Print Form

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 can either be typed or 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 ☐ CELL

6. EMAIL ADDRESS

HOME BUSINESS

7. BIRTHPLACE (CITY/COUNTY/STATE/COUNTRY) **8. BIRTHDATE** **9. SOCIAL SECURITY NUMBER**

10. IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

11. DRIVER'S LICENSE

NO. STATE EXP TYPE

12. PHYSICAL DESCRIPTION

HEIGHT WEIGHT HAIR COLOR EYE COLOR

13. ARE YOU FLUENT IN A SECOND LANGUAGE? ☐ YES ☐ NO **PLEASE INDICATE WHICH LANGUAGE(S).**

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).

☐ UNK ☐ 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. **PRESENT EMPLOYER** **POSITION** **WORK ADDRESS (NUMBER/STREET/UNIT) CITY** **STATE** **ZIP**

WORK PHONE **CELL PHONE** **HOME 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*

☐ UNK ☐ 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. | **PRESENT EMPLOYER** | **POSITION** | **WORK ADDRESS (NUMBER/STREET/APT)** | **CITY** | **STATE** | **ZIP**

WORK PHONE | **CELL PHONE** | **HOME PHONE** | **EMAIL**

☐ N/A ☐ 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. | **PRESENT EMPLOYER** | **POSITION** | **WORK ADDRESS (NUMBER/STREET/APT)** | **CITY** | **STATE** | **ZIP**

HOME PHONE | **CELL PHONE** | **WORK PHONE** | **EMAIL**

☐ N/A ☐ 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. | **PRESENT EMPLOYER** | **POSITION** | **WORK ADDRESS (NUMBER/STREET/APT)** | **CITY** | **STATE** | **ZIP**

HOME PHONE | **CELL PHONE** | **WORK PHONE** | **EMAIL**

☐ N/A ☐ 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**

HOME PHONE | **CELL PHONE**

LAST FOUR DIGITS OF S.S.N. | **EMAIL**

☐ N/A ☐ D

F. Father-in-law

NAME – *Last, First, Middle (and any other names they have used)*

Race

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

HOME PHONE | **CELL PHONE**

LAST FOUR DIGITS OF S.S.N. | **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*

Current Status? ☐ **Married** ☐ **Divorced** ☐ **Single**

How many times have you been married? ____

☐ **N/A** ☐ **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

☐ **N/A**

H. Former Spouse / Former Common Law (If deceased (**D**) please provide name and DOB only)

1) NAME- *Last, First, Middle, (and any other names they have used)* _____ **Race** ____ **Sex** ____

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

HOME PHONE ____ **LAST FOUR DIGITS OF S.S.N.** ____

CELL PHONE ____ **EMAIL** ____

YEAR OF DIVORCE ____ **Is there, or has there been a restraining or protective order in effect for this individual?** ☐ **Y** ☐ **N**

2) NAME- *Last, First, Middle, (and any other names they have used)* _____ **Race** ____ **Sex** ____

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

HOME PHONE ____ **LAST FOUR DIGITS OF S.S.N.** ____

CELL PHONE ____ **EMAIL** ____

YEAR OF DIVORCE ____ **Is there, or has there been a restraining or protective order in effect for this individual?** ☐ **Y** ☐ **N**

3) NAME- *Last, First, Middle, (and any other names they have used)* _____ **Race** ____ **Sex** ____

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

HOME PHONE ____ **LAST FOUR DIGITS OF S.S.N.** ____

CELL PHONE ____ **EMAIL** ____

YEAR OF DIVORCE ____ **Is there, or has there been a restraining or protective order in effect for this individual?** ☐ **Y** ☐ **N**

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*

List significant other(s) in your life:

1) NAME- Last, First, Middle, (and any other names they have used)		**Relationship**		**DATE OF BIRTH**
HOME ADDRESS (NUMBER/STREET/APT)	**CITY**	**STATE**	**ZIP**	**RACE/SEX**
HOME PHONE		**LAST FOUR DIGITS OF S.S.N.**		
CELL PHONE		**EMAIL**		
2) NAME- Last, First, Middle, (and any other names they have used)		**Relationship**		**DATE OF BIRTH**
HOME ADDRESS (NUMBER/STREET/APT)	**CITY**	**STATE**	**ZIP**	**RACE/SEX**
HOME PHONE		**LAST FOUR DIGITS OF S.S.N.**		
CELL PHONE		**EMAIL**		
3) NAME- Last, First, Middle, (and any other names they have used)		**Relationship**		**DATE OF BIRTH**
HOME ADDRESS (NUMBER/STREET/APT)	**CITY**	**STATE**	**ZIP**	**RACE/SEX**
HOME PHONE		**LAST FOUR DIGITS OF S.S.N.**		
CELL PHONE		**EMAIL**		

If you have any children and have never been married, complete the following information:

1) FULL NAME OF CHILD'S MOTHER/FATHER (*include maiden and other names used)*				**DATE OF BIRTH**
LAST KNOWN ADDRESS	**CITY**	**STATE**	**ZIP**	**RACE/SEX**
CONTACT NUMBER				**LAST FOUR DIGITS OF S.S.N**
2) FULL NAME OF CHILD'S MOTHER/FATHER (*include maiden and other names used)*				**DATE OF BIRTH**
LAST KNOWN ADDRESS	**CITY**	**STATE**	**ZIP**	**RACE/SEX**
CONTACT NUMBER				**LAST FOUR DIGITS OF S.S.N**

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)

☐ 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**

☐ UNK ☐ N/A ☐ 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**

☐ UNK ☐ N/A ☐ D

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

RACE | **LAST FOUR DIGITS OF S.S.N.** | **CONTACT NUMBER** | **EMAIL**

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

☐ UNK ☐ N/A ☐ 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**

☐ UNK ☐ N/A ☐ 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**

☐ UNK ☐ N/A ☐ D

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

RACE | **LAST FOUR DIGITS OF S.S.N.** | **CONTACT NUMBER** | **EMAIL**

☐ N/A **Children**

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** ☐ **CUSTODIAL** ☐ **GUARDIAN** ☐ **STEP CHILD** ☐ **OTHER** | **LAST FOUR DIGITS OF S.S.N.**

☐ M ☐ 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*

2) NAME – *Last, First, Middle*

☐ BIOLOGICAL ☐ CUSTODIAL ☐ GUARDIAN
☐ STEP CHILD ☐ OTHER

LAST FOUR DIGITS OF S.S.N.

☐ M
☐ F

DATE OF BIRTH

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP

RACE CONTACT NUMBER EMAIL

3) NAME – *Last, First, Middle*

☐ BIOLOGICAL ☐ CUSTODIAL ☐ GUARDIAN
☐ STEP CHILD ☐ OTHER

LAST FOUR DIGITS OF S.S.N.

☐ M
☐ F

DATE OF BIRTH

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP

RACE CONTACT NUMBER EMAIL

4) NAME – *Last, First, Middle*

☐ BIOLOGICAL ☐ CUSTODIAL ☐ GUARDIAN
☐ STEP CHILD ☐ OTHER

LAST FOUR DIGITS OF S.S.N.

☐ M
☐ F

DATE OF BIRTH

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP

RACE CONTACT NUMBER EMAIL

5) NAME – *Last, First, Middle*

☐ BIOLOGICAL ☐ CUSTODIAL ☐ GUARDIAN
☐ STEP CHILD ☐ OTHER

LAST FOUR DIGITS OF S.S.N.

☐ M
☐ F

DATE OF BIRTH

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP

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?

☐ N/A **OTHER RELATIVES**

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

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

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME:

SECTION 2 : RELATIVES *continued*

ADDITIONAL INFORMATION

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

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 – *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?**		

B) 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?**		

C) 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?**		

D) 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?**		

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 *continued*

E) 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?		

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 (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? ☐ YES ☐ NO
ADDRESS	CITY	STATE	

B) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? ☐ YES ☐ NO
ADDRESS	CITY	STATE	

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

A) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY	STATE		

B) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	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*

C) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

D) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	TOTAL SEMESTER HOURS	TYPE OF DEGREE EARNED
ADDRESS	CITY		STATE	

E) NAME	FROM (Mo/Yr)	TO (Mo/Yr)	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 (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? ☐ Y ☐ N
NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
ADDRESS	CITY	STATE	ZIP

B) ACADEMY NAME	FROM (Mo/Yr)	TO (Mo/Yr)	DID YOU GRADUATE? ☐ Y ☐ 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.

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

PERSONAL HISTORY STATEMENT-POLICE OFFICER

APPLICANT NAME:

SECTION 5: RESIDENCE

LIST OF RESIDENCES

- **List ALL residences where you actually resided during the last ten (10) years, regardless of the length of time you resided there, beginning with your present address. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes. Do not leave any gaps in time.**
- **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** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

NAMES OF THOSE WITH WHOM YOU LIVE:

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

CITY | **STATE** | **ZIP** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

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** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

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** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

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 RESIDENCES *continued*

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

CITY | **STATE** | **ZIP** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

NAMES OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

F) FORMER ADDRESS (NUMBER / STREET / APT) | **FROM (Mo/Yr)** | **TO (Mo/Yr)**

CITY | **STATE** | **ZIP** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

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** | **NAME OF APT. COMPLEX, MORTGAGE COMPANY, OR PERSON LIVED WITH**

ADDRESS OF APT. COMPLEX, MORTGAGE COMPANY, OR OWNER (NUMBER / STREET / APT) | **CONTACT NUMBER**

CITY | **STATE** | **ZIP**

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**

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*

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**

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**

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*

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):

SECTION 6 : EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- List **ALL** jobs you have had in the past ten (10) years, regardless of the length of time employed, including part-time, temporary, self-employment, internships and volunteer**. Begin with your most current employment**. If more space is needed you will be provided with another page that is identical to this one
- List **ALL** periods of unemployment. **Do not leave any gaps in time**

PERIOD OF UNEMPLOYMENT (only if applicable) | **FROM (Mo/Yr)** | **TO (Mo/Yr)**

Check Applicable: ☐ **Student** ☐ **Between Jobs** ☐ **Leave of absence** ☐ **Travel** ☐ **Other**

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** | ☐ **F-T** ☐ **P-T** ☐ **Temp** ☐ **Self-employed** ☐ **Volunteer**

NAMES OF CO-WORKERS 1) 2) | **REASON FOR LEAVING**

Would there be a problem if we contact your current employer? ☐ **YES** ☐ **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: ☐ **Student** ☐ **Between Jobs** ☐ **Leave of absence** ☐ **Travel** ☐ **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** | ☐ **F-T** ☐ **P-T** ☐ **Temp** ☐ **Self-employed** ☐ **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: ☐ **Student** ☐ **Between Jobs** ☐ **Leave of absence** ☐ **Travel** ☐ **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 *continued*

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	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ 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: ☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ 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	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ 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: ☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other			FROM (Mo/Yr)	TO (Mo/Yr)

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*

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	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ 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: ☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other			FROM (Mo/Yr)	TO (Mo/Yr)

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	☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ 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: ☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ Other			FROM (Mo/Yr)	TO (Mo/Yr)

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*

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** | ☐ F-T ☐ P-T ☐ Temp ☐ Self-employed ☐ 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: ☐ Student ☐ Between Jobs ☐ Leave of absence ☐ Travel ☐ 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.)

NAME: _____ **CONTACT NUMBER:** _____

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.) NAME: _____ **CONTACT NUMBER:** _____

NAME: _____ **CONTACT NUMBER:** _____

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 <u>all</u> agencies you have applied with, including those that hired you as well as any that did not.

●●●

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? _____ **b) 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:

NAME OF DRUG OR SUBSTANCE	LAST TIME (On duty)	LAST TIME (Off duty)

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.

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:

Did you register for the selective service? ☐ YES ☐ NO **1) If yes, give Selective Service number** _____
(www.sss.gov/RegVer/wfVerification.aspx)

Have you ever applied and been rejected for military service? ☐ YES ☐ NO

1) When? _____ **2) Which branch of service?** _____ **3) Why?** _____

Have you ever served in the Army, Navy, Marine Corps, Air Force, R. O. T. C., or other military or semi-military organizations? …… ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ NO

1) How many times? _____ **2) If you were court-martialed, what type of court-martial did you receive?**
☐ Summary ☐ General ☐ Special

3) What for? _____ **4) Disposition?** _____

5) Are you eligible to re-enlist? ☐ YES ☐ NO

MILITARY EXPERIENCE

- 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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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 (Mo/Yr)	TO (Mo/Yr)
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?
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ NO
	$	$	☐ YES ☐ 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 bills 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?** _____

5) Have you made any attempts to resolve any debt with the creditor? ☐ YES ☐ NO

1) Was it resolved? ☐ YES ☐ NO **2) When?** _____

B) 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

C) 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:** _____

D) Have you ever received any financial aid you were not entitled to? ☐ YES ☐ NO

E) Are you a co-signer on an outstanding loan? ☐ YES ☐ NO

1) For whom? _____ **2) How much?** _____

F) Have you ever been sued (including divorce)? ☐ 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***

G) Have you ever sued anyone (including divorce)? ☐ **YES** ☐ **NO** **1) By Whom**_____

2) When? _____ **3) What for?** _____

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

H) Have you ever had a vehicle repossessed? ☐ **YES** ☐ **NO** **1) When?**_____

2) Why? _____ **3) Disposition?**_____

4) Additional Comments:_____

_____

I) 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.
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

☐ **INSURED** ☐ **BONDED** ☐ **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

☐ **INSURED** ☐ **BONDED** ☐ **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

☐ **Not Guilty** ☐ **Fined** ☐ **Dismissed** ☐ **Defensive Driving Course**

B) CHARGE / NATURE OF VIOLATION | CITY AND STATE | DATE

ACTION TAKEN / DISPOSITION

☐ **Not Guilty** ☐ **Fined** ☐ **Dismissed** ☐ **Defensive Driving Course**

C) CHARGE / NATURE OF VIOLATION | CITY AND STATE | DATE

ACTION TAKEN / DISPOSITION

☐ **Not Guilty** ☐ **Fined** ☐ **Dismissed** ☐ **Defensive Driving Course**

D) CHARGE / NATURE OF VIOLATION | CITY AND STATE | DATE

ACTION TAKEN / DISPOSITION

☐ **Not Guilty** ☐ **Fined** ☐ **Dismissed** ☐ **Defensive Driving Course**

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 ☐ Dismissed ☐ Defensive Driving Course

F) CHARGE / NATURE OF VIOLATION	CITY AND STATE	DATE

ACTION TAKEN / DISPOSITION

☐ Not Guilty ☐ Fined ☐ Dismissed ☐ Defensive Driving Course

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	LAW ENFORCEMENT AGENCY	
☐ YES ☐ NO		☐ INJURY ☐ NON-INJURY

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

POLICE REPORT	LAW ENFORCEMENT AGENCY	
☐ YES ☐ NO		☐ INJURY ☐ NON-INJURY

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

POLICE REPORT	LAW ENFORCEMENT AGENCY	
☐ YES ☐ NO		☐ INJURY ☐ NON-INJURY

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

POLICE REPORT	LAW ENFORCEMENT AGENCY	
☐ YES ☐ NO		☐ INJURY ☐ NON-INJURY

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

IF YES, GIVE REASON:

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

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 ☐ **M** ☐ **F**	**CITY AND STATE**	**CONVICTED OR DISMISSED**	**DATE**
B) CHARGE ☐ **M** ☐ **F**	**CITY AND STATE**	**CONVICTED OR DISMISSED**	**DATE**
C) CHARGE ☐ **M** ☐ **F**	**CITY AND STATE**	**CONVICTED OR DISMISSED**	**DATE**
D) CHARGE ☐ **M** ☐ **F**	**CITY AND STATE**	**CONVICTED OR DISMISSED**	**DATE**
E) CHARGE ☐ **M** ☐ **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:**

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*

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

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

PARTY AFFILIATIONS

A) Are you a member of, or have you ever been a member of any organization that advocates violence or anti-government acts? ☐ **YES** ☐ **NO**

1) How many? _____ **2) Which ones?** _____

B) Have you ever attended a meeting of, or are you in sympathy with, any organization which might possibly be considered radical or subversive?

☐ **YES** ☐ **NO**

1) How many meetings? _____ **2) Which ones?** _____

3) How many in sympathy with? _____

C) How many, if any, of your family members or friends belong to any of these types of organizations? _____

D) Do you have any tattoos that are affiliated with any organization, party, or gang? _____

If yes, describe. _____

Please include a brief description of each.

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) Relationship:** _____

3) DOB: _____

4) When and Where? _____

5) What for? _____

6) Number of times convicted for felonies? _____ **7) For misdemeanors?** _____

8) Disposition? _____

9) How did you feel about what they did? _____

10) Additional Comments: _____

FAMILY ARREST *continued*

Additional Family Members? ☐ **YES** ☐ **NO**

1) Name: _____ **2) Relationship** _____

3) DOB: _____

4) When and Where? _____

5) What for? _____

6) Number of times convicted for felonies? _____ **7) For misdemeanors?** _____

8) Disposition? _____

9) How did you feel about what they did? _____

10) Additional Comments: _____

Please include a brief description of each arrest.

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

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.

_____

DATE **SIGNATURE OF APPLICANT**

Print Form

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