



HOUSTON POLICE DEPARTMENT PERSONAL HISTORY STATEMENT



This packet is essential to your application process. **Please read it carefully and take the time necessary to completely answer every question as accurately as possible.**

NOTICE, ANY FALSE, INACURATE, INCOMPLETE, OR MISLEADING INFORMATION PROVIDED BY YOU IN THIS PERSONAL HISTORY STATEMENT MAY BE GROUNDS FOR DENYING YOUR APPLICATION FOR THE POSITION OF POLICE OFFICER TRAINEE.

All information included in this packet will be verified. If you do not follow directions, or do not completely fill out this questionnaire, your application may be rejected. You must provide answers to each and every question. "Unknown" is not an acceptable answer. If a question or the information cannot be found, contact the Recruiting Unit for instructions. If the information requested does not apply, indicate so by using "N/A". However, please note that listing "N/A" does **NOT** apply to information you should list, but choose to omit. The selective omission of information is unacceptable and may result in your termination from the application process.

This form must be neatly hand-written in black ink. Please make sure that the final copy is printed on white paper with a sufficient amount of ink to be legible. If there is not enough room on a page to fully include all the information requested, please make an additional copy of the exact page to complete the requested information, and fill in only the necessary information. Ensure that your first and last names are on the top of each page. After printing your completed questionnaire, initial each page, then sign and date the questionnaire with black ink.

FOR OFFICE USE ONLY (chain of custody and file assignment)

Date Reviewed: _____ Reviewed By: _____

Date Reviewed: _____ Reviewed By: _____

Date Reviewed: _____ Reviewed By: _____

Disposition: _____

Assigned To: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES & MAIDEN NAMES, YOU HAVE USED OR BEEN KNOWN BY					
3. ADDRESS WHERE YOU RESIDE					
NUMBER / STREET			APT / UNIT		
CITY		STATE		ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE					
5. CONTACT NUMBERS					
HOME ()		WORK ()		EXT. OTHER () <input type="checkbox"/> CELL	
6. EMAIL ADDRESS					
HOME			BUSINESS		
7. IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
8. BIRTHPLACE (CITY/COUNTY/STATE/COUNTRY)				9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
11. DRIVER'S LICENSE				12. PHYSICAL DESCRIPTION	
NO.		STATE	EXP	TYPE	HEIGHT
					WEIGHT
					HAIR COLOR
					EYE COLOR

SECTION 2 : RELATIVES

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or "D" if the individual is deceased (If deceased please provide name and DOB only).

<input type="checkbox"/> UNK <input type="checkbox"/> D		A. Father		NAME – Last, First, Middle, (and any other names they have used)		
				Race		
DATE OF BIRTH		HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE
						ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)			CITY
	()					STATE
						ZIP
	WORK PHONE		CELL PHONE	EMAIL		
	()		()			
<input type="checkbox"/> UNK <input type="checkbox"/> D		B. Mother		NAME – Last, First, Maiden (and any other names they have used)		
				Race		
DATE OF BIRTH		HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE
						ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE		WORK ADDRESS (NUMBER/STREET/APT)			CITY
	()					STATE
						ZIP
	WORK PHONE		CELL PHONE	EMAIL		
	()		()			

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A <input type="checkbox"/> D	C. Stepfather	NAME – Last, First, Middle, (and any other names they have used)				Race
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
<input type="checkbox"/> N/A <input type="checkbox"/> D	D. Stepmother	NAME – Last, First, Middle, Maiden (and any other names they have used)				Race
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
<input type="checkbox"/> N/A <input type="checkbox"/> D	E. Mother-in-law	NAME – Last, First, Middle, Maiden (and any other names they have used)				Race
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			
<input type="checkbox"/> N/A <input type="checkbox"/> D	F. Father-in-law	NAME – Last, First, Middle, Maiden (and any other names they have used)				Race
DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
LAST FOUR DIGITS OF S.S.N.	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL			

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A	<input type="checkbox"/> D	G. Spouse/ Common Law	NAME – Last, First, Middle (and any other names they have used)			
			Race		Sex	

DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
---------------	----------------------------------	------	-------	-----

LAST FOUR DIGITS OF S.S.N.	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL				

<input type="checkbox"/> N/A	<input type="checkbox"/> D	H. Former Spouse / Former Common Law	NAME- Last, First, Middle, (and any other names they have used)			
			Race		Sex	

DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
---------------	----------------------------------	------	-------	-----

LAST FOUR DIGITS OF S.S.N.	HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL				

YEAR OF DIVORCE	Is there, or has there been a restraining or protective order in effect for this individual? <input type="checkbox"/> Y <input type="checkbox"/> N
-----------------	--

How many times have you been married? _____

Current Status? Married Divorced Single

<input type="checkbox"/> N/A	Brothers and Sisters – list all siblings, including half-siblings, step-siblings, foster siblings, etc. (If deceased (D) please provide name and DOB only)
------------------------------	--

1) NAME – Last, First, Middle, Maiden (and any other names they have used)	RELATIONSHIP
--	--------------

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER ()	EMAIL			

2) NAME – Last, First, Middle, Maiden (and any other names they have used)	RELATIONSHIP
--	--------------

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER ()	EMAIL			

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY (Brothers and Sisters) *continued*

3) NAME – Last, First, Middle, Maiden (and any other names they have used)				RELATIONSHIP	
--	--	--	--	--------------	--

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER ()	EMAIL			

4) NAME – Last, First, Middle, Maiden (and any other names they have used)				RELATIONSHIP	
--	--	--	--	--------------	--

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER ()	EMAIL			

5) NAME – Last, First, Middle, Maiden (and any other names they have used)				RELATIONSHIP	
--	--	--	--	--------------	--

<input type="checkbox"/> UNK <input type="checkbox"/> N/A <input type="checkbox"/> D	DATE OF BIRTH	HOME ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	LAST FOUR DIGITS OF S.S.N.	CONTACT NUMBER ()	EMAIL			

<input type="checkbox"/> N/A	Children
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List all of your children, including natural, adopted, step, and/or foster. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you. CHECK AS MANY THAT APPLY. (If deceased please provide name and DOB only.)

1) NAME – Last, First, Middle		BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	LAST FOUR DIGITS OF S.S.N.
-------------------------------	--	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	CONTACT NUMBER ()	EMAIL				

2) NAME – Last, First, Middle		BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	LAST FOUR DIGITS OF S.S.N.
-------------------------------	--	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	CONTACT NUMBER ()	EMAIL				

3) NAME – Last, First, Middle		BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	LAST FOUR DIGITS OF S.S.N.
-------------------------------	--	---	----------------------------

<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)			CITY	STATE	ZIP
	RACE	CONTACT NUMBER ()	EMAIL				

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 2 : RELATIVES *continued*

IMMEDIATE FAMILY (Children) *continued*

4) NAME – Last, First, Middle		BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	LAST FOUR DIGITS OF S.S.N.		
<input type="checkbox"/> M	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
RACE	CONTACT NUMBER ()	EMAIL			

5) NAME – Last, First, Middle		BIOLOGICAL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	LAST FOUR DIGITS OF S.S.N.		
<input type="checkbox"/> M	DATE OF BIRTH	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
RACE	CONTACT NUMBER ()	EMAIL			

Are you paying child support? YES NO a) If yes, which children? (Names) _____

b) Who has custody of the children? _____

c) Ever delinquent on payment? _____

d) How many times? _____

<input type="checkbox"/> N/A	OTHER RELATIVES
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List all relatives employed by the Houston Police Department.

A) FULL NAME	RELATIONSHIP	DIVISION
B) FULL NAME	RELATIONSHIP	DIVISION
C) FULL NAME	RELATIONSHIP	DIVISION
D) FULL NAME	RELATIONSHIP	DIVISION

ADDITIONAL INFORMATION

List any information you did not have room for below. Include the section number for the information.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 3: REFERENCES				
REFERENCES				
List 3-6 people who know you well and have known for at least 5 years, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, housemates, or other people listed elsewhere. (Prefer local references)				
A) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
B) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
C) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
D) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	
E) NAME – <i>Last, First, Middle</i>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

Section 3: REFERENCES *continued*

REFERENCES <i>continued</i>				
F) NAME – Last, First, Middle	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
How do you know this person? (ex: friend, teacher, family friend, co-worker)			How long have you known this person?	

SECTION 4: EDUCATION

NOTE: You will be required to furnish transcripts and other proof to support all of your educational claims.
 Check applicable: High School Diploma GED

List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY		

List all colleges, universities, trade, vocational, or business school/institutes attended:

A) NAME	FROM	TO	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
B) NAME	FROM	TO	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
C) NAME	FROM	TO	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	
D) NAME	FROM	TO	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 4: EDUCATION *continued*

EDUCATION *continued*

E) NAME	FROM	TO	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

Have you ever attended a TCLEOSE basic academy?..... YES NO If yes, please provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()	
ADDRESS	CITY	STATE	ZIP

B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()	
ADDRESS	CITY	STATE	ZIP

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college, university, business or trade school? YES NO

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 5: RESIDENCE

LIST OF RESIDENCES

- List all residences during the last ten years. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks, billet and/or ship-mates unless you shared individual quarters.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM Mo/Yr	TO Present
CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	

NAMES OF THOSE WITH WHOM YOU LIVE:

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE

RESIDENCE *continued*

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM Mo/Yr	TO Mo/Yr
---	--	--	--	-------------------	-----------------

CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER
------	-------	-----	---

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
--	--------------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM Mo/Yr	TO Mo/Yr
---	--	--	--	-------------------	-----------------

CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER
------	-------	-----	---

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
--	--------------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM Mo/Yr	TO Mo/Yr
---	--	--	--	-------------------	-----------------

CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER
------	-------	-----	---

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
--	--------------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM Mo/Yr	TO Mo/Yr
---	--	--	--	-------------------	-----------------

CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER
------	-------	-----	---

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)	CONTACT NUMBER ()
--	--------------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5: RESIDENCE *continued*

LIST OF RESIDENCES *continued*

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM Mo/Yr	TO Mo/Yr
CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM Mo/Yr	TO Mo/Yr
CITY	STATE	ZIP	IF RENTING: APT. COMPLEX NAME, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
NAMES OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

ROOMMATES: Please List all Former Roommates

A) NAME			CONTACT NUMBER ()		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDORD, FRIEND, HOUSEMATE ONLY)				EMAIL	
B) NAME			CONTACT NUMBER ()		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)				EMAIL	
C) NAME			CONTACT NUMBER ()		
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)				EMAIL	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 5 : RESIDENCE *continued*

LIST OF ROOMMATES *continued*

D) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY	STATE ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
E) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY	STATE ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
F) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY	STATE ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL
G) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY	STATE ZIP
NATURE OF RELATIONSHIP (Ex: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

Have you ever been evicted or asked to leave a residence? YES NO

Have you ever left a residence owing rent? YES NO

If you answered yes to ever been evicted or asked to leave a residence or left a residence owing rent, explain (include when, where and circumstances):

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE
 • List **ALL** jobs you have had in the past ten (10) years, including part-time, temporary, self-employment, internships and volunteer. (Begin with your most current. If more space is needed you will be provided with another page that is identical to this one. List **ALL** periods of unemployment.

A) NAME OF EMPLOYER			FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING
Would there be a problem if we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:		If resigned or quit, how many days/weeks notice did you give?

PERIOD OF UNEMPLOYMENT (only if applicable)		FROM Mo/Yr	TO Mo/Yr
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

B) NAME OF EMPLOYER			FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING
				If resigned or quit, how many days/weeks notice did you give?

PERIOD OF UNEMPLOYMENT		FROM Mo/Yr	TO Mo/Yr
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT					
JOB EXPERIENCE <i>continued</i>					
C) NAME OF EMPLOYER				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING If resigned or quit, how many days/weeks notice did you give?					
PERIOD OF UNEMPLOYMENT Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM Mo/Yr	TO Mo/Yr
D) NAME OF EMPLOYER				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING If resigned or quit, how many days/weeks notice did you give?					
PERIOD OF UNEMPLOYMENT Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				FROM Mo/Yr	TO Mo/Yr

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

E) NAME OF EMPLOYER				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING			<i>If resigned or quit, how many days/weeks notice did you give?</i>		

PERIOD OF UNEMPLOYMENT				FROM Mo/Yr	TO Mo/Yr
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

F) NAME OF EMPLOYER				FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT.	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			
REASON FOR LEAVING			<i>If resigned or quit, how many days/weeks notice did you give?</i>		

PERIOD OF UNEMPLOYMENT				FROM Mo/Yr	TO Mo/Yr
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

G) NAME OF EMPLOYER			FROM Mo/Yr	TO Mo/Yr
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			Hourly Pay	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1) _____		2) _____		
REASON FOR LEAVING			<i>If resigned or quit, how many days/weeks notice did you give?</i>	

PERIOD OF UNEMPLOYMENT		FROM Mo/Yr	TO Mo/Yr
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

H) Have you ever applied to the Houston Police Department before? YES NO

1) Number of times? _____ 2) When? _____

3) If rejected, reason: _____

I) Have you ever applied for any other position with the City of Houston? YES NO

1) Number of times? _____ 2) Department? _____

3) For what position? _____ 4) Outcome _____

J) Have you ever applied to any other police department or law enforcement agency? YES NO

If yes, please list all agencies applied to:

WHAT AGENCIES	WHEN	WHERE	OUTCOME
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

5) Was a background investigation conducted? YES NO

K) Do you know any HPD Officers well enough to make a recommendation about you? YES NO

(Name them, include telephone and/or cell numbers.) _____

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

JOB EXPERIENCE *continued*

L) Do you know officers from other law enforcement agencies well enough to make a recommendation about you? YES NO
(Name them, include telephone and/or cell numbers.) _____

M) Have you ever been polygraphed before? YES NO 1) When? _____
2) Reason? _____

N) Have you ever been fired? YES NO 1) How many times? _____ 2) When? _____
3) Why? _____ 4) Employer? _____

O) Have you ever been asked to resign? YES NO 1) How many times? _____ 2) When? _____
3) Why? _____ 4) Employer? _____

P) Have you ever quit a job without giving sufficient notice? YES NO 1) How many times? _____
2) When? _____ 3) Why? _____ 4) Employer? _____

Before continuing, be sure you have listed all agencies you have applied with, including those that hired you as well as any that did not.

ONLY for persons with prior Law Enforcement Agency Employment (This includes Detention Officers and Civilian Jailers.)
If you have prior Law Enforcement experience you must get a copy of your personnel file and any internal affairs investigations you have been involved in and turn it in with the packet.

1) Have you worked for another police department or law enforcement agency? YES NO
a) Name of departments or agencies? _____
b) What were your dates of employment? From _____ To _____
c) Duties/Division? _____
d) Reason for leaving: Voluntarily resigned YES NO Asked to resign YES NO Fired YES NO
Layoff YES NO Still Employed YES NO
Why? _____

2) Are you eligible to return? YES NO

3) Has any disciplinary action been taken against you? YES NO
a) How many times? _____ b) When? _____ c) What for? _____
d) Disciplinary Actions and Type? _____

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

POLICE QUESTIONS *continued*

4) Have you had any citizen complaints against you? YES NO
a) How many? _____ When? _____ c) What for? _____
d) Outcome? _____

5) Have you ever been the subject of an investigation? YES NO
a) How many times? _____ b) When? _____ c) By Whom? _____
d) What for? _____ e) Outcome? _____

6) Did you ever accept any bribes? YES NO
a) How many times? _____ b) What type of bribes? _____ c) Value? _____
d) What were they for? _____

7) Did you ever fail to turn in found, confiscated, or prisoner's property? YES NO
a) How many times? _____ b) What? _____

8) Have you ever used, experimented with, or tried any illegal drugs or substances while employed as a police officer? YES NO

a) If yes, complete the following:

Table with 3 columns: NAME OF DRUG OR SUBSTANCE, LAST TIME (On duty), LAST TIME (Off duty). Includes four rows of blank lines for data entry.

b) Comments: _____

9) Did you ever engage in any misconduct that went undetected? YES NO

a) How many times? _____ b) What? _____ c) When? _____

End of questions for applicants with prior law enforcement agency experience.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

MILITARY EXPERIENCE:			
Have you ever served in the Army, Navy, Marine Corps, Air Force, R. O. T. C., or other military or semi-military organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
B) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
C) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
D) ORGANIZATION	ENLISTMENT DATE	DISCHARGE TYPE AND DATE	RANK
Have you ever receive any disciplinary action while in the armed services? <input type="checkbox"/> YES <input type="checkbox"/> NO (Without exception include ALL Article 15's; Office Hours; Captain's Mast; NJP (Non-Judicial Punishments and/or JP's (Judicial Punishments etc.) 1) What for? _____ 2) Disciplinary Action received? _____			
Have you ever been court-martialed? <input type="checkbox"/> YES <input type="checkbox"/> NO 1) How many times? _____ 2) If you were court-martialed, what type of court-martial did you receive? <input type="checkbox"/> Summary <input type="checkbox"/> General <input type="checkbox"/> Special 3) What for? _____ 4) Disposition? _____ 5) Are you eligible to re-enlist? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever applied and been rejected for military service? <input type="checkbox"/> YES <input type="checkbox"/> NO 1) When? _____ 2) Which branch of service? _____ 3) Why? _____			
Did you register for the selective service? <input type="checkbox"/> YES <input type="checkbox"/> NO 1) If yes, give Selective Service number _____ (www.sss.gov/RegVer/wfVerification.aspx)			
MILITARY EXPERIENCE <ul style="list-style-type: none"> List ALL military assignments. Starting with current / last assignment and ending with Basic Training and/or Boot Camp List the name and contact information for your immediate CO (supervisor) at the time regardless of their current assignment status. If you have reserve duty, enter your military base, assignments, or unit of assignment. 			
ASSIGNMENT / BASE		FROM	TO
ADDRESS		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER
			EXT.
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS			
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS			
1)		2)	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT *continued*

MILITARY EXPERIENCE *continued*

ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)			2)	
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)			2)	
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)			2)	
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)			2)	
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)			2)	

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 6 : EXPERIENCE AND EMPLOYMENT <i>continued</i>				
MILITARY EXPERIENCE <i>continued</i>				
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)		2)		
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)		2)		
ASSIGNMENT / BASE			FROM	TO
ADDRESS			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT.
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES AND CONTACT PHONE NUMBERS OF CO-WORKERS 1)		2)		

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS

List all current financial obligations.

CREDITOR	TOTAL DEBT	AMOUNT PER MONTH	ARE YOU DELINQUENT?
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS

List all current financial obligations. continued

A) Have you ever had any bill placed for collection? [] YES [] NO
1) How many? _____ 2) When? _____
3) If placed for collection, what was the total amount owed on each account? _____
4) Have you made attempts to either contact or resolve the amount(s) with the collection agency? [] YES [] NO
Was agreement reached? [] YES [] NO When? _____

B) Have you made any attempts to resolve this debt with the creditor? [] YES [] NO
1) Was it revolved? [] YES [] NO 2) When? _____

C) Have you ever had a check returned because of insufficient funds? [] YES [] NO
1) How many times? _____ 2) How many times in the last 12 months? _____
3) When was the last time? _____ 4) Cumulative Total? _____
5) Intentionally? [] YES [] NO 6) Unintentionally? [] YES [] NO

D) Have you ever declared bankruptcy or filed a chapter that comes under the bankruptcy act? [] YES [] NO
1) When? _____ 2) Why? _____ 3) Disposition? _____
4) Have you re-established credit? [] YES [] NO 5) If yes, how long ago? _____
6) If bankruptcy was filed, what were the circumstances? _____
7) What were the names of creditors involved in the bankruptcy? _____
8) Were you delinquent on these accounts when you filed bankruptcy? [] YES [] NO
1) How long? _____ 2) Additional Comments: _____

E) Have you ever received any financial aid you were not entitled to? [] YES [] NO

F) Are you a co-signer on an outstanding loan? [] YES [] NO
1) For whom? _____ 2) How much? _____

G) Have you ever been sued? [] YES [] NO 1) By Whom? _____
2) When? _____ 3) What for? _____
4) Settled or Pending? _____ 5) In or out of Court? _____

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 7 : FINANCIAL OBLIGATIONS *continued*

List all current financial obligations. *continued*

H) Have you ever sued anyone? YES NO 1) Who? _____

2) When? _____ 3) What for? _____

4) Settled or Pending? _____ 5) In or out of Court? _____

I) Have you ever had a vehicle repossessed? YES NO 1) When? _____

2) Why? _____ 3) Disposition? _____

4) Additional Comments: _____

J) Have you ever purchased a house that went into foreclosure? YES NO 1) When? _____

2) Why? _____ 3) Dispositon? _____

4) Additional Comments: _____

SECTION 8 : Motor Vehicle Operation

Please provide the requested information regarding your driving history.

CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED

LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED AND LICENSE NUMBER, IF KNOWN.

HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY STATE?..... YES NO

If yes, explain (include when, where, and circumstances):

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8 : Motor Vehicle Operation *continued*

DRIVING HISTORY *continued*

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, PLACED ON PROBATION OR REVOKED? YES NO

If yes, explain (include when, where, and circumstances):

LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE(S):

A) TYPE OF INSURANCE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT			VEHICLE LICENSE NUMBER AND STATE		
VEHICLE MAKE		VEHICLE MODEL		YEAR	COLOR
INSURANCE COMPANY				POLICY NUMBER	EXPIRES
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()

B) TYPE OF INSURANCE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT			VEHICLE LICENSE NUMBER AND STATE		
VEHICLE MAKE		VEHICLE MODEL		YEAR	COLOR
INSURANCE COMPANY				POLICY NUMBER	EXPIRES
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP	CONTACT NUMBER ()

List all traffic citations (do not include parking tickets), whether you were convicted or not:

A) CHARGE / NATURE OF VIOLATION		CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

B) CHARGE / NATURE OF VIOLATION		CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

C) CHARGE / NATURE OF VIOLATION		CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

D) CHARGE / NATURE OF VIOLATION		CITY AND STATE	DATE
ACTION TAKEN / DISPOSITION <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed			

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

LIST ALL TRAFFIC CITATIONS *continued*

E) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

F) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE
---------------------------------	----------------	------

ACTION TAKEN / DISPOSITION
 Not Guilty Fined Traffic School Dismissed

G) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply)
 Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident? YES NO
 If yes, please list the details.

A) DATE	LOCATION (Number / Street / Apt)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

B) DATE	LOCATION (Number / Street / Apt)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

C) DATE	LOCATION (Number / Street / Apt)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

D) DATE	LOCATION (Number / Street / Apt)	CITY	STATE	ZIP
---------	----------------------------------	------	-------	-----

POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
---	------------------------	---

Have you ever driven a vehicle without auto insurance, as required by law? YES NO

IF YES, GIVE REASON:

DATE Month Year	LOCATION (Number / Street / Apt)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 8: MOTOR VEHICLE OPERATION *continued*

LIST ALL TRAFFIC CITATIONS *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 9: CRIMINAL ACTIVITY

List all arrests whether you were charged or not (including juvenile arrests): Please mark "M" for Misdemeanor and "F" for Felony. Being "arrested" is defined as the taking into custody of a person for the purpose of holding or detaining him/her to answer a criminal charge or civil demand.

Being arrested can include any of the following:

- a. Being placed in jail for ANY REASON (with or without charges) (This can include, but is not limited to: traffic offenses, old traffic warrants, municipal offenses, municipal court warrants, county court offenses, county court warrants, etc.)
- b. Being detained and issued a citation for a misdemeanor offense (examples: Shoplifting or Disorderly Conduct.)
- c. Being detained and questioned by the police
- d. Being placed in jail for traffic-related offenses greater than a Municipal Court fine (examples – Driving While Intoxicated (Alcohol or an Unknown Substance), Driving While License Suspended, Failure to Stop and Give Information, etc.

A conviction is generally the result of a criminal trial which ends in a judgment or sentence of guilt. For the purpose of this form, the term conviction also includes the following:

- a. A judgment of guilt by a judge/jury
- b. A plea of guilty or no contest by an individual
- c. A sentence of confinement to jail or prison or to a term of probation
- d. A finding of Deferred Adjudication
- e. The paying of a fine (this can include restitution paid to a business or individual and/or court costs).

A) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
B) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
C) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
D) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE
E) CHARGE <input type="checkbox"/> M <input type="checkbox"/> F	CITY AND STATE	CONVICTED OR DISMISSED	DATE

F) Have you ever been questioned or detained by any law enforcement officer for any situation which may have involved you as a victim, witness, reportee, or suspect other than a traffic stop? YES NO 1) If yes, explain: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY *continued*

List all Class C Misdemeanor citations issued to you: (Non-traffic related)

A) CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
B) CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
C) CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
D) CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE
E) CHARGE	CITY AND STATE	CONVICTED OR DISMISSED	DATE

SECTION 9: CRIMINAL ACTIVITY

Please read carefully and answer the following questions pertaining to domestic violence, family violence and dating violence.

DOMESTIC VIOLENCE

Domestic Violence means an offense that has its factual basis, the use or attempted use of physical force, or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated by a spouse, parent or guardian of the victim (per 18 U.S. C§921(33)(a).

Have you ever been convicted of a domestic violence crime?..... YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

Has a person made any allegations of domestic violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding domestic violence.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY *continued*

FAMILY VIOLENCE

Family violence means:
(1) 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 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; or
(2) Abuse by a member of a family or household toward a child of the family or household; or
(3) Dating violence (per Texas Family Code § 71.0021).

Have you ever been convicted of family violence? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

Has a person made any allegations of family violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding family violence.

Dating violence means:

(A) An act by an individual that is against another individual with whom that person has or has had a dating relationship and that is intended to result in physical harm, bodily injury, assault, sexual assault, or that is a threat that reasonably places the individual in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself (per Texas Family Code § 72.0021).
(B) A dating relationship is defined as a relationship between individuals who have or have had a continuing social relationship of a romantic or intimate nature (per Texas Family Code § 72.0021).
(C) The existence of such a relationship shall be determined based on consideration of the length of the relationship, the nature of the relationship and the frequency and type of interaction between the people involved in the relationship. A casual acquaintanceship or ordinary fraternization in a business or social context does not constitute a "dating relationship."

Have you ever been convicted of dating violence? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

Has a person made any allegations of dating violence against you? YES NO

If yes, state the approximate date:
Provide a brief summary of the above incident(s) to include the county and court in which this case was heard, if applicable.

_____ Initial here to verify that you have read and understand the information regarding dating violence.

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 9: CRIMINAL ACTIVITY

FAMILY ARREST

Have any members of your immediate family (parents, children, brothers, sisters, spouse) or close relative (those whom you associate with or could be influenced by) ever been arrested? YES NO If yes, complete the following)

- 1) Name: _____
- 2) DOB: _____
- 3) When and Where? _____
- 4) What for? _____
- 5) Number of times convicted for felonies? _____ 6) For misdemeanors? _____
- 7) Disposition? _____
- 8) How did you feel about what they did? _____
- 9) Additional Comments: _____

FAMILY ARREST *continued*

Additional Family Members? YES NO

- 1) Name: _____
- 2) DOB: _____
- 3) When and Where? _____
- 4) What for? _____
- 5) Number of times convicted for felonies? _____ 6) For misdemeanors? _____
- 7) Disposition? _____
- 8) How did you feel about what they did? _____
- 9) Additional Comments: _____

Please include a brief description of each arrest.

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME: _____

SECTION 10: OTHER TOPICS

Does your religion prevent the bearing of firearms? YES NO

The following is a breakdown indicating when you will need the listed materials and equipment. The prices listed are only estimates based on the average cost listed by the vendors contacted.

- Week 1:
 - 4 Uniform Shirts -----\$28.00 – \$30.00 each
 - 1 Pair Shoes -----\$55.00
- Week 2:
 - Handcuffs (Smith & Wesson, Model 100 only) -----\$25.00
- Week 8:
 - Pistols – Pistols may be financed through the Houston Police Credit Union (Payroll Deduction)
 - On Duty-----\$440.00 - \$699.00
 - Off Duty-----\$305.00 – 425.00
- *Accessories
 - Flashlights (SL-20X or SL-35)
 - Rechargeable -----\$90.00
 - Excalibur (steel with disposable batteries) -----\$29.00
 - *Optional 26” Expandable Baton & Holster -----\$55.00 - \$75.00

If selected to the Academy, would you be willing to spend the appropriate cost for the required materials? YES NO

Police Department employees are paid bi-weekly on Friday. Your first paycheck will not be issued until the third Friday after class begins. If selected, would you be able to meet all your financial obligations on the salary paid as a cadet? YES NO

Do you understand that the Police Academy training lasts for approximately 24 weeks, full time; that the Academy is a period of selection; that you must complete it successfully; that you may be discharged from the Academy at any time; that you must submit yourself to strict military discipline; and that you may not have any other employment or attend any other school while as a cadet in the Houston Police Academy? YES NO

SECTION 11: CERTIFICATION

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THE APPLICATION.

DATESIGNATURE OF APPLICANT

Initial this page to indicate that you have provided complete and accurate information: _____