? Yes No Which When # Times Have you ever **sold** any of the items specified above to anyone? Yes No Which When # Times Have you ever **purchased** any of the items specified above? Yes No Which When # Times Initial this page to indicate you provided complete and accurate information: 25 Rev 08/2021

* Illegal Drugs includes, but is not limited to, any controlled substance, drug, or material for which any

PERSONAL DECLARATIONS (Continued)

type of permit or prescription is required to purchase, use, or possess or the possession is otherwise unlawful.
Have you ever had an illegal drug injection? Yes No
Of what?
Have you ever intentionally inhaled paint, glue, or any chemical product? Yes No
When was the last time?
Have you ever abused any prescribed medication? Yes No
Type:
Have you ever been involved, in any way, in the manufacturing of an illegal drug? Yes No
What drug:How were you involved?
Have you ever lied to any medical personnel about symptoms in order to get a prescription? Yes No Explain:
Have others used illegal drugs/substances in your presence? Yes No Explain:
Have you ever furnished illegal drugs or narcotics to anyone? Yes No Explain:
Do you use alcoholic products? Yes No Explain:
Describe in your own words the frequency and extent of your use of intoxicating liquors?:
Have you ever used a cough medicine to get a "high"? Yes No Explain:

Illegal sexual conduct consists of any of the following: Engaging in sexual contact in public where the act could be seen; exposing your anus or any part of your genitals in a public place where the exposure could

PERSONAL DECLARATIONS (Continued)

be viewed; engaging in sexual contact with a person under 17; sexual contact with an animal; or sexual contact with a member of your family other than our spouse; or any sexual act which is a violation of the Texas Penal Code (or corresponding code of any other state).
Have you ever participated in any form of illegal sexual conduct? Yes No If yes, please explain:
Do you have any restriction, of any type, that would prevent or affect your ability to fully perform the duties of a peace officer, including working on weekends or on an evening/midnight shift? Yes No If yes, explain:
Have you ever engaged in any illegal conduct? Yes No If yes, What?
When?
Please Explain Circumstances:
Are there any incidents in your life, or details not mentioned herein, which may reflect upon your suitability to perform the duties as a peace officer which you may be called upon to take or which might require further explanation? Yes No
If yes, explain:

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. **Do not list relatives or past/present employers.** Complete thoroughly. The following information will be used to write to your personal reference. You must write legibly and provide current addresses including street number and name, city, state and zip code. ANY BLANK SPACES WILL INDICATE AN INCOMPLETE FORM AND MAY ELIMINATE YOUR FROM FURTHER CONSIDERATION.

1.	Name	Occupation_	
	Home Address Street No.& Name C	State	Years Known
	Mailing address (If different)		
	Home Phone #	Alternate Pho	one #
	Nature of Relationship:	E-mail Addre	ess:
2.	Name	Occupation_	
	Home Address Street No.& Name C	State	Years Known
	Mailing address (If different)		
	Home Phone #	Alternate Pho	one #
	Nature of Relationship:	E-mail Addre	ess:
3.	Name	Occupation_	
	Home Address Street No.& Name C	State	Years Known
	Mailing address (If different)		
	Home Phone #	Alternate Pho	one #
	Nature of Relationship:	E-mail Addre	ess:

BEAUMONT POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

PERSONAL REFERENCES (Continued)

Name		Occupati	ion	
Home Address Street No.& Name				Years Known_
Street No.& Name	City	State	Zip	
Mailing address (If different)				
Home Phone #		Alternate	e Phone #	
Nature of Relationship:		E-mail A	ddress:	
N		0 (
Name		Occupati	on	
		_		
Name Home Address Street No.& Name		_		
	City	State	Zip	Years Known_
Home Address Street No.& Name	City	State	Zip	Years Known_

FINANCIAL HISTORY

What is	our present sala	ary or wages?			
Do you Ye		m any source ot	her than your pri	ncipal occupation?	
If you a	swered yes, hov	v much?		How Often?	
Do you	own any real esta	ate? Yes	No Valu	ue \$	
Do you	own any bonds, ş				
Yes	No	Value \$			
Do you	own corporate st	ock?			
Yes	No	Value \$			
Do you	nave a bank acco	ount? Yes	No	Value \$	
Name &	Address of Ban	k			
Savings	Account? Y			lance: \$	
Name &	Address of Ban	k or Financial I	nstitution		
Checkin	g Account:	Yes No	Average Ba	lance: \$	
Name &	Address of Ban	k or Financial I	nstitution		
T tallic &					
rame &					
	other type of inc	come you have	hat is not addres	sed in the above areas:	

FINANCIAL HISTORY (Continued)

8.	Give names and addresses of the individuals, companies, or others to whom you are indebted, and
	the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards,
	loans, child support payments, and any other debts and payments. Include account numbers
	where applicable.

Name of Creditor	Type of Debt		
(e.g., Sears, Citi Financial)	(e.g., student loan, automobile)	Total Balance	Monthly Payment

9. Are you delinquent on any account? Yes No If yes, explain below:

Name of Creditor	Type of Debt	Number of	
(e.g., Sears, Citi Financial)	(e.g., student loan, automobile)	Days Late	Reason

10. Have you ever been refused credit or a loan? Yes No If yes, explain:

11. How would you score your credit rating? Excellent Good Fair Poor

12. In the past seven (7) years have you filed for bankruptcy? Yes No If yes, explain:

MISCELLANEOUS INFORMATION

List your past/present memberships in groups, associations or clubs:

TYPE: Social, Fraternal, Professional, Etc.	Office(s) Held	Dates of Membership From - To
		Ι ΙΤΙΙΛΟΙΕΊ ΗΔΙΛ

Hobbies and Sports you participate in:

No

Yes

If yes, explain:

Name of Sport	Length of Time	Level of Proficiency

Do you or your spouse have a relative currently employed with the City of Beaumont?

If yes, give name/relationship/position with the City:

Have you ever converted any government property to your own? Yes No

List any special licenses or permits you hold or have held (such as pilot, radio operator, scuba, concealed weapon, security officer, etc.), showing licensing authority, original date of issue, date of expiration, and any administrative action taken against the license.

MISCELLANEOUS INFORMATION (Continued)

List any specialized machin	nery or equipment yo	u can operate:						
List any other special skills	or qualifications you	ı may possess:						
Have you ever made an app or law enforcement related		nent (any position) with No	this or any other law enforcement					
Name of Agency	Name of Agency Type of Position Date of Application Status of Application pending, not purs							
If there are additional agence	cies, list them on a se	parate sheet of paper.						
Are you now, or have you e	ever applied for certif	fication as a Peace Offic	cer in any State other than Texas?					
or certification, status of an	y license(s) and who	ether that license was e	nsed you, the dates of application ver revoked or suspended, or had ly have a license, attach a copy of					
Name of Agency	Type of Position	Date of Application or Certification	Status of Application and/or License					

MISCELLANEOUS INFORMATION (Continued)

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:									

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF ANY CLAIM

TO WHOM IT MAY CONCERN:
I,, having made application for employment (Print Complete Name)
with the City of Beaumont Police Department and desiring that agency to be completely and accurately informed as to my character and previous personal history, hereby authorize any representative of the city of Beaumont Police Department and/or other duly accredited representative of the City of Beaumont conducting my background investigation, to obtain any and all information relating to my personal history from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail/business establishments, or other sources of information. The information I am requesting that you release may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary or employment history, criminal history record information, background investigation information, polygraph examination results, any and all Internal Affairs investigations and disciplinary records, and financial/credit information.
I also hereby authorize any representative of the Beaumont Police Department and/or the City of Beaumont bearing this release, or a copy of it, or furnishing this release or a copy of it, within five years from the date signed, to obtain any medical records or medical information in the files of my current or former employer(s), any current or former physician(s) or both which may pertain in any fashion to my consideration for employment with the City of Beaumont as a Peace Officer.
Consent is hereby granted for the Beaumont Police Department and/or City of Beaumont to furnish any information provided to them during the course and scope of their investigation, including information furnished pursuant to this authorization for release, to any third parties in the course of fulfilling their official responsibilities.
I hereby waive any right or opportunity to read or review any information, documents, statement, etc. furnished to the Beaumont Police Department and/or the City of Beaumont during the course and scope of their investigation pursuant to my application for employment. I further waive any right or opportunity to read or review any background investigation report prepared by any agent or representative of the Beaumont Police Department and/or the City of Beaumont.
I hereby release you, as a Custodian of Records for any school, college, university or other educational institutions, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agencies, retail/business establishment of any kind, government agency, law enforcement agency, present or former employers including officers, employees, or other related personnel both individually and collectively of any of the before mentioned businesses, agencies, etc., from any and all claims of liability for damage, loss, or injury of whatever kind, which may at any time result to me, my heirs, family, or associates because of your compliance with the authorization and request to release information or any attempt to comply with it.
I hereby require and demand that any person, agency, or agent for, or employee of any person or agency who refuses to furnish any information requested by a representative of the Beaumont Police Department and/or the City of Beaumont to advise me, and the representative of the Beaumont Police Department and/or the City of Beaumont who requests the information in writing within ten (10) days of your refusal to furnish the information requested and the basis for your refusal. You are hereby further advised that your refusal to furnish the requested information may result in my not being considered for employment or being denied the right to full and accurate review of my personal history. This refusal to cooperate on your part in furnishing the requested information may result in a direct and identifiable loss to me. A copy of this authorization for release shall have the same force and validity as the original.
I have read and understand all information contained in this authorization for release and acknowledge that I have received a copy of it.
FULL NAME: DOB
Print: First, Middle, Last SSN
CURRENT ADDRESS:
Street City State Zip
STATE OF:
COUNTY OF:
On this day of, before me, personally appeared, who after being duly sworn did subscribe, in my presence, his/her signature to this document
Affiant Date
WITNESS MY HAND AND OFFICIAL SEAL

(seal)

Date

Notary

ACKNOWLEDGMENT

I,Police Department. I have personally pr information therein and hereby certify the	repared this personal history statement-peace officer a	for employment with the City of Beaumont pplication and I have personally reviewed the
I further certify that any docum document is also true and correct to the	ments attached hereto are to be incorporated into the ap best of my knowledge.	plication and that information on any attached
background investigation will be condunderstand that the background investig	s a part of the application process for employment with ducted by officers/employees of the City of Beaumo pation is designed, in part, to verify information that I her information regarding my personal background a	nt / Beaumont Police Department. I further nave submitted as a part of my application for
record" pursuant to Chapter 37, Texas P false alteration of a government record;	the application which I have submitted and any attache Penal Code, and that it is a violation of the Texas Penal g or I make, present, or use any record, document, or ternment record, and that I commit an offense if I main	Code if I knowingly make a false entry in, or hing with knowledge of its falsity, and with
	he City of Beaumont / Beaumont Police Department denial and/or rejection of my application or employm	
I understand and agree that it process, that the decision to not employ	f I am deemed as non-employable due to my failure me is not appealable.	to pass any portion of the application/hiring
	nave to read or review any background investigation re ont Police Department in regard to my application for	
	ledge that any misrepresentations, omissions, or falsificocess would be grounds for immediate rejection of my	
WILLFUL MISREPRESENTATION	RMS AND CONDITIONS SET OUT HEREIN A NS, OMISSIONS, OR FALSIFICATIONS IN T HIS PERSONAL HISTORY STATEMENT/ POL ION.	THE FOREGOING STATEMENTS OR
	Prin	ted Name of Applicant
STATE OF:		
COUNTY OF:		
On this day of being duly sworn did subscribe, in my presen	before me, personally appeared nce, his/her signature to this document	, who after
Affiant	Date	_
WITNESS MY HAND AND OFFICIA	AL SEAL	
Notary	Date	(seal)

FAIR CREDIT REPORTING ACT APPLICANT NOTIFICATION OF INTENT TO USE A CONSUMER REPORT

I, (Print Complete Name)
having made application for employment with the City of Beaumont Police Department and desiring that agency to be completely and accurately informed as to my character and previous personal history, hereby authorize any representative of the city of Beaumont Police Department and/or other duly accredited representative of the City of Beaumont conducting my background investigation, to obtain any and all information relating to my personal history from any and all consumer reporting agencies, including, but not limited to, credit bureaus and /or credit reporting agencies.

Consent is hereby granted for the Beaumont Police Department and/or City of Beaumont to furnish any information provided to them during the course and scope of their investigation, including information furnished pursuant to this authorization for release, to any third parties in the course of fulfilling their official responsibilities.

I hereby waive any right or opportunity to read or review any information, documents, statement, etc. furnished to the Beaumont Police Department and/or the City of Beaumont during the course and scope of their investigation pursuant to my application for employment. I further waive any right or opportunity to read or review any background investigation report prepared by any agent or representative of the Beaumont Police Department and/or the City of Beaumont.

I hereby release The City of Beaumont and its employees and representatives, from any and all claims of liability for damage, loss, or injury of whatever kind, which may at any time result to me, my heirs, family, or associates because of my acknowledgment of this Fair Credit Reporting Act Applicant Notification Of Intent To Use A Consumer Report.

A copy of this applicant notification shall have the same force and validity as the original.

I have read and understand all information contained in this applicant notification and acknowledge that I have received a copy of it.

FULL NAME:	DOB										
	Print: First, Middle, Last										
CURRENT ADDRESS:			5514								
	Street	City		State	Zip						
STATE OF:			_								
COUNTY OF:			_								
On this	day of	,	before me, persona	lly appeared							
signature to this	document	, who after	being duly sworn did s	ubscribe, in my p	resence, his/her						
Affiant		Date									
WITNESS MY I	HAND AND OFFICIAL SEAL										
Notary		Date									
					(seal)						

CRIMINAL HISTORY & DRIVER'S LICENSE

It is required that you, as an applicant, furnish the below information that is requested on this form. The information that you provide is confidential and is used only for identification and criminal history purposes. The information that you provide must be true and correct. ANY OMISSIONS OR MISREPRESENTATIONS of information requested on this form will be grounds for the rejection of your application. Type or print legibly. A copy of your driver's license and social security card should be submitted with this completed form.

PLEASE PRINT OR TYPE

Last Name																				
First Name																				
Middle Name																				
List any and all other names used (i.e. previous married names, aliases, etc.) in this block:																				
Maiden Name																				
Texas Driver's I	License 1	Nui	mbe	r																
Other License S	tate:																			
Other License S	tate:																			
							1									7				_
Social Security I	Number	•																		
Male		W	hite					Bl	ack					Hi	ispa	nic				
Female					Asian						Other (please specify)									
																Ψ.		БРС		
Date of Birth:								P	lace	e of	Birt	h:								
Height:	ft. in.					– Weight:						lbs.								
Hair Color:								_	I	Еуе	Col	or								
_								_				_								
SIGNATURE										DA	TE									