

**ROCKWALL POLICE  
DEPARTMENT**



APPLICANT

PERSONAL HISTORY STATEMENT

ROCKWALL POLICE DEPARTMENT

Please Attach a 3"x5" Color Photograph in this Space The  
Photograph should be less than 1 year old.

## ROCKWALL POLICE DEPARTMENT

### **READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Once completed by you, this Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. **It is essential that all information be complete and accurate.**
2. Do not remove pages from this Personal History Statement. This is an original document and shall remain intact.
3. Hand print all information in **black ink only**.
4. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
5. Avoid errors by reading the directions carefully before making any entries on the forms. Be sure your information is legible, correct and in proper sequence before you begin.
6. You are responsible for obtaining correct addresses and phone numbers (*including zip and area codes*). If you are unsure, check it by personal verification. Your local library and Internet access are two resources available to you.
7. If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.
8. An accurate and complete Personal History Statement will expedite your background investigation; deliberate omissions or falsifications will result in disqualification.
9. Your completed Personal History Statement is to be submitted the day of the written Police Test. You will not be allowed to take the test if you fail to submit the completed Personal History Statement.

*It is your responsibility to have the Personal Inquiry Waiver notarized.*

### **Copies of the following documents will be required upon completing this Personal History Statement:**

1. Birth Certificate
2. High School transcript or copy of G.E.D.
3. Certified College transcripts verifying that you have completed 45 hours of college from a State Accredited College or University.
4. College diploma(s), if applicable
5. Military DD214, NGB 22, or DA 2-1, if applicable
6. Marriage License(s)
7. Divorce Decree(s)
8. Consumer Credit Report using [www.creditscore.com](http://www.creditscore.com)

ROCKWALL POLICE DEPARTMENT

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ROCKWALL POLICE DEPARTMENT

General Information

The information provided in this section is used for identification purposes.

APPLICANTS NAME:

Last First Middle

OTHER NAMES USED:

Maiden Adoption Etc.

HOME ADDRESS:

Street City State Zip Code

TELEPHONE NUMBERS:

( ) - ( ) - ( ) - Home Office Cell Phone

Electronic and Social Media

Include All E-Mail Address(es) Facebook Account Information

DATE OF BIRTH:

Month Day Yr. Male Female

SEX

RACE

DRIVERS LICENSE:

Driver's License Number and State Expiration Social Security Number

HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR:

IDENTIFYING MARKS:

SCARS:

BIRTHMARKS:

TATOOS:

NAME BY WHICH YOU PREFER TO BE ADDRESSED:

ANY OTHER NAME(S) THAT YOU ARE KNOWN BY IN YOUR COMMUNITY:

Include all nicknames, aliases or any other name you have ever used.

## **Objectives of a Personal Background Investigation**

The objectives of a personal background investigation are to obtain information to enable the proper authority to reach a definite conclusion regarding an applicant's character and reputation, as well as to determine whether employment or appointment is clearly consistent with the best interest of the City of Rockwall and the Rockwall Police Department.

### **Character**

Character is a trait, or sum of traits, which serves as an index to the essential or distinctive nature of an individual. It is the aggregate of distinctive mental and moral qualities that have been impressed by nature, education and habit upon the individual.

### **Reputation**

Reputation is the opinion or estimation in which one is generally held. Character is what a person is; reputation is what a person is reported to be.

### **Suitability**

Suitability refers to the character reputation and fitness of those under consideration for services in the Rockwall Police Department.

### **Employment Aspects**

Listed below are just a few examples of positive and negative employment aspects that the background investigator may summarize on any given applicant during the background phase. The summary of the report would then be forwarded to the background investigation board, comprised of a given number of other officers who conduct investigations, and a determination is made to recommend or not recommend continuance in the employment process.

### **Examples of Positive Employment Aspects**

1. Applicant has an excellent academic record, as indicated by high school and college transcripts.
2. Applicant has an outstanding reputation in the community, as indicated by interviews of neighbors.
3. Applicant has an excellent work record, as indicated by the interviews with their present and previous employers.
4. Applicant has no criminal or motor vehicle record.
5. Applicant has a strong desire to serve in the public safety profession as expressed in the pre-interview.
6. Applicant's background indicates a mature and stable personality.
7. Applicant has an excellent credit rating.

## ROCKWALL POLICE DEPARTMENT

### **Examples of Negative Employment Aspects**

1. Actual academic record is other than indicated by the applicant in their application.
2. Applicant's reputation, as reported by neighbors, acquaintances and co-workers, would not be considered as desirable in a potential Rockwall Police Officer.
3. Applicant does not have excellent work record.
4. Applicant has a criminal or substantial motor vehicle record.
5. Applicant has a less than strong desire to serve in the public safety profession as expressed in his interview.
6. Applicant's background indicates less than a mature and stable personality.
7. Applicant has a poor credit rating.

### **Immediate Employment Disqualifiers**

At one point, a background investigator will be assigned to conduct a pre-background interview and the background investigation on you. Please allow 2-3 hours of your time when the pre-background interview has been set. After the pre-background interview, the investigator will then resume reviewing your background packet. The investigator will be looking into the statements provided by you and the information discovered during the investigation to determine if any immediate employment disqualifiers exist. It is important to know that when completing this background packet you should be completely truthful in all your statements as the most frequent disqualifiers are item numbers 14, 15, 16, 17 and 18.

1. Is younger than 20
2. Does not have either a high school diploma or GED certification.
3. Has not completed forty-five (45) hours of college.
4. Drivers License is not valid and/or clear.
5. Has any Felony conviction.
6. Have been convicted of a Misdemeanor crime, above a Class C, within last ten (10) years.
7. Has a Misdemeanor conviction for a crime involving moral turpitude within the last ten (10) years.
8. Is currently charged with or under investigation for any criminal offenses.
9. Is under court or community supervision for a misdemeanor offense.
10. Use of marijuana beyond experimentation.
11. Illegal use of all other drug(s), including prescription medicine, beyond experimentation.
12. Theft from employer(s) with cumulative total of \$50.00 or more within the past ten (10) years.
13. Intentional omission of information on application or Personal History Statement.
14. False statement of information on application or Personal History Statement.
15. Intentional misleading statement on application or Personal History Statement.
16. Falsification of job(s) related document(s).
17. Failure to return completed Personal History Statement on due date.
18. Ten (10) minutes late for interview without notifying the Police Department of such tardiness. (exceptions may be made for certain emergencies)
19. Conviction of a DWI within the past ten (10) years.
20. More than one (1) DWI conviction total.

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21. Interfering, obstructing or otherwise causing improper influence in the background process.

### **Withdrawal of Application by Applicant**

If you believe that, based upon the information supplied here, you may meet an immediate employment disqualification and wish to withdraw your application, it will be understandable. We will mark the application as "Withdrawn"; however, the Personal History Statement will remain the property of the City of Rockwall and must remain on file for a minimum of three (3) years. In such event, the Department would like to thank you for your interest and wish you well in your future endeavors.

Members of the Department will not discuss with the applicant their eligibility of employment based upon the information given by the applicant. Please refrain from attempting any conversation regarding your own perceived possible immediate employment disqualifiers. That decision rests with the Background Investigation Board, the Police Administration and Human Resources Department at the time of any complete presentation of a Personal History Statement by the applicant.

ROCKWALL POLICE DEPARTMENT

**Personal Inquiry Waiver Form  
Authorization to Release Information**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of all records, including, but not limited to, photocopies of records concerning myself to any duly authorized agent of the City of Rockwall and/or the Rockwall Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the City of Rockwall and/or the Rockwall Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the City of Rockwall from all liability for supplying any information concerning my employment to any potential employer. I authorize the City of Rockwall and/or the Rockwall Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigation record they deem necessary through various third party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the City of Rockwall and/or the Rockwall Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the City of Rockwall and/or the Rockwall Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the City of Rockwall and/or the Rockwall Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

\_\_\_\_\_  
*Applicant's Printed Name*

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

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

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

STATE OF TEXAS

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
*(day) (month) (year)*

\_\_\_\_\_  
(Notary Public)  
My Commission expires: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Consumer Credit Notice and Authorization**

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a consumer report may be obtained in connection with your application for employment. The term consumer report means any written, oral, or other communication of any information by a consumer reporting agency bearing on an applicant's credit worthiness, credit standing or credit capacity.

If you are denied employment, wither wholly or partially, because of information contained in a consumer report, the City of Rockwall will notify you and provide you with the name, address, and telephone number of the consumer reporting agency who prepared the consumer report. You will also receive a copy of the consumer report and a statement of your consumer rights under the FCRA.

I have read the above notice and understood what it means. I hereby authorize the City of Rockwall to investigate my credit worthiness, credit standing or credit capacity for employment purposes.

**APPLICANT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

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

Note: The City of Rockwall will be unable to consider your application for employment if this Notice of Authorization form is not completed, signed and returned along with your Personal History Statement for background investigative purposes.

**NOTE:** You are still required to provide a sealed copy of your Comprehensive Credit Report. Failure to meet this requirement may cause your personal background investigation to be suspended and denied continuance due to incomplete packet.

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STATE OF TEXAS

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
(Notary Public)

My Commission expires: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

## **Employment History**

Beginning with your current or most recent job, list **all** jobs that you have had, including all part-time, temporary, or seasonal positions. This employment history **shall** include every job that you have held **and any lapse of unemployment** since your sixteenth (16) birthdays.

Include all instances of unemployment and indicate such time by circling “unemployed” on the appropriate line. In times of unemployment, use the “duties/responsibilities” line to briefly indicate reason for unemployment and identify your source of financial support during the unemployment period.

Please complete all blanks. Be advised that a resume is not a substitute for the information requested.

**Please include additional sheets if necessary at the back of this Personal History Statement.**

# Employment History

Circle appropriate job status: Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number Street Name Suite City State Zip

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

## POSITION(S) HELD WITH ORGANIZATION

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

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*Do not write below this line*

Investigator's Notes: \_\_\_\_\_

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ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number Street Name Suite City State Zip

Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_  
\_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number Street Name Suite City State Zip

Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_  
\_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number Street Name Suite City State Zip

Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_  
\_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: *Number Street Name Suite City State Zip*

Employer's Telephone (\_\_\_\_\_) \_\_\_\_\_

Number: *Area Code*

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
*Month Day Year Month Day Year*

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number Street Name Suite City State Zip

Employer's Telephone (\_\_\_\_\_) \_\_\_\_\_  
Number: Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_  
\_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: *Number Street Name Suite City State Zip*

Employer's Telephone (\_\_\_\_\_) \_\_\_\_\_

Number: *Area Code*

Hire \_\_\_\_\_  
Date: *Month Day Year*

Ended \_\_\_\_\_  
On: *Month Day Year*

Total Months \_\_\_\_\_  
Worked:

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour \_\_\_\_\_  
Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: Number Street Name Suite City State Zip

Employer's Telephone ( ) \_\_\_\_\_

Number: Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Last Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: Number Street Name Suite City State Zip

Employer's Telephone ( ) \_\_\_\_\_

Number: Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: *Number Street Name Suite City State Zip*

Employer's Telephone (\_\_\_\_\_) \_\_\_\_\_

Number: *Area Code*

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
*Month Day Year Month Day Year*

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: Number Street Name Suite City State Zip

Employer's Telephone ( ) \_\_\_\_\_

Number: Area Code

Hire Date: \_\_\_\_\_ Ended On: \_\_\_\_\_ Total Months Worked: \_\_\_\_\_  
Month Day Year Month Day Year

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: Number Street Name Suite City State Zip

Employer's Telephone ( ) \_\_\_\_\_

Number: Area Code

Hire Date: \_\_\_\_\_  
Month Day Year

Ended On: \_\_\_\_\_  
Month Day Year

Total Months Worked: \_\_\_\_\_

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Employment History**

**Circle appropriate job status:** Full Part Temporary Seasonal Unemployed

Employer Name: \_\_\_\_\_

Employer's \_\_\_\_\_

Address: Number Street Name Suite City State Zip

Employer's Telephone ( ) \_\_\_\_\_

Number: Area Code

Hire Date: \_\_\_\_\_  
Month Day Year

Ended On: \_\_\_\_\_  
Month Day Year

Total Months Worked: \_\_\_\_\_

**POSITION(S) HELD WITH ORGANIZATION**

Title: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Time in Position: \_\_\_\_\_

Did you receive Job Performance Evaluations? Yes No

Name of Final Supervisor: \_\_\_\_\_ Eligible for Re-hire? Yes No

Reason for Leaving: \_\_\_\_\_

Was Notice Given? Yes No If Yes, How Much Notice? \_\_\_\_\_

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If Yes, state the reason for said action: \_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Military Service**

Have you registered with the Selective Services? Yes / No When? \_\_\_\_\_

Have you ever been rejected by any branch of the US Armed Forces? Yes No

Have you ever been a member of any branch of the US Armed Forces? Yes No

If yes, Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Awards (*Types and date awarded*)

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

Special Schools / Training

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

While in the military service were you ever arrested for an offense that resulted in a trial by deck court or by summary, special or general court-martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident:

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

List duty station and name of commanding officer: \_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of a US Reserve, National or State Guard Organization? Yes No

Branch of Service: \_\_\_\_\_ Grade & Service: \_\_\_\_\_ Are You: \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_ Standby \_\_\_\_\_  
*(Circle appropriately)*

Organization / Station / Unit and Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Educational History**

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether you graduated and/or completed the prescribed course of study.

If you are listing colleges or universities and you did not graduate, indicate the correct number of credit hours you are credited with.

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 Location (Full Address) School's Registrar's Telephone Number	Dates Attended		Degree and/or Credit Hours Earned
	From	To	

Have you ever been expelled from any school you have attended? Yes No

School: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been placed on academic probation? Yes No

School: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

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***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT  
**Educational History** *(continued)*

When completing the following information you must give sufficient detailed information that can be verified. List information such as the name of the school and year involved in such activities.

School Activities: *Clubs / Sports / Etc.*


Positions of Leadership: *Indicate position / Organization / Dates held*


Community Activities:


Awards / Commendations or Special Recognition:


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Investigator's Notes:


ROCKWALL POLICE DEPARTMENT

**Driving History**

A moving violation is any violation which is not a non-mechanical infraction. It does not include such violations as expired inspection stickers, expired vehicle registration, defective headlamps, etc.

How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three years? \_\_\_\_\_

Have you ever driven a motor vehicle without a valid driver's license since your 17<sup>th</sup> birthday?  
Yes No

Have you ever driven a motor vehicle without the proper insurance and received a citation for it within the past 10 years?  
Yes No

Have you ever had your driver's license suspended for any reason? Yes No

If yes, complete the following:

Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_ Date Lifted: \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_ Date Lifted: \_\_\_\_\_

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations? Yes No

Have you ever had a hearing for probation/suspensions, etc? Yes No

Have you ever been placed as an assigned risk for vehicle insurance? Yes No

Have you ever had your insurance revoked due to the number of traffic citations or accidents? Yes No

Do you have a valid driver's license in more than one state? Yes No

If yes, list the State and license number: State \_\_\_\_\_ Number \_\_\_\_\_

Have you ever had a State Identification Card? State \_\_\_\_\_ Number \_\_\_\_\_

***Do not write below this line***

Investigator's Notes:

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

ROCKWALL POLICE DEPARTMENT

**Driving History** *(continued)*

Have you ever been denied a driver's license for any reason Yes No

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_

Of the above number, how many of those accidents listed are you considered as being primary contributing factor to causing the accident? \_\_\_\_\_

Have you ever struck an unattended vehicle and then left without leaving identification or complying with the duties associated with striking an unattended motor vehicle? Yes No

As a driver, have you ever been involved in an accident after you had been drinking alcoholic beverages? Yes No

With what company do you carry automobile insurance?

\_\_\_\_\_

Insurance Company Name

\_\_\_\_\_

Insurance Company Address

\_\_\_\_\_

Policy Number

Effective  
Date

\_\_\_\_\_

Agent Name

( ) - \_\_\_\_\_

Agent Telephone Number

**Attach a copy of your current insurance card to this page.**

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Investigator's Notes:

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

ROCKWALL POLICE DEPARTMENT

**Driving History** *(continued)*

List, to the best of your memory, **all driving citations** you have received within the last 5 years.

Date Received	Type of Violation	Issuing Agency	Disposition <i>(Paid or found not guilty)</i>

List all accident, in a lifetime, in which you have been involved as a driver:

Date	Location (include city & state)	Brief Description	Contribution to accident <i>(other driver or you)</i>

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Investigator's Notes:


ROCKWALL POLICE DEPARTMENT  
**Marital and Family History**

**Current Status: (*√ appropriate box*)**

Single     Engaged     Married     Separated     Divorced     Widowed

**If you are engaged:**

Wedding Date:  Name of Fiance/Fiancée:  Date of Birth:

Address:

Home Phone:  Work Phone:

**Name of boyfriend or girlfriend:**

Name:  Date of Birth:

Address:

Home Phone:  Work Phone:

**If you are Married or Separated:**

Spouse's Name:  Date of Birth:

Address:

Home Phone:  Work Phone:

Cell Phone:  E-Mail Address:

Date of Marriage:  Years Married:

ROCKWALL POLICE DEPARTMENT

**Marital and Family History** *(continued)*

**If you are Divorced:**

Former Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date Divorce Decree was Issued: \_\_\_\_\_

Court and State where Divorce Decree was issued:  
\_\_\_\_\_

**If you are widowed:**

Deceased Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Have you ever been married to more than one person at one time? Yes No

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Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Marital and Family History** *(continued)*

List all children related to you or to your spouse *(natural, stepchildren, adopted, or foster)*

Child's Full Name	Date of Birth	Relationship	Home Address <i>(if different than your own)</i>

List other immediate family member *(father, stepfather, mother, stepmother, siblings)* of both you and your spouse *(include those related by marriage)*. If deceased, indicate the year of death.

Full Name	Date of Birth	Relationship	Occupation	Address & Telephone Number

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***Do not write below this line***

Investigator's Notes:


ROCKWALL POLICE DEPARTMENT  
**Marital and Family History** *(continued)*

List anyone, other than family member(s), with whom you are currently sharing a residence:

Full Name	Date of Birth	Relationship	Occupation / Work Number	Length of Time Together

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***Do not write below this line***

Investigator's Notes:


ROCKWALL POLICE DEPARTMENT

**Financial Information**

**Applicant:**

What is your present salary or wages? \_\_\_\_\_ (yearly / gross)

**Applicant's Spouse:**

Does your spouse work? Yes No N/A

If yes, what is your spouse's present salary or wages? \_\_\_\_\_ (yearly / gross)

Employer Name:		Job Title:	
Business Address:			
Business Phone:		Hours/Days Worked:	

List any income from any other source, other than your principal occupation (excluding your spouse's income).

Source	Amount	Frequency

Do you own any real estate? Yes No

If yes, state value of real estate: \_\_\_\_\_  
Real Estate Location: \_\_\_\_\_

Do you own any bonds, Government or other? Yes No

If yes, state value: \_\_\_\_\_

Do you own any corporate stock? Yes No

If yes, state value: \_\_\_\_\_

Savings Account #:		Current Balance:	\$	
Checking Account #:		Current Balance:	\$	
Bank Address:				

***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Financial History** *(continued)*

Please provide the names and addresses of the individuals, companies, or others to whom you owe or regularly pay money, and the amount of your debt or payment. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, utilities, cable television, insurance payments, IRS delinquent tax payments, and any other debts or payments for which you are responsible. Also include debts incurred by your spouse, and credit cards that do not have an outstanding balance.

Name/Address of Creditors	Account #	Balance	Payments	Is it Past Due?
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
<b>TOTALS:</b>		\$	\$	

ROCKWALL POLICE DEPARTMENT

**Financial History** *(continued)*

Have you ever filed for bankruptcy? Yes No

If yes, give the following information:

Date: \_\_\_\_\_ Chapter Filed: \_\_\_\_\_

Court: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been refused or denied credit by a bank or creditor: Yes No  
If yes, how many times: \_\_\_\_\_

Have you ever experienced a significant event that caused you a financial hardship and left you unable to pay your monthly bills? Yes No

If yes, list the event(s) and date(s):

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

Have you ever been refused credit by a department store: Yes No  
If yes, how many times: \_\_\_\_\_

Have you ever made an application for credit that contained false information? Yes No

Have you ever had any property repossessed, voluntarily or non-voluntarily? Yes No

Do you have any bills more than 45 days past due? Yes No

If yes, please list:

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

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***Do not write below this line***

Investigator's Notes:

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

ROCKWALL POLICE DEPARTMENT

**Financial History** *(continued)*

Have you ever filed a lawsuit? Yes No

If yes, against whom, the reason and titling of the suit:

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Have you ever had a lawsuit filed against you? Yes No

Have you ever had a creditor turn your account over to a collection agency? Yes No

Have you ever moved to avoid paying rent or a bill? Yes No

Have you ever been evicted, threatened with eviction or told to move from any place you have ever lived because of your financial situation? Yes No

Have you ever moved and failed to give a creditor a new address to avoid receiving a bill? Yes No

Have you ever failed to show any cash wages (*earnings*) on any income tax statement you have ever filed? Yes No

If yes, please explain:

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Have you ever failed to file an income tax statement when law required it? Yes No

If yes, what year(s): \_\_\_\_\_

Have you ever written a check on another's account without their permission? Yes No

If yes, describe circumstances:

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***Do not write below this line***

Investigator's Notes:

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ROCKWALL POLICE DEPARTMENT

**Financial History** *(continued)*

Have you ever altered any document so you could receive money that was not due to you?

Yes No

If yes, explain:

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Have you ever participated in an act of financial fraud?

Yes No

Have you ever broken a lease agreement before its expiration date?

Yes No

If yes, explain:

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Have you ever placed a bet with a bookmaker?

Yes No

If yes, please explain below:

# of times:

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Largest Amount:

\$

---

Last Possible Date:

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*Do not write below this line*

Investigator's Notes:

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ROCKWALL POLICE DEPARTMENT  
**Personal Vehicle Information**

List any vehicle you and your spouse own or drive:

Owner Name	Make	Model	Year	License #/ Expiration Date

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*Do not write below this line*

Investigator's Notes:

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ROCKWALL POLICE DEPARTMENT

**Personal Declaration-Narcotics**

Our society's opinion and beliefs on the usage of narcotics is constantly changing and in some instances leaning to more liberal thoughts. It is important that the Department be aware of your past and current illegal drug usage, because, if you become a peace officer you may be called to testify as a witness for the State in criminal prosecutions of persons charged with illegal drug usage, and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

An illegal use is when it is otherwise not ingested as a prescribed narcotic by a licensed medical practitioner. It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time, thus taking more than prescribed. Further, ingesting another patient's medication that is not prescribed to you becomes illegal. An example of this type of act is where you may have a headache and another person, who has a prescription of Tylenol 3 – with Codeine, gives you one to ingest for your headache.

Let's discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (*needle*), smoke, puff, toke, oral (*by pill tab, tasting, consume or mix with food or drink*), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given the opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used that drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on a polygraph. Likewise, if you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times you could have used the drug.

Now please consider the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the absolute maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate NEVER area. Please list only drugs not prescribed to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

ROCKWALL POLICE DEPARTMENT  
**Personal Declaration** *(continued)*

Drug	First Time Used	Last Time Used	Maximum # of Times Used	How Used	Never
PCP					
ANGEL DUST					
THC / MARIJUANA					
LSD					
PEYOTE					
MESCALINE					
HEROIN					
COCAINE					
BATH SALTS					
TRANQUILIZERS					
AMPHETAMINE					
METHAMPHETAMINE					
SPEED					
CRANK					
CRACK					
BIPHETAMINE					
ECSTASY / XTC / ICE					
PRELUDIN					
SYNTHETIC CANNABIS (K-2, SPICE, Etc.)					
DILUADID					

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***Do not write below this line***

Investigator's Notes:

ROCKWALL POLICE DEPARTMENT  
**Personal Declaration** *(continued)*

Drug	First Time Used	Last Time Used	Maximum # of Times Used	How Used	Never
TALWIN / PBZ					
MUSHROOMS <i>(PSILOCYBIN)</i>					
<b>ANY PRESCRIPTION DRUG W/O A PRESCRIPTION</b>					
<b>INHALANTS – SEE BELOW</b>					
GLUE					
PAINT					
TOLUENE PRODUCTS					
FREON					
GASOLINE PRODUCTS					
OTHER INHALANTS					
<b>DESIGNER DRUGS</b>					
ANABOLIC STEROIDS					
ROHYPNOL <i>(DATE RAPE DRUG)</i>					
<b>ANY OTHER NOT LISTED – SPECIFY BY WRITING BELOW</b>					

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***Do not write below this line***

Investigator's Notes:

ROCKWALL POLICE DEPARTMENT  
**Personal Declaration** *(continued)*

In reference to any type of illegal drugs listed below, usage covers any of the terms you might use in referring to their use, example: experimentation, tried, taking a hit, etc.

\_\_\_\_\_ is the maximum number of times I have ever used Marijuana in any form. The last possible date that I used Marijuana is \_\_\_\_\_

\_\_\_\_\_ is the maximum number of times I have ever used Hashish in any form. The last possible date that I used Hashish is \_\_\_\_\_

Have you ever sold any illegal substances to another person? Yes No

If yes, explain: \_\_\_\_\_

Have you ever given any illegal substances to another person? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal substance? Yes No

If yes, explain: \_\_\_\_\_

Alcoholic beverages by definition, is a narcotic. Dependent upon the subject matter, it can be considered unlawful to possess, consume or sold.

\_\_\_\_\_ is the number of drinks, per day, that I consume alcoholic beverages. The last possible time I consumed an alcoholic beverage is \_\_\_\_\_

\_\_\_\_\_ is the number of days, per week, that I consume alcoholic beverages.

\_\_\_\_\_ is the number of months, per year, that I consume alcoholic beverages.

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***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT  
**Personal Declaration** *(continued)*

Have you ever purchased alcoholic beverages using a fake identification card? Yes No

Have you ever had someone, other than your parents, purchase alcoholic beverages for you because you were too young to make the purchase? Yes No

Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself? Yes No

Have you ever failed to declare your alcoholic beverages that you purchased, in a foreign country, to the U.S. Customs Inspectors?  
*(regardless if you were later caught)* Yes No

Have you ever transported alcoholic beverages across state lines? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been issued a citation for Minor in Possession of Alcoholic beverages? Yes No

If yes, give date and place: \_\_\_\_\_

Have you ever been late for, or missed, work because of alcohol use? Yes No

If yes, explain: \_\_\_\_\_

Has alcohol ever affected your job performance? Yes No

If yes, explain: \_\_\_\_\_

As an adult, have you ever been convicted of a DWI? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been arrested or detained and released to a responsible party as a result of being determined too intoxicated by a law enforcement officer? Yes No

If yes, explain: \_\_\_\_\_

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***Do not write below this line***

Investigator's Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**Arrest and Detentions**

An arrest occurs when you have been handcuffed and taken to jail **or** to the police station where you are later released. Generally, it required you to post a bond, pay a fine or be released to a responsible party (such the case would be for releasing an intoxicated person to another without the posting of a bond). A detention is a temporary loss of freedom pending the results of a criminal investigation that may be occurring or have occurred. In being detained, one may be released with no further action taken against you or it may result in a citation and future summons to court.

Have you ever been arrested by the police? Yes No

Have you ever been detained, other than for a traffic citation, 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 occurrences)*

Three horizontal lines for text entry.

**Litigations**

Have you ever been involved in any type of lawsuit? *(even as a witness)* Yes No

Were you personally sued? Yes No

Have you ever filed bankruptcy? Yes No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

If any of the above is Yes, explain each incident. *(List juvenile as well as adult occurrences, name and address of court it was filed and titling of suit (e.g. John Smith v. Ford Motor Company))*

Five horizontal lines for text entry.

***Do not write below this line***

Investigator's Notes:

Three horizontal lines for text entry.

**Criminal History**

Have you ever committed any undetected act which were it to be discovered would result in criminal prosecution? Yes No

If yes, state circumstances and explain:


Have you ever taken, under any circumstances, property that did not belong to you? Yes No

If yes, explain:

--

Have you ever sold or kept government property for your own use? Yes No

If yes, explain:

--

Have you ever been present when someone, friend or relative, committed a crime? Yes No

If yes, explain:

--

Have you ever entered a house or building (other than your own) without the owner(s) permission? Yes No

If yes, explain:

--

Have you ever entered a house or building with the intent of hurting someone or stealing any property? Yes No

If yes, explain:

--

Have you ever committed a theft, of any value, from an employer? Yes No

If yes, explain:

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*Do not write below this line*

Investigator's Notes:


ROCKWALL POLICE DEPARTMENT

**Criminal History** *(continued)*

Have you ever been accused of theft from your employment? Yes No

If yes, explain:

Have you ever taken a polygraph exam for any reason? Yes No

If yes, explain:

Have you ever sold or pawned anything that you believed or suspected to be stolen? Yes No

If yes, explain:

Have you ever carried, either on your person or in a vehicle, any instrument which is classified as an illegal weapon? Yes No

If yes, explain:

Have you ever had sexual contact with a person 16 years of age or younger since your 19<sup>th</sup> birthday? Yes No

If yes, explain:

Have you ever used marijuana, illegal drugs, or narcotics while employed as a police, fire, or E.M.S. officer, either off or on duty? Yes No

If yes, explain:

Have you ever had or attempted to have a crime record expunged? Yes No

If yes, explain:

Have you ever intentionally destroyed or set property on fire that didn't belong to you, other than trash, for either personal reasons or for profit? Yes No

If yes, explain:

Have you ever destroyed property belonging to another person when that person did not give you permission to destroy said property? Yes No

If yes, explain:

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***Do not write below this line***

Investigator's Notes:

ROCKWALL POLICE DEPARTMENT

**Criminal History** *(continued)*

Have you ever intentionally set another person's property on fire? Yes No

If yes, explain:

Do you have personal knowledge of any relatives, friends or personal contacts having been involved in any type of crime activity? Yes No

If yes, identify the person, the activity and the type of relationship you have with them:

Have you ever had forced sexual contact with another person? Yes No

If yes, explain:

Have you ever engaged in unwanted or inappropriate sexual contact with another while you were working at a job? Yes No

If yes, explain:

Have you ever been a member of any street gang or paramilitary organization? Yes No

If yes, explain:

Have you taken part in a riot as a rioter? Yes No  
*(Definition: A riot consist of 7 or more persons responsible for causing a disruption of the public peace)*

If yes, explain:

Are you aware of any problems that could prevent you from getting this job? Yes No

If yes, explain:

Have ever intentionally assaulted or assisted another in the assaulting of anyone? Yes No  
*(does not include anytime in self-defense of oneself or defense of another)*

If yes, explain:

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***Do not write below this line***

Investigator's Notes:

ROCKWALL POLICE DEPARTMENT

**Criminal History** *(continued)*

Have you ever caused an animal to attack another animal? Yes No

If yes, explain: \_\_\_\_\_

Have you ever caused an animal to attack a person? Yes No

If yes, explain: \_\_\_\_\_

Have you committed any criminal offense classified as a Felony? Yes No

If yes, explain: \_\_\_\_\_

Have you committed any criminal offense classified as a Misdemeanor within the last ten (10) years? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been investigated by a law enforcement agency for allegedly committing a criminal act, felony or misdemeanor? Yes No

If yes, explain: \_\_\_\_\_

Have you ever sold or pawned anything that you believed to be stolen? Yes No

If yes, explain: \_\_\_\_\_

Have you ever bought anything you suspected was stolen? Yes No

If yes, explain: \_\_\_\_\_

Did anyone, other than you, personally complete any portion of this background for you? Yes No

If yes, explain: \_\_\_\_\_

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***Do not write below this line***

Investigator's Notes: \_\_\_\_\_

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

ROCKWALL POLICE DEPARTMENT

**Internal Affairs**

Complete this section **only if you have previous law enforcement experience**, either as a sworn law enforcement officer or civilian employee with a law enforcement agency. **If this section does not apply to you then mark this area as "N/A"**.

**Does this section apply to you?**

\_\_\_\_\_

List and describe all Internal Affairs investigations that involved **allegations against you**. It is not necessary to list investigations where you are only a witness in a case:

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

*Do not write below this line*

Investigator's Notes:

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

ROCKWALL POLICE DEPARTMENT

**Personal References**

**List five (6) persons that can provide current information about you. Do not list relative or past/present employers.**

**You must be complete in all areas. Failing to provide information, such as zip code, may cause your background investigation process to be inactivated and other applicants to supersede you in this process.**

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Cell Phone:  E-Mail Address:

Years Known:

Describe relationship with this person:

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Cell Phone:  E-Mail Address:

Years Known:

Describe relationship with this person:

ROCKWALL POLICE DEPARTMENT

**Personal References** *(continued)*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Describe relationship with this person:

\_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Describe relationship with this person:

\_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Cell Phone:  E-Mail Address:

Years Known:

Describe relationship with this person:

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Cell Phone:  E-Mail Address:

Years Known:

Describe relationship with this person:



ROCKWALL POLICE DEPARTMENT  
**Club/Group or Association Memberships**

Official Name of Organization	Type: Social, Fraternal, Professional, etc.	Office(s) Held	Date of Memberships	
			From	To

**Hobbies and Sports**

Name of sport/hobby	Duration	Level of Proficiency

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your stability to perform the duties which you may be called upon to undertake, or which might require additional explanation?


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***Do not write below this line***

Investigator's Notes:


ROCKWALL POLICE DEPARTMENT

**Other Law Enforcement Entities**

Have you ever made an application for employment for any position with the City of Rockwall Police Department or any other law enforcement entity?

Yes No

If yes, please complete the following:

Name of Agency	Date	Status of Application

Have you ever worked for another law enforcement entity?

Yes No

If yes, complete the following:

Name of Agency	Dates of Employment	Reason for Leaving

**In your own words, please state why becoming a Rockwall Police Officer is important to you?**


ROCKWALL POLICE DEPARTMENT  
**Affirmation to Truthfulness**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this Personal History Statement. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate and permanent rejection of my applications, or if currently employed with the Department, termination of said employment.

\_\_\_\_\_

Print Applicant Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

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SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS,

\_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
County Day Month Year

Notary Signature: \_\_\_\_\_

(Stamp or seal)

My commission expires: \_\_\_\_\_

ROCKWALL POLICE DEPARTMENT

**DOCUMENT CHECK-LIST**

Personal Inquiry Waiver Notarized	Yes	No
Consumer Credit Notice Notarized	Yes	No
Certified Birth Certificate	Yes	No
Marriage Certificate(s)	Yes	No N/A
Divorce Decree(s)	Yes	No N/A
Copy of High School Transcripts and Diploma or G.E.D.	Yes	No
Certified University/College Transcripts and Diploma	Yes	No
Forty-Five Fours of College Credit Verified	Yes	No
DD-214 Military Separation document – (Member 4 copy)	Yes	No N/A
Affirmation of Truthfulness Notarized	Yes	No
Complete Consumer Credit Report Using <a href="http://www.creditscore.com">www.creditscore.com</a>	Yes	No
Copy of Updated Proof of Vehicle Insurance	Yes	No
Certified Texas Peace Officer If Yes PID# _____	Yes	No
Certified Out of State Officer	Yes	No

Verified by: \_\_\_\_\_ Badge# \_\_\_\_\_  
Rockwall Police Representative

Date verified: \_\_\_\_\_

**Reviewing Officer's Notes**
