

**Meadows Place Police Department
One Troyan Drive
Meadows Place, TX 77477**

Police Employee

Personal History Statement



Name of Applicant

The City of Meadows Place does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status.

Document must be returned to:

**Meadows Place Police Department
One Troyan Drive
Meadows Place, TX 77477**

Importance of Honesty

The Meadows Place Police Department is seeking police officer applicants who demonstrate certain characteristics. Honesty is the most important characteristic you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty in all aspects of the application process, including completion of the personal history statement, cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing will result in disqualification. Many applicants have been disqualified for dishonesty.

When filling out the personal history statement you are cautioned to take your time and to be thorough. If you have any doubt in your mind concerning a particular question, feel free to contact the designated contact officer. Always err on the side of caution by including information when in doubt.

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example:

- An arrest (either when you were a juvenile or as an adult) may or may not disqualify you. Lying about the arrest, however, will disqualify you from further consideration.
- You may have been fired from a job that, by itself, may or may not disqualify you. Lying about it, however, will disqualify you from further consideration.
- The use of drugs, including marijuana, may or may not disqualify you. Lying about it, however, will disqualify you from further consideration.

I have read and understood the contents of this paper.

Applicant's Printed Name

Applicant's Signature

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: _____

Personal History Statement Instructions

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

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

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately. This document will require several notarizations. This must be completed prior to submission of the application. (If you need assistance in contacting a Notary Public please contact the Meadows Place Police Department background investigators.)
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.

6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness**.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases).
 - Copy of your Social Security card.
 - Original certified copy of your birth certificate. (No photo copy)
 - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
 - Copy of your High School diploma or GED certificate.
 - Sealed original certified copy of your high school and college transcript. (No photo copy)
 - Photocopy of your college diploma.
 - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified copy of your Naturalization papers, if applicable. (No photo copy)
 - Copy of current proof of automobile liability insurance.
 - Copy of all Marriage Certificates.
 - Copies of all Divorce petitions and decrees.
 - A current credit report from a credible credit reporting agency. (Credit report must be obtained within ten days of submitting this personal history statement.)
 - Copy of Final Disposition of all arrest.
 - Cop of Final Disposition of all citations.
 - Copy of your most recent firearms qualification or Report of Firearms Proficiency from Academy.
 - If you have more than a 180 day break in service, provide copies of TCOLE L2 (Drug and Physical) and L3 (Psychological) from previous agency.

10. If you have any questions, please contact the Meadows Place Police Department Background Investigation Office.

11. When submitting the completed documents, please return them in a sealed 11.5 x 14.5 envelope marked Personal and Confidential to the Meadows Place Police Department.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

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

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

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

Disqualification

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrest are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

APPLICANT IDENTIFICATION

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

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

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

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

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

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

List All Email Addresses _____

MARITAL & FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

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

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s) (do not include parents or cohabitants) _____

Date(s) of birth _____

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

Date of Marriage: _____

City and State: _____, _____

Separated: _____ Date: _____

Divorced: _____ Date: _____ County: _____

Annulled: _____ Date: _____ County: _____

Court or State Issued: _____

Ex-Spouses Name: _____

Date of Birth: _____

Telephone Number: _____

Date of Marriage: _____

City and State: _____, _____

Separated: _____ Date: _____

Divorced: _____ Date: _____ County: _____

Annulled: _____ Date: _____ County: _____

Court or State Issued: _____

Ex-Spouses Name: _____

Date of Birth: _____

Telephone Number: _____

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

Relation	Name	Date of Birth	Address

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

Relationship	Name	Complete Address	Phone Number	DOB

RESIDENCES

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

From	To	Address	City	State & Zip code

PERSONAL REFERENCES

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

Name: _____ Years Known: _____

Address: _____

Home Telephone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Nature of Relationship: _____

Name: _____ Years Known: _____

Address: _____

Home Telephone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Nature of Relationship: _____

Name: _____ Years Known: _____

Address: _____

Home Telephone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Nature of Relationship: _____

Name: _____ Years Known: _____

Address: _____

Home Telephone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Nature of Relationship: _____

Name: _____ Years Known: _____

Address: _____

Home Telephone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Nature of Relationship: _____

Identify below any employees of the City of Meadows Place and Meadows Place Police Department with whom you are acquainted or a relative:

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____

Expiration Date: _____

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

Yes _____ No _____

If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Is the address listed on your driver's license the address you are currently living at?

Yes _____ No _____

Have you ever been denied a driver's license in any state?

Yes _____ No _____

Have you **ever** had your driver's license suspended or revoked? Yes _____ No _____

If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years. (Use additional sheets if necessary.)

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

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

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

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

List all motor vehicles that you currently own or co-own?

Year/Make/Model Color License Plate State

Have you ever driven a vehicle while you knew your driver's license was suspended?

Yes _____ No _____

If yes explain. _____

ARRESTS, DETENTIONS, AND LITIGATION

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

Yes _____ No _____ if yes, complete the following table:

Agency	Offense	Date	Location	Disposition

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

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

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

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

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

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

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

FAMILY AND RELATIVES' ARRESTS

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

Yes _____ No _____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

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FINANCIAL HISTORY

Your current net monthly income _____

Spouse's current net monthly income _____

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Do you own your home, Rent or lease? _____

Name of Mortgage holder or Landlord _____

Address of Mortgage holder or Landlord _____

Account number _____

Mortgage or Rent paid monthly _____

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

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

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CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business?

Yes _____ No _____

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed?

Yes _____ No _____

Have you **ever** failed to pay Federal, state, or other taxes?

Yes _____ No _____

Have you **ever** failed to file a tax return, when required by law?

Yes _____ No _____

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts?

Yes _____ No _____

Have you **ever** had a judgment entered against you?

Yes _____ No _____

Have you **ever** defaulted on any type of loan?

Yes _____ No _____

Have you **ever** had bills or debts turned over to a collection agency?

Yes _____ No _____

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay?

Yes _____ No _____

Have you **ever** written a check that was later returned for Non-Sufficient Funds (NSF)?

Yes _____ No _____

Have you **ever** been delinquent on court-imposed alimony or child support payments?

Yes _____ No _____

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

Are you currently more than sixty (60) days delinquent on any debts?

Yes _____ No _____

Have you ever co-signed a loan for another person?

Yes _____ No _____

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

Have you **ever** received unemployment compensation? Yes _____ No _____
 When? _____

Name of Bank _____

Address of Bank _____

Name of Bank _____

Address of Bank _____

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

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

EMPLOYMENT HISTORY

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

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

1. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes ____ No ____

Did you receive performance evaluations? Yes ____ No ____

2. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes _____ No _____

Did you receive performance evaluations? Yes _____ No _____

3. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes ___ No ___

Did you receive performance evaluations? Yes ___ No ___

4. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes ___ No ___

Did you receive performance evaluations? Yes ___ No ___

5. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes _____ No _____

Did you receive performance evaluations? Yes _____ No _____

6. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes ___ No ___

Did you receive performance evaluations? Yes ___ No ___

7. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes ___ No ___

Did you receive performance evaluations? Yes ___ No ___

8. Employer _____

From _____ To _____

Address _____

Telephone _____

Job Title _____

Beginning Salary _____ Ending Salary _____

Name of supervisor _____

Contact Number _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: (Include Date) _____

List any Internal affairs investigations focused on you _____

Reason for Leaving: _____

Are you eligible for rehire? Yes ___ No ___

Did you receive performance evaluations? Yes ___ No ___

Did you have periods of unemployment? ____ Yes ____ No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

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

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

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

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

MILITARY OBLIGATION

Are you currently registered for the Draft?

Yes _____ No _____

Have you ever served in the U.S. Armed Forces or State Military Forces?

Yes _____ No _____

Served from _____ to _____

Highest Rank held _____

Date _____ to Date _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____

Last Duty Station: _____

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

Serving from _____ to _____

Current Rank held _____

Date _____ to Date _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

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

SPECIAL QUALIFICATIONS & SKILLS

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

List any language other than English that you speak, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT

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

Have you **ever** been an officer or a member of, or made a contribution to, or attended a meeting of an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law.

Yes _____ No _____

Have you ever been a member of or made a contribution to or attended a meeting of any organization that would advocate the discrimination of any individual based on race, color, religion, sex, age, national origin, disability, or veteran status.

Yes _____ No _____

Do any of your family members or friends belong to or participate in any activities or groups described in the previous questions?

Yes _____ No _____

If you answered yes to any of these questions explain. _____

PERSONAL DECLARATIONS

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

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician? _____

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances, prescription drugs or Marijuana to anyone?

Yes ___ No ___

If yes, give details: _____

Have you ever abused any prescription medication?

Yes ___ No ___

If yes, give details: _____

Have you ever abused a prescription medication that was not prescribed to you?

Yes ___ No ___

If yes, give details: _____

Have you ever been involved, in any way in the manufacture of illegal drugs?

Yes___ No___

If yes, give details:_____

Have you ever been involved, in any way in any growing or cultivation of Marijuana?

Yes___ No___

If yes, give details:_____

Have you ever lied to a physician or health care provider about your health in order to gain a prescription?

Yes___ No___

If yes, give details:_____

Has any person ever used illegal drugs or other illegal substances in your presence?

Yes___ No___

If yes, give details:_____

Answer the questions below regarding the use of the listed drugs. Use of drugs covers all descriptive terms used to describe the ingestion of the substance into the body, e.g. inhaled, smoked, experimented, injected etc.

Have you ever use Yes/No Number of times Last Date Used Form Used

Marijuana _____

Hashish _____

Speed _____

Cocaine _____

Crack _____

LSD _____

Ecstasy (XTC) _____

PCP _____

Peyote _____

Mushrooms _____

Quaaludes _____

Barbiturates _____

Heroin _____

Designer Drugs _____

Steroids _____

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

If yes, explain:

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

Have you submitted an application for employment with this agency or any other police agency? (Use additional Sheet if Necessary) Yes _____ No _____

Name of Agency	Date	Position Applied For	Status of Application
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature of applicant

Date

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

Sworn to and subscribed before me on this _____ day of _____, _____ in and for _____ county, in the state of _____

SEAL

Signature of Notary

My Commission Expires: _____

**MEADOWS PLACE POLICE DEPARTMENT
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Meadows Place Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

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

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

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

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 _____, _____

in and for _____ county, in the state of _____

SEAL

Signature of Notary

My Commission Expires: _____

**MEADOWS PLACE POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

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, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment records or consultation records, including hospitals, clinics, private practitioners and the U.S. Veterans Administration; 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 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 a police officer or civilian 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 furnishing such information.

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

Signature _____ Date _____

Address _____ Phone# _____

City _____ State _____ ZIP _____

Phone _____ Driver License # _____

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 _____, _____

in and for _____ county, in the state of _____

SEAL

Signature of Notary

My Commission Expires: _____

**MEADOWS PLACE POLICE DEPARTMENT
APPLICANTS INFORMATION REGARDING DOMESTIC VIOLENCE**

The purpose of this information sheet is to provide the applicant with information regarding the Omnibus Consolidated Appropriation Act of 1997 as amended the National Gun Control act of 1968.

This makes it unlawful for any person convicted of a criminal offense of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also unlawful for any person to sell or otherwise dispose of a firearm or ammunition to any person convicted of domestic violence. This prohibition does not apply to peace officers. However, with respects to all persons, a conviction of domestic violence would not be disabling if it has been expunged, set aside, pardoned, or the person has had his or her civil rights restored (if applicable) and the person is not otherwise prohibited from possessing a firearm or ammunition.

Thus peace officers that have been convicted of acts of domestic violence will not be able to lawfully possessor receive firearms or ammunition for any purpose, including performing their official duties.

Domestic violence is defined as any act committed against any family member under the Texas Penal Code, Title 5, *OFFENSES AGAINST THE PERSON, CHAPTER 19. CRIMINAL HOMICIDE; CHAPTER 20. KIDNAPPING AND UNLAWFUL RESTRAINT; CHAPTER 21. SEXUAL OFFENSES; CHAPTER 22. ASSAULTIVE OFFENSES; and Title 6. OFFENSES AGAINST THE FAMILY.*

Any person that has been convicted of an act of domestic violence will no longer be able to lawfully possess firearms or ammunition on or after September 30, 1996.

Initial

**MEADOWS PLACE POLICE DEPARTMENT
APPLICANTS STATEMENT REGARDING DOMESTIC VIOLENCE**

I have read the attached information sheet regarding domestic violence and the National Gun control Act of 1968.

I do hereby affirm that **I HAVE NEVER BEEN CONVICTED** of any act of domestic violence, I have never been the subject of a protective order, and this law in any manner does not affect me.

Signature

Month Date Year

Printed Name

.....
I do hereby affirm that **I HAVE BEEN CONVICTED** of an act of domestic violence and/or I have been the subject of a protective order and/or that there is, or may be an incident in my personal life that makes me subject to the restriction imposed by this law.

Signature

Month Date Year

Printed Name

Sworn to and subscribed before me on this __ day of _____, _____
in and for _____ county, in the state of _____

SEAL

Signature of Notary

My Commission Expires: _____