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ERATH COUNTY SHERIFF'S DEPARTMENT PERSONAL HISTORY STATEMENT AND APPLICATION

Thank you for the interest in employment with the Erath County Sheriff's Department and for completing the application. We make every attempt to select candidates who most closely match the position description, as well as, the departments needs.

INSTRUCTIONS TO APPLICANT: Read all questions carefully. It is important that you answer all questions completely and honestly. Leave no answer spaces blank. All information submitted is subject to clarification. Any false statement, omission or misleading response may result in disqualification for employment or discharge from future employment with the Department.

We consider all applicants without regard to race, color, religion, creed, sex, citizenship, national origin, age, disability, marital or veteran status or any other legally protected status.

The following documents must accompany your application upon submission:

- Copy of Birth Certificate
- High School Diploma or GED
- Copy of Driver's License
- Copy of peace officer, jailer or dispatcher license
- Copy of any Certifications or License
- Military History – DD214, if applicable
- Authorization for Release of Personal Information, Notarized

Applications and documents must be received in the Erath County Treasurer's Office by 5:00 p.m. on the advertised closing date. Applications may be mailed, faxed or brought by the Erath County Treasurer's Office, 100 W Washington, Stephenville, Texas 76401. The office is located on the 3rd floor of the Erath County Courthouse. Any questions may be directed to the Erath County Treasurer's Office at (254) 965-1483. Applications may be faxed to (254) 965-1447.

EQUAL OPPORTUNITY EMPLOYER

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize the Erath County Sheriff's Department and its authorized representatives bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my social security number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application.

Applicant's Name

Street, Rural Address

City, State, Zip

Applicant's Notarized Signature

TO BE COMPLETED BY NOTARY PUBLIC

State of Texas

County of _____

Before me, on this day personally appeared _____, known to me to be the Person whose name is subscribed to the foregoing instrument, acknowledged to me, and executed the same For the purposes and consideration therein expressed.

Sworn to and subscribed before me on the _____ day of _____, _____.

Notary Public Name

Notary Signature

A. PERSONAL DATA

The following information is required of you for verification and contact purposes – please print.

Name (Last, First, MI): _____

List other names, including nicknames, you have used: _____

Complete address at which you can be contacted: _____

Home Telephone Number: _____ Cell phone: _____

E-mail Address: _____

Employees are required to be U.S. Citizens or authorized to work in the U.S. Can you provide such documentation? Yes No

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that the proper records are obtained.

Social Security Number: _____

Birth date: ____/____/____ Place of Birth - City and State: _____

B. RELATIVES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for this position. Inquiries will be confined to job relevant matters. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A".

Father's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Mother's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Spouse's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Father-in-Law's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Mother-in -Law's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Former Spouse's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Former Spouse's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Brother/Sister's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Brother/Sister's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Brother/Sister's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Step-Father's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Step-Mother's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Step-Brother/Sister's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Step-Brother/Sister's Name _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Step-Brother/Sister's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Child's Name _____ Age _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Child's Name _____ Age _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Child's Name _____ Age _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Child's Name _____ Age _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

C. REFERENCES

List 3 professional contacts/associates that have knowledge of you and your qualifications.

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Address _____

List 3 friends/acquaintances who know you socially. Exclude relatives and former employers.

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Address _____

D. RESIDENCE

Begin with the most current residence and list all locations where you have lived during the last 10 years. If applicable, provide name and phone number of the person/agency responsible for the collection of rent.

Complete Address _____

From ____/____/____ To ____/____/____ Owned Leased

Landlord's Name and Phone Number _____

Landlord's Address _____

Complete Address _____

From ____/____/____ To ____/____/____ Owned Leased

Landlord's Name and Phone Number _____

Landlord's Address _____

Complete Address _____

From _____ / _____ To _____ / _____

Owned Leased

Landlord's Name and Phone Number _____

Landlord's Address _____

Complete Address _____

From _____ / _____ To _____ / _____

Owned Leased

Landlord's Name and Phone Number _____

Landlord's Address _____

Complete Address _____

From _____ / _____ To _____ / _____

Owned Leased

Landlord's Name and Phone Number _____

Landlord's Address _____

Please list those individuals with whom you have resided during the last 10 years. List no information prior to your 18th birthday. Exclude family members and children under 16 years of age.

Name _____ Phone Number _____

Complete Address _____

Name _____ Phone Number _____

Complete Address _____

Name _____ Phone Number _____

Complete Address _____

Name _____ Phone Number _____

Complete Address _____

E. EDUCATION

Positions within the department require a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I HAVE A HIGH SCHOOL DIPLOMA
 I PASSED THE G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT TEST) DATE _____

Please indicate all of the schools you have attended starting with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be used in conjunction with those contacts.

Name of School _____ City and State _____
From ____/____/____ To ____/____/____ Degree/Certificate _____

Name of School _____ City and State _____
From ____/____/____ To ____/____/____ Degree/Certificate _____

Name of School _____ City and State _____
From ____/____/____ To ____/____/____ Degree/Certificate _____

Name of School _____ City and State _____
From ____/____/____ To ____/____/____ Degree/Certificate _____

Name of School _____ City and State _____
From ____/____/____ To ____/____/____ Degree/Certificate _____

Have you ever been suspended or expelled from any school? Yes No If Yes, provide school, date, and circumstances.

F. EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs including part-time, temporary and voluntary positions, as well as individual military assignments that you have held in the past 10 years. For purposes of this Personal History Statement, voluntary work should be included as employment. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ **Phone Number** _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ **Phone Number** _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Temporary Voluntary

From ____/____/____ To ____/____/____ Salary / Wage _____

Job Title and Duties _____

Specific Reason for Leaving: _____

Do you have any concerns about your current employer being contacted during the course of the background investigation? Yes No If yes, provide details:

Have you ever had any extended work absences for reasons other than earned vacations? Yes No

If yes, provide details including when, name of employer and reason.

Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, provide details including where, when and circumstances.

List all applications that you have ever made with this agency or any other law enforcement agency or corrections agency. Provide dates, agency, and status.

Have you ever failed a background investigation or polygraph examination? Yes No If yes, explain:

G. MILITARY SERVICE

Have you served in the Armed Forces, National Guard, or Military Reserves? Yes No

If yes, please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge

Are you currently participating in any Military Reserve or National Guard program? Yes No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or Military Reserves? Yes No If yes, provide details, including branch of service, when, where, and circumstances.

H. FINANCIAL

The management of personal finances and meeting of financial obligations are relevant to an individual's qualifications for this position. Therefore, please complete the questions below.

Have any of your bills ever been turned over to a collection agency? Yes No

If yes, provide details including when, firms involved, and circumstances.

Have you ever had anything repossessed? Yes No If yes, provide details including when, firms involved, and circumstances.

Have you ever been delinquent on installment loans such as a mortgage, vehicle loan, or credit cards? Yes No

Have your wages ever been garnisheed? Yes No If yes, provide details including when, why, where.

Have you ever been delinquent on income or other tax payments? Yes No If yes, provide details including when, why, where.

I. MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of this position. An investigation of your driving history will be made through the Department of Licensing. To expedite this procedure, please supply the following information.

Texas Drivers License Number: _____ Expiration Date: _____

Name under which license was granted: _____

Please list other states where you have been licensed to drive, and list name under which license was issued.

Name _____ State _____

License Number: _____ Expiration Date: _____

Name _____ State _____

License Number: _____ Expiration Date: _____

Name _____ State _____

License Number: _____ Expiration Date: _____

Have you ever been refused a drivers license by any state? Yes No If yes, provide details including when, why, where.

Please list all traffic citations, and infractions you have received within the last five (5) years. List miles over the speed limit for all speeding tickets.

Nature of violation	Location / City	Approximate Date	Indicate action taken on Driver's license
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your current auto insurance company: _____ **Policy Number:** _____

List Agent Name, Address, and Phone Number: _____

Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No
If yes, please explain and include company name, address, date and reason.

Have you been involved as a driver in a motor vehicle accident within the last 5 years? Yes No

If yes, provide details for each accident.

Date _____ City, County, State _____ Injury Non-injury

Was there a police investigation? Yes No Agency _____ Fault Not at Fault

Date _____ City, County, State _____ Injury Non-injury

Was there a police investigation? Yes No Agency _____ Fault Not at Fault

Date _____ City, County, State _____ Injury Non-injury

Was there a police investigation? Yes No Agency _____ Fault Not at Fault

Date _____ City, County, State _____ Injury Non-injury

Was there a police investigation? Yes No Agency _____ Fault Not at Fault

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No

If yes, provide details.

J. LEGAL

Have you ever been arrested or convicted of any crime, either as an adult or juvenile? Yes No

If yes, provide details.

Date _____ Police Agency _____

Circumstances _____

Have you ever been involved in an incident or occurrence of Domestic Violence, whether it was reported or not?

Yes No If yes, provide details.

Have you ever been placed on court probation, diversion, or deferred prosecution as an adult, or as a juvenile?

Yes No If yes, provide details including when, where and why.

Aside from a marriage dissolution, are you now or have you ever been involved as a plaintiff or defendant in any civil action? Yes No If yes, provide details including when, where and why.

Have you ever been involved in the sale or trafficking of any illegal drug (s) Yes No

If yes, number of times: _____ When was the last time? _____

Please explain in detail: _____

Have you ever used, possessed or experimented with the following substances? Be specific with number of times.
Possession is defined as controlling, touching, holding, selling, or trafficking

Amphetamines (uppers)

Yes No Number of times _____ Last time (Month /Year) _____

Methamphetamines (speed)

Yes No Number of times _____ Last time (Month /Year) _____

Barbiturates (downers)

Yes No Number of times _____ Last time (Month/Year) _____

Valium (other than prescribed)

Yes No Number of times _____ Last time (Month/Year) _____

Pain Killers (other than prescribed)

Yes No Number of times _____ Last time (Month/Year) _____

Cocaine

Yes No Number of times _____ Last time (Month/Year) _____

Crack

Yes No Number of times _____ Last time (Month/Year) _____

Hashish

Yes No Number of times _____ Last time (Month/Year) _____

Heroin

Yes No Number of times _____ Last time (Month/Year) _____

LSD "Acid"

Yes No Number of times _____ Last time (Month/Year) _____

Marijuana

Yes No Number of times _____ Last time (Month/Year) _____

PCP "Angel Dust"

Yes No Number of times _____ Last time (Month/Year) _____

Hallucinogenic Mushrooms

Yes No Number of times _____ Last time (Month/Year) _____

"Designer" type drugs (STP, Ice, etc.)

Yes No Number of times _____ Last time (Month/Year) _____

Steroids

Yes No Number of times _____ Last time (Month/Year) _____

**** Any other illegal drugs**

Yes No Number of times _____ Last time (Month/Year) _____

** List and Describe _____

Has the use of alcohol/drugs ever affected your attendance or performance while you were at work? Yes No

If yes, provide details: _____

K. SPECIAL QUALIFICATIONS AND SKILLS

Can you speak any foreign language (s)? Indicate degree of fluency (excellent, good, fair, poor)

Language	Reading	Speaking	Understanding
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever applied for a permit to carry a concealed weapon? Yes No If yes, provide details:

Law Enforcement Agency	Purpose	Date	Permit Granted: Yes / No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If permit was denied, please explain: _____

In accordance with the duties of a law enforcement officer, do you have any beliefs which would preclude you from using physical force to the extent of causing bodily harm, or death, if the circumstances so dictated?

Yes No If yes, provide details: _____

Regarding the job description for the position you have applied for, do you have any beliefs which would prevent you from fully performing the duties assigned you, including working weekends, evenings, or night shifts?

Yes No If yes, provide details: _____

Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Erath County Sheriff's Department? Yes No If yes, provide details:

PERSONAL STATEMENT: In the space below, state your reasons for applying for this position.

List additional information or comments about your background or suitability for employment with the Erath County Sheriff's Department: _____

I hereby certify, under penalty of perjury, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements will be cause for denial of employment or immediate termination, regardless of when or how discovered.

Signature

Date