



Personal History Statement

One Troyan Drive · Meadows Place, TX 77477
 (281) 983-2950 · (281) 982-2940
www.cityofmeadowsplace.org

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone Number			E-mail Address						
Driver's License Number			State of Issuance						
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:				
EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES - LIST THREE (3) PERSONAL REFERENCES. NON-FAMILY RELATED.									
Full Name			Relationship						
Email			Phone						
Address									
Full Name			Relationship						
Email			Phone						
Address									
Full Name			Relationship						
Email			Phone						
Address									
CERTIFICATIONS/LICENSES									

PREVIOUS EMPLOYMENT (10 YEARS) – USE BACK OF THIS SHEET OR ADDITIONAL SHEETS & ATTACH RESUME

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Company				Phone				
Address				Supervisor				
Website				Email				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain:							

ADDITIONAL INFORMATION REQUESTED

1. Have you ever been arrested? If yes, please explain:
2. Have you had a DWI in the past five (5) years?
3. Have you had any vehicle accidents in the past three (3) years? If so, how many?
4. Have you had any moving violations in the past three (3) years? If so, how many?

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature				Date			
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**Authorization to Release
Personal Information**

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Meadows Place, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, may have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the City of Meadows Place and the Meadows Place Police Department. I also certify that any person(s) who furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information.

I understand that the furnishing of such information to the City of Meadows Place, its agent, employees and representatives is necessary to making a proper determination as to my ability to perform as an employee of the City of Meadows Place. I do hereby release the City of Meadows Place, its officers, employees and representatives from any and all claims, demands, suits, and liability of any kind that may or could result from any and all claims, demands, suits, and liability of any kind that may or could result from furnishing such information.

Name: _____
Print Name

Signature of Applicant/Parent/Guardian

Date

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

Sworn to and subscribed before me on this _____ day of _____, _____.

SEAL

Signature of Notary

My Commission Expires: _____

**Authorization to Release
Criminal History Information**

In connection with the evaluation of my suitability for employment, volunteer status or contracted services to the City of Meadows Place, Texas, (either as an independent contractor or as an employee of an organization or business who has entered into a contract with the City of Meadows Place, Texas), I give my consent for the City of Meadows Place, Texas to obtain criminal history information related to my application for employment, volunteer status or contracted service to the City of Meadows Place, Texas. I understand that criminal history information includes any criminal conviction records for deferred adjudication, misdemeanor or felony offenses at age seventeen (17) or older. Any such information will be used solely for employment, volunteer status or contracted services related consideration and will not for any other purpose.

I authorize, consent, and grant permission to any person or entity to release to the City of Meadows Place, Texas, or its agent(s) any and all information regarding my criminal history. I waive any and all claims that I may have with respect to providing such information. I understand that the City of Meadows Place, Texas, and its agents are not responsible for the accuracy or completeness of the information contained in such reports. I release the City of Meadows Place, Texas and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by the City of Meadows Place, Texas, and its agent(s).

I understand that this authorization is not an offer of employment, volunteer status or contracted services by the City of Meadows Place, Texas, and that any false or misleading information I have provided to the City of Meadows Place, Texas, may result in a refusal to hire, promote, reassign, or continue employment, volunteer status or contracted services. I also understand that this authorizations a continuing authorization and will remain valid until such time as I inform the City of Meadows Place, Texas in writing that I revoke this authorization.

I have read and understand the contents of this paper.

Name: _____ Driver's License No: _____
Print Name

 Signature of Applicant/Parent/Guardian Date

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

Sworn to and subscribed before me on this _____ day of _____,

SEAL _____
Signature of Notary

My Commission Expires: _____