



**HARRIS COUNTY CONSTABLE'S OFFICE PRECINCT 5**

**Recruiting Division  
17423 Katy Freeway  
Houston, Texas 77094  
281-492-3620  
C5Recruiting@hctx.net**

**Applicant Personal History Statement**

Name \_\_\_\_\_  
Last Name First Middle

Home Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_

Work Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**I am applying for:**

- ☐ Deputy  
☐ Dispatcher  
☐ Clerk

**We suggest you make a copy of this application for your own records.**

**Office Use Only  
Date & Time Received**

## **Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. 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. The application must be completed by the applicant either by printing legibly in black ink or type the text into the downloadable PDF file. Answer all questions truthfully and accurately.
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 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. All addresses must be complete with zip codes.
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. Required Documents

All documents requested must be submitted with the application (photocopies are acceptable in most cases).

- Copy of your Social Security card.
- Original certified copy of your birth certificate. (No photocopy)
- 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.
- Sealed original certified copy of your college transcript. (No photocopy)
- Photocopy of your college diploma.
- Copy of your Basic Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
- Copy of your Texas Peace Officer License and all training certificates awarded to you. (Peace Officer Applicants Only)
- Copies of all training certificates
- Copies of your certification level
- Copy of your DD-214 if applicable. Must possess an honorable discharge.
- Original certified copy of your Naturalization papers, if applicable. (No photocopy)
- Copy of current proof of automobile liability insurance.
- Letter from TCOLE indicating passing test score.
- Credit Report

Credit Reports are obtained at your expense.

You may obtain a free credit report from any one of the three credit bureaus available through:

<https://www.annualcreditreport.com/cra/index.jsp>

You may link to the site through the federal trade commission website to avoid being misdirected to other websites.

10. If you have any questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

### **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 five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Please Initial:

\_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on court ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

## **Requirements**

### **Age**

Deputy Position                      at least 21 years of age on date of employment

Non-deputy Position                at least 18 years of age on date of employment

### **Physical Condition**

Deputy applicants must be examined by a licensed physician and be declared physically sound and free from any defects which may adversely affect the performance of his/her duties. A drug test will be conducted and the result must show no trace of dependency on drugs or the usage of any illegal drugs, including marijuana. In addition, eyesight must be correctable to 20/20, and the applicant may have no uncorrectable hearing defects. The cost of these exams is not reimbursed.

### **Psychological Evaluation**

Deputy applicants must be examined by a licensed psychologist (or psychiatrist) and be declared in writing, by that professional, to be of satisfactory psychological and emotional health to be a peace officer. The cost of this exam is not reimbursed.

### **Polygraph Examination**

All applicants are required to take a pre-employment polygraph examination. The cost of this exam is not reimbursed.

### **Education**

Applicant must have a high school diploma or GED.

### **Certification**

Deputy applicants must be certified by TCOLE or be currently enrolled in a TCOLE accredited academy.

### **Texas Drivers License**

Deputy applicants must have a current, valid Texas Driver's License.

### **Military**

Applicants must not have been discharged from any military service under less than honorable conditions including, specifically; under other than honorable conditions, bad conduct, dishonorable or any other characterization of service indicating bad character.

Applicants must not have been convicted in a military court for an offense, for which the elements would have been a Class B misdemeanor (or above).

### **Credit**

Applicants must have a good credit history and must demonstrate a reasonable willingness and ability to meet their financial responsibilities in a timely manner.

### **Past Employment**

Past employment history, number of jobs, reason for leaving, employment references, etc., will be considered. An unfavorable prior employment record may be grounds for rejection.

### Background investigation

A thorough background investigation is conducted on all applicants. Evidence of good moral character and reputation is mandatory. Disclosure of any one or more of the following may be grounds for rejection:

- Convicted of any felony offense
- Convicted of any misdemeanor offense
- Convicted of driving while intoxicated
- Convicted of driving under the influence of drugs
- Currently on probation for any criminal offense
- Currently under indictment, or awaiting trial on any criminal offense/charge
- Current involvement in unsettled litigation may result in rejection or suspension of application
- Excessive traffic or collision history
- An unfavorable drug history
- Revocation of peace officers license by TCOLE
- Bad credit history or failure to meet financial obligations
- Military discharge under less than honorable conditions
- Execution, at any time, of a confession to a felony offense, such confession being admissible as evidence against the person in any criminal procedure in any state or federal court
- Membership in any subversive or extremist organization
- Evidence of any mental or emotional instability

Any fraud, deception or any false statement of fact in this application can be grounds for rejection.

#### **DISQUALIFICATION**

Deliberate misstatements or omissions will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

### Applicant Hiring Process

There are six (6) steps in the hiring process. No one will be hired until the final step is completed. No one has the authority to circumvent these steps. Never assume or think you have been hired until completion of the final step.

The steps in the hiring process are:

1. Receipt of application and preliminary criminal background check of applicant.
2. An oral interview and pre-employment test conducted by the Recruiting Division. Applicant will be notified of time, date and location of interview.
3. A complete background investigation conducted by the Recruiting Division including but not limited to the information provided by the applicant in the application.
4. An oral interview conducted by a review board.
5. A drug screening test, polygraph exam, psychological exam, medical exam and finger printing; all are conducted by professionals chosen by Precinct 5 and paid for by the applicant.
6. Oral interview and swear in with the Constable.

I have read the preceding and understand that I may be rejected at any time in the hiring process. Additionally, I understand that all initial offers of employment are conditional, contingent upon successful completion of all phases of the hiring process required by the Department and/or State Law. I also understand that no one has the authority to extend a final offer of employment except the Constable, and this will only happen after all of the steps listed above are completed.

NOTE: Once hired, you will begin your training phase with an FTO. The Training Program must be successfully completed in order for the deputy in training to proceed to his/her duty assignment. If the training phase is not successfully completed, the individual will not be allowed to continue their employment with this agency.

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Applicant's Printed Name

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Applicant's Signature

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Date

### Applicants – Please Note

As positions become available, Precinct 5 reviews the open applications on hand and hires the most qualified applicants. An application is considered open for one year from the date of receipt, or until the person is hired or the application is rejected. If the application is considered favorably you will be notified when and where to appear for further processing.

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Applicant's Printed Name

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Applicant's Signature

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Date

Confidential Agreement

A thorough and comprehensive investigation will be conducted on all applicants for employment with the Harris County Precinct 5 Constable's Office. All information is confidential and the department will not reveal the reason for rejection to those applicants who are not accepted. At no time will any part of the investigation be made available to you.

I have read and fully understand the above statement and agree that all information obtained during the application process will remain confidential and will not be made available to me.

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Applicant's Printed Name

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Applicant's Signature

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Date

Release and Indemnity

It has been explained to me, and I fully understand, that in connection with my applying for a position with the Harris County Precinct 5 Constable's Office, there will be costs incurred by me for:

Any and all:

1. pre-employment polygraph examinations
2. medical
3. psychological and/or emotional tests and evaluations
4. finger printing
5. documents required to be submitted

I also fully understand that I am not guaranteed a position of employment with the Harris County Precinct 5 Constable's Office and I may be rejected for employment at any time even though I will have expended funds for examinations and documents. I have decided to proceed with my application even though I know the costs incurred by me will not be reimbursed and I agree to hold the Harris County Precinct 5 Constable's Office harmless from any loss incurred by me during and after my application process.

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Applicant's Printed Name

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Applicant's Signature

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Date

**Important**

You are required to sign this form before a notary public and have your signature duly notarized.

I, \_\_\_\_\_, hereby swear/affirm that I have personally completed this employment application. I am aware of the contents and the answers to all questions and statements made by me are true and correct.

I am also aware that any willful misrepresentation of fact(s) or falsification of any answer or statement made by me herein will subject me to rejection, dismissal and criminal prosecution under article 37.10 of the Texas penal code.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

State Of Texas  
County Of Harris

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name



**HARRIS COUNTY CONSTABLE'S OFFICE PRECINCT 5**  
**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Harris County Constable's Office Precinct 5 and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records.

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

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in and for  
\_\_\_\_\_ County, in the state of \_\_\_\_\_.

NOTARY SEAL

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**APPLICANT IDENTIFICATION**

Last Name		First	Middle	Maiden
Home Telephone No.		Work Telephone No.	Cellular No.	
Date of Birth	Age	Social Security No.	Driver's License No. & State	TCOLE PID No.
Street Address			Apt. No.	
City			State & Zip Code	
Mailing Address (If different from street address)			State & Zip Code	

Have you ever been known or gone by any other name (excluding nick-names)? \_\_\_\_yes \_\_\_\_no

If yes, provide name(s)\_\_\_\_\_

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

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

Are you a Naturalized Citizen? \_\_\_\_yes \_\_\_\_no

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

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

Note: Precinct 5 policy requires that no employee while on duty or in uniform may have tattoo(s) that are visible to the public. This may require you, if tattoo(s) are visible, to wear a long sleeve uniform shirt.

List all people you reside with over the age of 18 (Full Name and DOB):


Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), and service provider(s).\_\_\_\_\_

List all e-mail Addresses \_\_\_\_\_

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Do you know any current or previous Harris County Precinct 5 employees?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", please list names.)

Have you ever worked for Harris County Precinct 5 in any capacity?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", provide the dates) \_\_\_\_\_

Have you ever submitted an application to this agency?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", provide the date of application) \_\_\_\_\_

To provide law enforcement coverage twenty-four hours per day, seven days a week, Harris County Constable Precinct 5 employees must have and maintain the ability to work shifts differing in length, time of day or night, day of the week, and rotating shifts. This ability is an essential function of all department positions. Are you willing to work?

Any Shift ☐ yes ☐ no

Holidays ☐ yes ☐ no

Weekends ☐ yes ☐ no

**MARITAL & FAMILY HISTORY**

Marital Status (Single, Engaged, Married, Divorced, Widowed, Cohabiting, etc.) \_\_\_\_\_

Person's Name (include maiden name) \_\_\_\_\_

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

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

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

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

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Employer and Address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Date issued \_\_\_\_\_

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

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

Relation	Name	Date of Birth	Address

Are you required to make child support payments? \_\_\_\_yes \_\_\_\_no

If yes, are you current with all payments? \_\_\_\_yes \_\_\_\_no (if no, provide the number of payments you are behind and fully describe the reason for the delinquency.)

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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, beginning with the most recent, including your present address. List date by month/year. Include military assignments.

From	To	Address	City	State & Zip code

## **PERSONAL REFERENCES**

List **five (5) persons** you've known for more than **5 years** who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

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

Address \_\_\_\_\_ Employer Name \_\_\_\_\_

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

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

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

Address \_\_\_\_\_ Employer Name \_\_\_\_\_

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

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

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

Address \_\_\_\_\_ Employer Name \_\_\_\_\_

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

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_Employer Name\_\_\_\_\_

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

Nature of Relationship\_\_\_\_\_Years known\_\_\_\_\_

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_Employer Name\_\_\_\_\_

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

Nature of Relationship\_\_\_\_\_Years known\_\_\_\_\_

### **TRAFFIC RECORD**

Identify all vehicles that you or your spouse currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Current automobile insurance carrier: \_\_\_\_\_Expiration Date:\_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? \_\_\_\_yes \_\_\_\_no

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.

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

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	Issuing Agency	Disposition (e.g., defensive driving, dismissed)

### **ARRESTS, DETENTIONS, AND LITIGATION**

Have you ever been arrested, detained or issued a criminal citation (other than traffic citations) by law enforcement?  
 \_\_\_\_yes \_\_\_\_no If yes, complete the following table:

Agency	Offense	Date	Location	Arrested, detained, or criminal citation	Outcome

Are you now or were you ever a party to a civil litigation (including evictions, repossessions and divorces).

\_\_\_\_\_yes \_\_\_\_\_no

Type of Litigation	City/State	Date	Disposition
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Have you ever been sued or named in any type of lawsuit or proceeding?

\_\_\_\_\_yes \_\_\_\_\_no      If yes, explain:\_\_\_\_\_

Have you ever been summoned to appear in court?

\_\_\_\_\_yes \_\_\_\_\_no      If yes, explain:\_\_\_\_\_

### **PERSONAL DECLARATIONS**

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)

\_\_\_\_\_yes \_\_\_\_\_no      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)

\_\_\_\_\_yes \_\_\_\_\_no      If yes, explain:\_\_\_\_\_

Have you ever been considered or named a suspect in a criminal investigation or criminal offense?

\_\_\_\_\_yes \_\_\_\_\_no      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?

\_\_\_\_\_yes \_\_\_\_\_no      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 (Class B or above), or a crime involving moral turpitude that went undetected or unreported to law enforcement?

\_\_\_\_\_yes \_\_\_\_\_no      If yes, explain:\_\_\_\_\_



Do you associate with anyone who has committed a Felony offense?

\_\_\_\_yes \_\_\_\_no If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you associate with anyone who has committed multiple criminal offenses (Class B or above)?

\_\_\_\_yes \_\_\_\_no If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you associate with any gang members?

\_\_\_\_yes \_\_\_\_no If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever stolen or taken items or money, from an individual, employer, business or entity without permission?

\_\_\_\_yes \_\_\_\_no If yes, explain in detail providing dates, description of the item, value, and circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever purchased or received items that you knew or suspected were stolen?

\_\_\_\_yes \_\_\_\_no If yes, explain in detail providing dates, description of the item, value, and circumstances.

\_\_\_\_\_

\_\_\_\_\_

In the past 12 months have you operated a motor vehicle after consuming enough alcohol to be considered intoxicated?

\_\_\_\_yes \_\_\_\_no If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you consume alcoholic beverages? \_\_\_\_yes \_\_\_\_no If yes, describe frequency: \_\_\_\_\_

\_\_\_\_\_

Have you ever used marijuana or hashish? \_\_\_\_yes \_\_\_\_no

drug name	# of times used	first time used (mm/yy)	last time used (mm/yy)
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\_\_\_\_\_

\_\_\_\_\_

Have you ever tried, used, or experimented with any other illegal drug or narcotic, including performance-enhancing steroids or prescription drugs not prescribed to you by your doctor?

\_\_\_\_\_yes \_\_\_\_\_no

drug name

# of times used

first time used (mm/yy)

last time used (mm/yy)

Have you ever purchased, sold, furnished or transferred any illegal drugs or narcotics including prescription drugs?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", explain each instance.)

drug name

date (mm/yy)

Explain (provide details)

### **FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives ever been arrested for any offense Class B or above?

\_\_\_\_\_yes \_\_\_\_\_no If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

### **FINANCIAL STATUS**

**Your** current net annual income \_\_\_\_\_

**Spouse's** current net annual income \_\_\_\_\_

Source of income (employer's name, rent, etc.)

Source of income (employer's name, rent, etc.)

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

Name of financial institution	Type of account

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., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

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.

Creditor Name	Type of Debt (e.g., auto loan)	Days Late	Amount	Reason

**CREDIT INFORMATION** (please provide an explanation for any question answered “yes”)

1. Have you ever filed bankruptcy personally or on behalf of a business? Yes\_\_\_\_\_ No\_\_\_\_\_
- If "Yes" to above, indicate type \_\_\_\_\_
2. Have you ever had any personal or real property repossessed or foreclosed? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Have you ever failed to pay Federal, state, or other taxes? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Have you ever failed to file a tax return, when required by law? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Have you ever had a lien placed against your property for failing to pay taxes or debts? Yes\_\_\_\_\_ No\_\_\_\_\_
6. Have you ever had a judgment entered against you? Yes\_\_\_\_\_ No\_\_\_\_\_
7. Have you ever defaulted on any type of loan? Yes\_\_\_\_\_ No\_\_\_\_\_
8. Have you ever had bills or debts turned over to a collection agency? Yes\_\_\_\_\_ No\_\_\_\_\_
9. Have you ever had any credit account suspended, charged off, or cancelled? Yes\_\_\_\_\_ No\_\_\_\_\_
10. Have you ever written a check that was later returned for Non-Sufficient Funds (NSF)? Yes\_\_\_\_\_ No\_\_\_\_\_
11. Have you ever been delinquent on court-imposed alimony or child support payments? Yes\_\_\_\_\_ No\_\_\_\_\_
12. Have you ever been disciplined regarding the use of an employer credit card? Yes\_\_\_\_\_ No\_\_\_\_\_
13. Are you currently more than thirty **(30)** days delinquent on any debts? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered yes to any of the above questions, please provide a detailed explanation.

[illegible]

**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 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

Identify the Police Academies you have attended: TCOLE PID Number: \_\_\_\_\_

Name	City & State	Dates attended	Hours completed	Anticipated Graduation Date

**MILITARY EXPERIENCE**

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).

## **SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses or certifications you hold (e.g., EMT, firefighter, pilot, radio operator, etc):

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

Language	Understanding	Speaking	Reading	Writing

List your hobbies and recreational activities:

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## **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\_\_\_\_\_

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## **LAW ENFORCEMENT HISTORY**

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

If yes, please provide the following information:

Agency Name & Address	Date Applied or Hired	Result / Status

Have you ever taken a polygraph examination?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", provide the following.)

Agency/Company	Date	Reason	Outcome (pass/fail)
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Have you ever been named in an Internal Affairs Investigation or an investigation conducted by an employer alleging wrongdoing?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", explain in detail. Use a separate sheet of paper if necessary.)

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Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

\_\_\_\_\_yes \_\_\_\_\_no (if "yes", explain in detail. Use a separate sheet of paper if necessary.)

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## PERSONAL STATEMENT

State in your own words why you are seeking employment with Harris County Precinct 5 Constable's Office.

[illegible]



## **EMPLOYMENT HISTORY**

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

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

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

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

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

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

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

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

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

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

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker Telephone Number \_\_\_\_\_

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

Identify any disciplinary actions or documented performance problems you received: \_\_\_\_\_

Were you terminated, asked to resign, or resigned pending disciplinary action or in lieu of termination?

\_\_\_\_\_ Yes (Explain fully) \_\_\_\_\_ No (If no, why did you leave this job?)

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 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

SEAL