



BASIC COUNTY CORRECTIONS SPONSORSHIP

East Texas Police Academy



Date: _____
Sponsoring Agency: _____
Agency Administrator: _____
Agency Phone Number: _____

Applicant Name (L, F, MI): _____
Applicant SSN: _____
Applicant PID: _____
Applicant Phone Number: _____

BCCC Location: _____
BCCC Course Dates: _____

=====

I certify that the applicant listed on this sponsorship form is:

[] **Non-Employed:** Sponsorship exists when the agency assumes no obligation to employ or commission the student as a detention officer. This sponsorship qualifies for no COG funding of tuition.

Signature of Sponsoring Official

Date

Sworn to me and subscribed before me, this the ____ day of _____, _____

Notary Public in and for the State of Texas

Printed name of Notary Public

My commission expires:

____/____/____

Signature of Notary Public

Seal or Stamp

Honesty Professionalism Integrity

*Kilgore College is an Equal Opportunity / Affirmative Action Institution.
If you are a person with a disability and need assistance, please call 903-983-8672.*



East Texas Police Academy Applicant Declaration Page



WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL
STATEMENTS MADE ON A GOVERNMENTAL RECORD. KNOWINGLY
MAKING A FALSE ENTRY OR OMISSION IS A CRIMINAL OFFENSE
UNDER PENAL CODE §37.10.

Applicant Name: _____ Course Applying For: _____

A-5 Declaration:

INITIAL ONE OF THE BOXES BELOW:

☐ I certify that I have not ever been dismissed from any other licensing course (BPOC, BCCC, BTOC) offered by any academy in the State of Texas, and that an A-5 has never been reported to TCOLE for my failure to complete a licensing course for any reason.

☐ I certify that I have been previously dismissed from another licensing course (BPOC, BCCC, BTOC) offered by any academy in the State of Texas, namely the following course (List: Course, Academy Name, Date):

Military Service Declaration:

INITIAL ONE OF THE BOXES BELOW:

☐ I certify that I have not ever served in any branch of the armed forces of the United States of America, nor any of their reserve or guard components.

☐ I certify that I have served in a branch of the armed forces of the United States of America, or in one of their reserve or guard components (List: Branch, Dates of Service):

Prior Arrest Declaration:

For purposes of this question, an arrest is considered to have occurred if a person has been booked into any correctional facility or holding facility pursuant to any criminal charge of any grade, regardless of the duration of time spent in the facility or the final disposition of the charge alleged, or the person's age at the time the charge was filed; or if an information or an indictment was issued against a person alleging a criminal offense occurred. Note: court disposition paperwork is required for ALL arrests.

INITIAL ONE OF THE BOXES BELOW:

☐ I certify that I have not ever been arrested.

☐ I certify that I have been arrested (List: State, Arresting Agency, Charge, Disposition):

Prior ETPA Enrollment:

INITIAL ONE OF THE BOXES BELOW:

☐ I certify that I have never attended a licensing course offered by ETPA (BPOC, BCCC, BTOC) at any time in the past.

☐ I certify that I have attended a licensing course offered by ETPA (BPOC, BCCC, BTOC) at any time in the past. (List: Course Type, Course Location, Date):

I 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 disqualified from enrollment and may result in criminal charges being filed against me.

Print Name: _____ Signature: _____ Date: _____

Before me personally appeared _____, who stated that he/she has full knowledge of the purposes of this document and that he/she executed this document of his/her own free will and accord.

SEAL or Stamp

Signature of Notary

My Commission Expires: _____



East Texas Police Academy Drug Use Declaration Page



WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL
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UNDER PENAL CODE §37.10.

Applicant Name: _____ Course Applying For: _____

Past Illegal Substance Use:

For purposes of this question, illegal substances include but are not limited to: methamphetamine, cocaine, heroin, fentanyl, or any other "street drug" that is not legal in the State of Texas. It does not include Marijuana.

INITIAL ONE OF THE FOLLOWING BOXES:

☐ I certify that I have not ever consumed, used, or experimented with any illegal substance in my entire life.

☐ I certify that I have consumed, used, or experimented with an illegal substance: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle "YES" below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

Past Prescription Drug Abuse:

For purposes of this question, a "prescription drug" is a medication or drug that is only available under prescription from a licensed physician. Prescription drugs include but are not limited to: Xanax, Hydrocodone, Percocet, Valium, Adderall, Codeine, etc.

"Abuse" means to have used a prescription drug for the purposes of intoxication ("getting high"), or having taken a medication regardless of the type of medication that was prescribed to another person, not prescribed to you, or not legally obtained via a prescription from a licensed physician / pharmacy.

INITIAL ONE OF THE FOLLOWING BOXES:

☐ I certify that I have not ever abused a prescription drug in my entire life.

☐ I certify that I have abused a prescription drug": (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle "YES" below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL STATEMENTS MADE ON A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY OR OMISSION IS A CRIMINAL OFFENSE UNDER PENAL CODE §37.10.

Prior Marijuana / THC Use:

For purposes of this question, "marijuana" is the cannabis sativa L. plant, and any part of that plant or any byproduct of that plant (oil, cakes, compounds, etc) that contain more than 0.3% THC by weight. This includes marijuana flower, "edibles", "vapes", or any other product or method used to consume or introduce THC into the body of a person.

INITIAL ONE OF THE FOLLOWING BOXES:

☐ I certify that I have not ever consumed or used Marijuana or THC

☐ I certify that I have consumed or used Marijuana or THC: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle "YES" below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

If you are unsure of what you need to declare, or how to fill this form out, call the ETPA office at 903.983.8663 and seek clarification.

I 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 disqualified from enrollment and may result in criminal charges being filed against me.

Print Name: _____ Signature: _____ Date: _____

Before me personally appeared _____, who stated that he/she has full knowledge of the purposes of this document and that he/she executed this document of his/her own free will and accord.

SEAL or Stamp

Signature of Notary

My Commission Expires: _____



EAST TEXAS POLICE ACADEMY

1104 Brook Drive
Kilgore, TX 75662
903-983-8663
www.kilgore.edu

Authorization to Release Information

I, the undersigned _____, hereby authorize the East Texas Police Academy ("East Texas Police Academy" includes all agents and employees of Kilgore College assigned to the East Texas Police Academy, or their lawful designees) to obtain any information from my present or former employers and their employees and representatives related to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the East Texas Police Academy, either verbally or in writing. I understand that the information released is for use by the East Texas Police Academy and may be disclosed to third parties as the East Texas Police Academy deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the East Texas Police Academy and their officials, employees, representatives and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

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

I also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any such party furnishing such information which may be incurred as a result of 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.

APPLICANT'S

SIGNATURE _____ DATE _____

BEFORE ME, _____, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME (OR PROVED UNDER OATH OF OFFICE) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED.

GIVEN UNDER MY AND SEAL OF OFFICE THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS

PRINTED NAME

MY COMMISSION EXPIRES: _____

EAST TEXAS POLICE ACADEMY – STUDENT REGISTRATION FORM

STUDENT INFORMATION:

NAME: _____ PID NO: _____
(LAST) (FIRST) (MI)

SSN: _____ / _____ / _____ HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ COUNTY OF RESIDENCE: _____

CELL PHONE: _____ BUSINESS PHONE: _____

STUDENT'S LAW ENFORCEMENT AGENCY: _____

GENDER: MALE / FEMALE BIRTHDATE: _____ / _____ / _____ ARE YOU A U.S. CITIZEN? YES / NO
(Circle one) MM DD YYYY (Circle one)

Are you Hispanic or Latino? YES / NO (Circle one)
(Cuban, Mexican, Puerto Rican, South/Central American, or Other Spanish culture or race, regardless of race?)

RACIAL CATEGORIES _____ White _____ American Indian / Alaskan Native
(check all that apply): _____ Black or African American _____ International or Non-Resident
 _____ Asian _____ Native Hawaiian or Other Pacific Islander

COURSE INFORMATION:

COURSE TITLE: _____ ETPA COURSE NO: _____

START DATE: _____ / _____ / _____ END DATE: _____ / _____ / _____ NO. OF HOURS: _____
MM DD YYYY MM DD YYYY

COURSE LOCATION: _____ COURSE INSTRUCTOR: _____

BILLING INFORMATION: (Instructor has ATCOG / ETCOG Agency Lists)

TUITION AMOUNT: \$ _____ CASH: \$ _____ CHECK/M.O.: \$ _____ / _____ CREDIT CARD: \$ _____
(Amount) (Check or Money Order Number)

BILL ATCOG: \$ _____ BILL ETCOG: \$ _____ *BILL AGENCY: \$ _____ BILL VA: \$ _____ (GI BILL / POST 911)
(Circle which VA Payment Type)

* A billing agreement must be in place between ETPA and your agency before we can bill your agency for training provided. Your Instructor has a list of agencies with billing agreements in place. If you are not sure, please ask.

I certify that the information on this application is complete and correct. I further certify that in the event there are any financial holds placed on me by Kilgore College, I will not be able to register for this course and TCOLE Credit for this course WILL NOT be given.

STUDENT SIGNATURE: _____ DATE: _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected from this form.

Kilgore College and the East Texas Police Academy seek to provide equal educational and employment opportunities without regard to race, color, religion, national origin, sex, disability, marital status, or veteran status.

Kilgore College

East Texas Police Academy / Kilgore College Fire Academy ~ Release of Liability

If student is under 18, parent or legal guardian must sign this form for student to participate in Service Learning.

RELEASE OF LIABILITY FOR _____

(Student Name)

(Student ID / TCLEOSE PID number)

I, _____, a student of Kilgore College, hereby acknowledge that I freely and voluntarily have registered for the following course, _____ (referred to herein as the "Course"), for the dates _____ - _____ at Kilgore College. The term College also includes its trustees, employees, agents and assigns.

I understand that Off-Campus activities included in the course are structured to enhance my educational experience in ways not available through study solely on the College Campus. I fully understand and agree that certain elements of the Course, including the Off-Campus Activities, are physically and emotionally demanding and that by participating in the Off-Campus Activities in a locale(s) not under the control of College, there are risks of accidental or other physical or emotional injury. These risks may include, but are not limited to, loss or damage to personal property injury or death due to (1) travel to and from the Off-Campus Activities, (2) the condition of facilities where the Off-Campus Activities will occur which are not under the control and maintenance of College, and/or (3) potential criminal activity in the area of the Off-Campus Activities, among others. I agree to advise the Course instructor at any point when I question my ability to participate in any activity related to the Course.

I have fully investigated the nature of the Course and the Off-Campus Activities and I understand and assume the risks of my participation in them. I further represent that I do not possess, nor am I aware of, any physical or mental disabilities which will limit my participation in the Off-Campus Activities, or that I have asked for and received reasonable accommodation, allowing me to participate in the Course and the Off-Campus Activities.

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE OFF-CAMPUS ACTIVITIES SHALL BE UNDERTAKEN BY ME AT MY OWN RISK AND THAT THE COLLEGE SHALL NOT BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE OFF-CAMPUS ACTIVITIES, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY PART, OR THE PART OF THE COLLEGE FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

IN EXCHANGE FOR MY PARTICIPATION IN THIS COURSE, IT IS, THEREFORE, MY SPECIFIC EXPRESS INTENT THAT IN THE EVENT THAT THE COLLEGE SHOULD CAUSE, EITHER DIRECTLY OR INDIRECTLY, LOSS, DESTRUCTION (INCLUDING DEATH), LIABILITY, OR CLAIMS AGAINST ME AS A RESULT OF INTENTIONAL CONDUCT, NEGLIGENCE OR OTHERWISE, I WILL HOLD THE COLLEGE HARMLESS AND INDEMNIFY THE COLLEGE FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES AND ASSESSMENTS, INCLUDING LEGAL FEES AND COSTS, THAT RESULT FROM THE COLLEGE'S INTENTIONAL ACTIONS OR NEGLIGENCE.

THE TERMS OF THIS RELEASE OF LIABILITY ARE TO BE GOVERNED BY AND CONSTRUED UNDER THE LAWS OF THE STATE OF TEXAS. SHOULD ANY TERM OR PROVISION OF THIS RELEASE OF LIABILITY BE FOUND TO BE UNENFORCEABLE TO THE MAXIMUM EXTENT PERMITTED BY LAW, THE BALANCE OF THIS RELEASE OF LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE THAT EXCLUSIVE VENUE FOR ANY DISPUTE ARISING BETWEEN THE COLLEGE AND ME INVOLVING THIS RELEASE OF LIABILITY IN ANY WAY SHALL BE IN GREGG COUNTY, TEXAS.

ACCEPTED AND AGREED:

By: _____ Date: _____
(Signature of student or parent/guardian)

Printed Name _____ Phone: _____

Address _____ City _____ State _____ Zip Code _____



KILGORE COLLEGE



WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, the undersigned, for and in consideration for voluntarily participating in training provided by Kilgore College and/or the East Texas Police Academy's following course _____, for the dates of _____, do covenant and agree to forever release, waive and hold harmless Kilgore College, its Board of Trustees, agents and employees and the East Texas Police Academy and its employees and agents (collectively "Releasees") from any and all claims, liability, causes of action, injuries, and damages to me or my personal property that may arise from or relate in any manner from my participation in the training whether caused by the negligence of the Releasees or otherwise (including but not limited to the negligence of instructors or other participant students). By signing below, I do further agree to indemnify and defend the said Releasees from any and all losses, liability, injury or claims for damages which may arise from or relate to my participation in this training, and is caused in whole or part by my negligence or intentional act or omission.

Further, I am a paid employee of _____ (agency name) OR a sponsored cadet of _____ (sponsoring agency). I authorize representatives of the East Texas Police Academy to release all records related to my training, in writing, verbally, or otherwise; to a representative of my employer or sponsoring agency. This release is intended to include information pertaining to, but is not limited to, academic grades, skills, assessments, attendance or any other records or information.

By signing below, I represent I am in proper physical condition to participate in this training, and that I am fully aware of the inherent risks involved, and voluntarily assume full responsibility for any such risks. I understand Releasees will not be responsible for any injuries I sustain, or any medical or other costs associated with such injuries. I represent that I am at least eighteen (18) years of age and fully competent to sign this waiver and release, that I have read and understand this document and I am voluntarily signing same fully intending to be bound by its terms.

Signature

Printed Name

Date

.....
Witness/Title: _____
Printed name

Date: _____

Signature

EAST TEXAS POLICE ACADEMY



PERSONAL HISTORY STATEMENT

This form is an official government document. Intentional falsifications or omissions may be punished criminally under Penal Code §37 *Perjury and Other Falsifications*. Completion of it is required for admittance to the East Texas Police Academy.

TCOLE

AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

☐

Peace Officer

PID #:

☐

County Jailer

PID #:

☐

Telecommunicator

PID #:

☐

Personal History Statement Instructions

ETPA PHS

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, guaranty 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.
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 additional 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 ACCEPTANCE. 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). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required— modify list as necessary.*

- ☐ Completed Personal History Statement
- ☐ 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 or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service
- ☐ Certified copy of your college transcript, if applicable
- ☐ Photocopy of your college diploma
- ☐ Copy of your DD-214 and/or other military discharge documents (if applicable)
- ☐ Original certified copy of your Naturalization papers, if applicable (no photo copy)
- ☐ Copy of current proof of automobile liability insurance
- ☐
- ☐
- ☐
- ☐

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

Instructions to the Applicant

ETPA PHS

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, jailer, or telecommunicator in Texas.

- ☐ I am a citizen of the United States of America.
- ☐ I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.
- ☐ 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 other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests 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.

INSTRUCTIONS FOR COMPLETING THIS PHS:

- **TYPE ALL ANSWERS DIRECTLY INTO THIS DOCUMENT.** If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response. Make sure you initial the bottom right corner of every page.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses. **YOU MUST ANSWER EVERY QUESTION.**

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL

ETPA PHS

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth: Driver License #: State: Exp: Street Address, (Apt/Unit): City: State: Zip Code: Mailing Address (if different than above): City: State: Zip Code: Home Phone #: Cell: Work (Ext.): Fax: Other Phone #(s):

List ALL Email Addresses:

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

Physical Description:

Height: Weight: Hair Color: Eye Color: Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned:

A. Academy Name: From: To: Location (City, State): Name Training Coordinator: Contact Number: Did you graduate? ☐ Yes ☐ NoB. Academy Name: From: To: Location (City, State): Name Training Coordinator: Contact Number: Did you graduate? ☐ Yes ☐ No

Have you **ever** applied to any other law enforcement agency in the last ten years (city, county, state or federal)? EPA PHS

☐ Yes ☐ No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

A. Name of Agency: Position Applied For:
Date Applied: Address:
City: State: Zip:
Background Investigator's Name (if known):
Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:
Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B. Name of Agency: Position Applied For:
Date Applied: Address:
City: State: Zip:
Background Investigator's Name (if known):
Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:
Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C. Name of Agency: Position Applied For:
Date Applied: Address:
City: State: Zip:
Background Investigator's Name (if known):
Contact Number, (ext): Email:

Check each step in the process that you completed, and your status:

Steps: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background
☐ Conditional job offer ☐ Psychological examination Date: ☐ Medical Date:
Status: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

SECTION 2: RELATIVES AND REFERENCES

ETPA PHS

IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers.

<input type="checkbox"/> N/A	A. Father's Name:		D.O.B.:	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

<input type="checkbox"/> N/A	B. Step-Father's Name:		D.O.B.:	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

<input type="checkbox"/> N/A	C. Mother's Name:		D.O.B.:	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

<input type="checkbox"/> N/A	D. Step-Mother's Name:		D.O.B.:	
Home Address:				
City:		State:		Zip:
Work Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		Work Phone:
Email:				

☐ N/A E. Spouse/Registered Domestic Partner's Name: D.O.B.: ETPA PHS
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email: Years of Marriage:
Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A F. Father-in-Law's Name: D.O.B.:
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email:

☐ N/A G. Mother-in-Law's Name: D.O.B.:
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email:

☐ N/A H. Former Spouse/Cohabitant's Name(s):
D.O.B.: ☐ Male ☐ Female
Home Address:
City: State: Zip:
Work Address:
City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Email: Years of Dissolution:
Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

☐ N/A I. Former Spouse/Cohabitant's Name(s): ETPA PHS

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Years of Dissolution:

Is there, or has there been, a restraining or stay-away order in effect for this individual? ☐ Yes ☐ No

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

☐ N/A 1. Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A 2. Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

☐ N/A 3. Name:

D.O.B.: ☐ Male ☐ Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

<input type="checkbox"/> N/A	4. Name:				ETPA PHS
D.O.B.:		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Home Address:					
City:		State:		Zip:	
Work Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:		Work Phone:	
Email:					
<input type="checkbox"/> N/A	5. Name:				
D.O.B.:		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Home Address:					
City:		State:		Zip:	
Work Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:		Work Phone:	
Email:					
<input type="checkbox"/> N/A	6. Name:				
D.O.B.:		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Home Address:					
City:		State:		Zip:	
Work Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:		Work Phone:	
Email:					

K. CHILDREN: List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you

<input type="checkbox"/> N/A	1. Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female
D.O.B.:		Custodial parent or guardian (if other than you):			
Address:					
City:		State:		Zip:	
Contact Number:		Email:			

<input type="checkbox"/> N/A	2. Name:			<input type="checkbox"/> Male	ETP	<input type="checkbox"/> Female
D.O.B.:		Custodial parent or guardian (if other than you):				
Address:						
City:		State:		Zip:		
Contact Number:		Email:				
<input type="checkbox"/> N/A	3. Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
D.O.B.:		Custodial parent or guardian (if other than you):				
Address:						
City:		State:		Zip:		
Contact Number:		Email:				
<input type="checkbox"/> N/A	4. Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
D.O.B.:		Custodial parent or guardian (if other than you):				
Address:						
City:		State:		Zip:		
Contact Number:		Email:				
<input type="checkbox"/> N/A	5. Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
D.O.B.:		Custodial parent or guardian (if other than you):				
Address:						
City:		State:		Zip:		
Contact Number:		Email:				
<input type="checkbox"/> N/A	6. Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
D.O.B.:		Custodial parent or guardian (if other than you):				
Address:						
City:		State:		Zip:		
Contact Number:		Email:				

L. REFERENCES: List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name:			Address:			
City:		State:		Zip:		
Company/Work Address:						
City:		State:		Zip:		
Home Phone:		Work Phone:		Cell Phone:		Email:
How do you know this person (friend, teacher, family, co-worker)?						
How long have you known this person?						

2. Name:		Address:	ETPA PHS	
City:		State:		Zip:
Company/Work Address:				
City:		State:		Zip:
Home Phone:		Work Phone:		Cell Phone:
		Email:		
How do you know this person (friend, teacher, family, co-worker)?				
How long have you known this person?				
3. Name:		Address:		
City:		State:		Zip:
Company/Work Address:				
City:		State:		Zip:
Home Phone:		Work Phone:		Cell Phone:
		Email:		
How do you know this person (friend, teacher, family, co-worker)?				
How long have you known this person?				
4. Name:		Address:		
City:		State:		Zip:
Company/Work Address:				
City:		State:		Zip:
Home Phone:		Work Phone:		Cell Phone:
		Email:		
How do you know this person (friend, teacher, family, co-worker)?				
How long have you known this person?				
5. Name:		Address:		
City:		State:		Zip:
Company/Work Address:				
City:		State:		Zip:
Home Phone:		Work Phone:		Cell Phone:
		Email:		
How do you know this person (friend, teacher, family, co-worker)?				
How long have you known this person?				

6. Name:		Address:		ETPA PHS	
City:		State:		Zip:	
Company/Work Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Cell Phone:	
				Email:	
How do you know this person (friend, teacher, family, co-worker)?					
How long have you known this person?					
7. Name:		Address:			
City:		State:		Zip:	
Company/Work Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Cell Phone:	
				Email:	
How do you know this person (friend, teacher, family, co-worker)?					
How long have you known this person?					
8. Name:		Address:			
City:		State:		Zip:	
Company/Work Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Cell Phone:	
				Email:	
How do you know this person (friend, teacher, family, co-worker)?					
How long have you known this person?					

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

Check applicable: ☐ High School Diploma ☐ GED ☐ Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name:		City:		State:	
From:		To:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name:		City:		State:	
From:		To:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all colleges or universities attended:

1. Name:		City:		State:	
From:		To:		Type of Degree Earned:	
				Total Units Earned:	
2. Name:		City:		State:	
From:		To:		Type of Degree Earned:	
				Total Units Earned:	

3. Name: City: State:
From: To: Type of Degree Earned: Total Units Earned:

List any trade, vocational, or business schools/institutes attended:

1. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

2. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

3. Name: From: To:
Type of school or training: City: State:
Did you complete the course? ☐ Yes ☐ No

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 disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCES

ETPA PHS

LIST OF RESIDENCES

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

2. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

3. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

4. Former Address: ETPA PHS

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

5. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

6. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

7. Former Address:

City: State: Zip:

If renting; property manager, rent collector, or owner: Contact Number:

Address of property mgr., rent collector, or owner: Email:

City: State: Zip:

From: To:

☐ N/A Name(s) of those with whom you live:

Reason for moving:

Provide contact information for all housemates listed in the above entries for Section 4 that you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
2. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
3. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
4. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
5. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					
6. Housemate Name:		Contact Number:		Email:	
Current Street Address:					
City:		State:		Zip:	
Nature of relationship (friend, relative, landlord, housemate only):					

Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

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Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country? ☐ Yes ☐ No
If YES, list below.
- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit:		From:		To:	
Address or Base:					
City:		State:		Zip:	
Supervisor:		Contact Number:		Email:	
Job Title:		Reason for Leaving:			
Duties/Assignments:					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed	

Names of Co-Worker(s) and their Phone Number(s):

Would there be a problem if we contact your current employer? ☐ Yes ☐ No

If yes, explain:

2. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

3. Name of Employer or Military Unit: From: To: ET PA PHS

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

4. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

5. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

6. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

7. Name of Employer or Military Unit: From: To: ET PA PHS

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

8. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

9. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

10. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

11. Name of Employer or Military Unit: From: To: ETPA PHS

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

12. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

13. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

14. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

15. Name of Employer or Military Unit: From: To: ET PA PHS

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

16. Period of Unemployment

From: To:

Check if applicable: ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other

17. Name of Employer or Military Unit: From: To:

Address or Base:

City: State: Zip:

Supervisor: Contact Number: Email:

Job Title: Reason for Leaving:

Duties/Assignments:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Self-Employed ☐ Unemployed

Names of Co-Worker(s) and their Phone Number(s):

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). ☐ Yes ☐ No

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ Yes ☐ No

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No

21. Have you ever resigned without giving two weeks-notice? ☐ Yes ☐ No

22. Have you ever resigned in lieu of termination? ☐ Yes ☐ No

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? ☐ Yes ☐ No

24. Were you ever the subject of a written complaint at work? ☐ Yes ☐ No

ETPA PHS

25. Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

26. Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

27. Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

28. Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered "Yes" to any of Questions 18 – 28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

When?

Name of Employer:

In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

When?

Name of Employer:

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? ☐ Yes ☐ No

2. If yes, have you registered? ☐ Yes ☐ No

If no, explain:

Branch of Service:

Dates Served From:

To:

Type of Discharge: ☐ Entry Level ☐ Honorable ☐ General ☐ Other than Honorable

Re-entry Code (1 – 4) if applicable; refer to your DD-214:

3. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard

If checked, date obligation ends:

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

5. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? ☐ Yes ☐ No

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES:

For each of the following questions, fill in the amounts to the nearest dollar.

1. From your employer(s), what is your monthly income?

2. Do you have income other than from your salary or wages? ☐ Yes ☐ No

If yes, fill in amount: per month Explain:

3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have).

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No

5. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

6. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

7. Have your wages ever been garnished? ☐ Yes ☐ No

8. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

9. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No

10. Have you ever had an employment bond refused? ☐ Yes ☐ No

11. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

12. Have you ever defaulted on a loan, including a student loan? ☐ Yes ☐ No

13a. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? ☐ Yes ☐ No

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
☐ Yes ☐ No

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
☐ Yes ☐ No

16. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No

17. Are you in arrears on court-ordered child support? ☐ Yes ☐ No

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If you answered "Yes" to any of Questions 4 – 17 (on the previous page and above), explain. Include when, where, and why and indicate the corresponding question number:

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

This section requires you to report detentions, arrest, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. As a licensed applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest)

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ☐ Yes ☐ No

If yes, explain each incident:

1. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

2. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

3. Approximate Date: Arresting or detaining agency:

Charge:

Disposition of Penalty:

4. Approximate Date: Arresting or detaining agency:

Charge:

Disposition or Penalty:

5. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No

ETPA PHS

6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?
☐ Yes ☐ No

7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? ☐ Yes ☐ No

8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
☐ Yes ☐ No

9. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

10. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? ☐ Yes ☐ No

12. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No

13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? ☐ Yes ☐ No

14. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered "Yes" to any of Questions 5 – 14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

Undetected Acts – Part 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

15. Annoying/obscene phone calls ☐ Yes ☐ No

16. Assault (use of force or violence upon another) ☐ Yes ☐ No

17. Assault on a family member (use of force or violence upon a family member) ☐ Yes ☐ No

18. Brandishing a weapon (any type of weapon) ☐ Yes ☐ No

19. Carrying a concealed weapon without a permit ☐ Yes ☐ No

20. Contributing to the delinquency of a minor ☐ Yes ☐ No

21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No

22. Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No

23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No
24. Hit and run collision (no injuries) ☐ Yes ☐ No
25. Hunting or fishing without a license ☐ Yes ☐ No
26. Illegal gambling ☐ Yes ☐ No
27. Impersonating a peace officer ☐ Yes ☐ No
28. Indecent exposure (including flashing or mooning) ☐ Yes ☐ No
29. Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No

Undetected Acts – Part 1

At any time in your life, have you **ever** committed any of the following?

30. Arson (intentionally destroying property by setting a fire) ☐ Yes ☐ No
31. Assault with a deadly weapon ☐ Yes ☐ No
32. Theft of a vehicle and/or vehicle parts ☐ Yes ☐ No
33. Burglary (entering a structure or vehicle to commit theft or other crime) ☐ Yes ☐ No
34. Child molestation (performing unlawful acts with a child) ☐ Yes ☐ No
35. Accessing, producing, or possessing child pornography ☐ Yes ☐ No
36. Injury to a child, elderly, and/or disabled ☐ Yes ☐ No
37. Embezzlement (theft of money or other valuables entrusted to you) ☐ Yes ☐ No
38. Felony drunk driving (involving injuries) ☐ Yes ☐ No
39. Forcible rape or other act of unlawful intercourse/sexual activity ☐ Yes ☐ No
40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) ☐ Yes ☐ No
41. Hit and run (with injuries) ☐ Yes ☐ No
42. Hate crime ☐ Yes ☐ No
43. Insurance fraud ☐ Yes ☐ No
44. Theft (value of over \$500 and/or any firearm) ☐ Yes ☐ No
45. Murder, homicide, or attempted murder ☐ Yes ☐ No
46. Perjury (lying under oath) ☐ Yes ☐ No
47. Possession of an explosive/destructive device ☐ Yes ☐ No
48. Robbery (theft from another person using a weapon, force, or fear) ☐ Yes ☐ No
49. Stalking ☐ Yes ☐ No
50. Blackmail or extortion ☐ Yes ☐ No
51. Any other act amounting to a felony ☐ Yes ☐ No

If you answered "YES" to any of the Questions 15 – 51 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

Amphetamines/Methamphetamine Uppers, Speed, Crank, etc.

Heroin/Opium

Barbiturates (Downers)

Marijuana

Cocaine/Crack Cocaine

Mescaline

Designer Drugs (Ecstasy, Synthetic Heroin, etc.)

Morphine

GHB (Date Rape Drug)

PCP/Angel Dust

Glue

Quaaludes

Hallucinogens (Peyote, LSD, Mushrooms)

Steroids

Hashish/Hashish Oil

Tetrahydrocannabinol (THC)

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

☐ I have never used any drug recreationally.

☐ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or held for another

If you checked any of the items above, give details including drug(s) involved, over what time period(s), and circumstances:

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: State of Issue: Expiration Date:

Full name under which license was granted:

List other states where you have been licensed to operate a motor vehicle:

1. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

2. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

3. ☐ N/A State of Issue: Type of License: License Number:

Name under which license was granted:

Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

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

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

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

List your current liability insurance on your vehicle(s):

ETPA PHS

4. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

5. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

6. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

7. Type of Coverage: ☐ Insured ☐ Bonded ☐ Cash Deposit

Vehicle Make/Model: Year: Vehicle License:

Insurance Company: Policy Number: Expires:

Address:

City: State: Zip: Contact Number:

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred: Action Taken: ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed

9. Nature of Violation:

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Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken:

☐ Not Guilty

☐ Fined

☐ Traffic School

☐ Dismissed

10. Nature of Violation:

Location (Street, City, State, Zip):

Date Violation Occurred:

Action Taken:

☐ Not Guilty

☐ Fined

☐ Traffic School

☐ Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of 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 within the past seven years?

☐ Yes

☐ No

If yes, give details:

11. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

12. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

13. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

14. Date:

Location (Street, City, State, Zip):

Police Report? ☐ Yes ☐ No

Injury or Non-Injury? ☐ Injury ☐ Non-Injury

Law Enforcement Agency:

Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No ETPA PHS

If yes, give reason:

Date:

Location (Street, City, State, Zip):

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? ☐ Yes ☐ No

If yes, give reason:

Insurance Company:

Date:

Location (Street, City, State, Zip):

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

15. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

16. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? ☐ Yes ☐ No

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? ☐ Yes ☐ No

If you answered "YES" to any of the questions 15 – 18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

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Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)? ☐ Yes ☐ No

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

SECTION 11: ADDITIONAL SPACE

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- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

ETPA PHS

I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

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

Notary public in and for, State of _____.

My commission expires: _____ / _____ / _____.

Printed Name of Notary

Signature of Notary

Notary Seal or Stamp: