

# WEST LAKE HILLS POLICE DEPARTMENT

## Application for Employment

911 Westlake Drive  
West Lake Hills, TX 78746



Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### What happens to your application after you leave it with us

- 1.) Do not call to check on the status of your application. If you have questions, please email us at [PDrecruiting@westlakehills.org](mailto:PDrecruiting@westlakehills.org). You will be notified by phone or email if you are selected for an interview.
- 2.) You will be notified by email if you are not selected for the position.
- 3.) Your application will remain active for six months. You are responsible for notifying us, in writing, of any change in address, contact numbers or email addresses or other pertinent information.

## **Personal History Statement Instructions**

Employees are exposed to confidential/ law enforcement sensitive information. A thorough background investigation is required to evaluate the suitability of applicants for employment with us. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant, typed, or completed online. If completed online, it will need to be printed out prior to being signed and notarized. Answer all questions truthfully and accurately. **MAKE SURE IT IS NOTARIZED BEFORE SUBMITTING.**
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct, complete, and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably.
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
  - Completed Personal History Statement
  - Copy of your birth certificate.
  - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
  - Copy of your High School diploma or GED certificate.
  - Copy of your college transcript.
  - Copy of your Peace Officer Certificate from your police academy.
  - Copy of your Texas peace officer license and your TCOLE training record – please include all certificates from classes that don't appear on your TCOLE record.
  - Copy of your DD-214 if applicable. Must possess an honorable discharge.
  - Copy of your Naturalization papers, if applicable.
  - Color photo taken in the last 3 months
  - Copy of your credit report obtained within the last 90 days.
  - Copy of a TCOLE approved Firearms Qualifications within the last 12 months.
10. If you have any questions, please contact your assigned background investigator at [PDrecruiting@westlakehills.org](mailto:PDrecruiting@westlakehills.org)
11. You may submit the documents electronically to [PDrecruiting@westlakehills.org](mailto:PDrecruiting@westlakehills.org) or you can mail them to the Department. If submitting them by mail, please place them in a sealed envelope marked Personal and Confidential and mark them **Attn: Recruiting.**

**Applicant Qualification Section**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all of these requirements to qualify as a Police Officer with the West Lake Hills Police Department.

- Age Requirement - You must be at least twenty-one (21) years of age
- Education - You must have proof of graduation from an accredited high school, or have proof of a G.E. D.
- Residency - You must be a citizen of the United States, and you must have your permanent residence in the State of Texas prior to submitting your application for employment.
- Background Investigation - A thorough background investigation is conducted on all applicants. You must be able to establish evidence of your good moral character, a well-adjusted personality, and display no traits that do not meet the usual standards of good conduct acceptable to society. A psychological test will be a part of your application process.
- Physical Condition - You must be in good physical condition. You must not have any physical or mental impairment which, in the judgment of the Department, would adversely affect job performance.
- Drug Screening - You must successfully pass a drug screening, performed by a medical facility selected by the Department.
- Licenses - You must have a valid Texas Driver's License at the time you make application. You must be currently licensed by the State of Texas as a Peace Officer or Reserve Law Enforcement Officer or be in an accredited Law Enforcement Academy.

Are you currently licensed by T.C.O.L.E as a Peace Officer? \_\_\_ Yes \_\_\_ No

If presently commissioned as a Peace Officer, name of Agency: \_\_\_\_\_

If attending an Academy, which Academy are you attending: \_\_\_\_\_

Expected graduation date from Academy: \_\_\_\_\_

How did you hear about our Patrol Officer opening?

\_\_\_ Website – please list specific website here: \_\_\_\_\_

\_\_\_ From a current officer

\_\_\_ From a recruiting event – please list specific event: \_\_\_\_\_

\_\_\_ Other – please give us a brief explanation: \_\_\_\_\_

**DISQUALIFICATION**

There are very few automatic reasons for rejection. Automatic rejections include 1.) Being convicted of or currently charged with an offense above the grade of a class B misdemeanor, or 2.) Being convicted of a class B misdemeanor within the last 10 years, or 3.) Being convicted or placed on community supervision in any court for an offense involving family violence. Other issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a government document. Be truthful, as there are criminal consequences for lying on a government document.

Questions regarding disqualifiers should be directed to [pdrecruiting@westlakehills.org](mailto:pdrecruiting@westlakehills.org) .

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cell No.	
Date of Birth	Social Security No. XXX-XX-	Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

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Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

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Please provide screen names/identifiers on all your social networking accounts: \_\_\_\_\_

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List ALL E-Mail Addresses: \_\_\_\_\_

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**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_

Date of Marriage \_\_\_\_\_

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

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

Separated \_\_\_\_\_ Date \_\_\_\_\_

Separated \_\_\_\_\_ Date \_\_\_\_\_

Divorced \_\_\_\_\_ Date \_\_\_\_\_

Divorced \_\_\_\_\_ Date \_\_\_\_\_

Widowed \_\_\_\_\_ Date \_\_\_\_\_

Widowed \_\_\_\_\_ Date \_\_\_\_\_

Annulled \_\_\_\_\_ Date \_\_\_\_\_

Annulled \_\_\_\_\_ Date \_\_\_\_\_

Court or State issued \_\_\_\_\_

Court or State issued \_\_\_\_\_

Ex-spouse's Name \_\_\_\_\_

Ex-spouse's Name \_\_\_\_\_

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

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

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, co-workers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Email address: \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Email address: \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Email address: \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Email address: \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Email address: \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ 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 suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years. (use additional paper if needed)

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)		

Identify all (non-parking) traffic citations you have received within the last 10 years: (use additional paper if needed)

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)



**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

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

Agency	Offense	Date	Location	Disposition (fine, jail, etc.)

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain:

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

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain:

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

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:

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

Have you **ever** been a party to a civil suit or action? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

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

Name/Relationship	Charge/Offense	Disposition (fine, jail, etc.)	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_ Spouse's current net monthly income \_\_\_\_\_

Source	Amount	Frequency (monthly, bi-weekly)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes\_\_\_ No\_\_\_

Name(s) of financial institution(s)\_\_\_\_\_

Type(s) of account(s)\_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Best Buy, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

**CREDIT INFORMATION**

**If you answer "YES" to any of these questions, please provide an explanation on a separate piece of paper. Failure to do so will result in an incomplete application.**

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to above, indicate type \_\_\_\_\_

Have you **ever** had any personal or real property repossessed or foreclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** failed to pay Federal, state, or other taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** failed to file a tax return, when required by law? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** had a judgment entered against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** defaulted on any type of loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** had bills or debts turned over to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently more than sixty (60) days delinquent on any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you **ever** applied for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Have you **ever** received unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

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

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17) or the last 10 years. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Work Schedule \_\_\_\_\_

Starting Job Title/Rank \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor phone/email: \_\_\_\_\_

Co-worker \_\_\_\_\_ Co-worker phone/email: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is there anything related to this job that we should be aware of prior to contacting this employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Work Schedule \_\_\_\_\_

Starting Job Title/Rank \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor phone/email: \_\_\_\_\_

Co-worker \_\_\_\_\_ Co-worker phone/email: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received (include type and date received): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is there anything related to this job that we should be aware of prior to contacting this employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Work Schedule \_\_\_\_\_

Starting Job Title/Rank \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor phone/email: \_\_\_\_\_

Co-worker \_\_\_\_\_ Co-worker phone/email: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received (include type and date received): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is there anything related to this job that we should be aware of prior to contacting this employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_  
\_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Work Schedule \_\_\_\_\_

Starting Job Title/Rank \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor phone/email: \_\_\_\_\_

Co-worker \_\_\_\_\_ Co-worker phone/email: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received (include type and date received): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is there anything related to this job that we should be aware of prior to contacting this employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Work Schedule \_\_\_\_\_

Starting Job Title/Rank \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Job Title/Rank \_\_\_\_\_ Date of Rank/Promotion \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor phone/email: \_\_\_\_\_

Co-worker \_\_\_\_\_ Co-worker phone/email: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received (include type and date received): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is there anything related to this job that we should be aware of prior to contacting this employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, provide dates and explain:** \_\_\_\_\_  
\_\_\_\_\_



**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you **ever** expelled from or disciplined in school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_\_ No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served in the Armed Forces of a country other than the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

How many times total have you used marijuana? \_\_\_\_\_

Have you ever used any other illegal controlled substance (heroin, cocaine, methamphetamines, etc.) or any drug (including a performance-enhancing steroid) not prescribed by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list all substances or non-prescribed drugs below:

Name of substance	How many times used?	When last used?	Explanation of usage

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Have you **ever** been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & City	Date Applied or Hired	Result or Current Status

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:

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL or STAMP

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_

**WEST LAKE HILLS POLICE DEPARTMENT**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the West Lake Hills Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the 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, psychological and psychiatric treatment and/or consultation including: hospitals, clinics, private practitioners, the Texas Workers Compensation Commission, Law Enforcement Agencies and the US Veteran's Administration, records of criminal histories, employment and pre-employment records, including background reports, performance reports, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel; whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of West Lake Hills Police Department. I also certify that any person(s) or activities whether government or private and their agents, employees and officials who may furnish such information concerning me shall not be held liable for giving this information. I do hereby release said person(s) from any and/or all liability claims, suits, and demands for cause of action or assertion of any kind or nature that may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below-listed address.

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

I certify that I have read the foregoing instrument and understand its terms and that I make this authorization and waiver voluntarily. I am over the age of eighteen (18) and I am in sound mental health and am fully capable of making this authorization and waiver of liability.

\_\_\_\_\_  
Signature (include maiden name)

D.O.B. \_\_\_\_\_ Social Security #: XXX-XX- \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subscribed and sworn to before me, by the said \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County, Texas

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

Seal

Please attach a color photo taken within the last three months.

