

P.A.C.T. Personal History Statement

Name: _____



Department preference:

- Colleyville
- Euless
- Hurst
- Keller
- North Richland Hills
- Southlake
- No Preference

REQUIRED DOCUMENTS

- Official High School Transcript
- Official College Transcript (A copy of this document is not acceptable)
- Copies of divorce decrees or other civil papers that may apply
- Copy Birth Certificate
- DD214 showing honorable discharge
- Copy of Drivers License
- Copy of Social Security Card
- Copy of automobile insurance
- Copies of Police related training
- Letters of Recommendation

FAILURE TO PROVIDE THESE DOCUMENTS WILL BE CAUSE FOR REJECTION.

Test Date: _____ Test Score: _____ Ranking: _____



CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize any agent of any of the P.A.C.T. (Colleyville, Euless, Hurst, Keller, North Richland Hills, Southlake) Police Departments to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize, that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the P.A.C.T. (Colleyville, Euless, Hurst, Keller, North Richland Hills, Southlake) Police Departments.

Printed Name: _____ **Signature:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code** _____

Previous Address: _____ **City:** _____ **State:** _____ **Zip Code** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

THE STATE OF TEXAS}
COUNTY OF TARRANT}

Before me (notary) _____ on this day personally appeared (applicant)

_____, known to me on the oath of _____ or through

(type of ID) _____ to be the person whose name is subscribed to the foregoing

instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, A.D. 20__.

SEAL

Notary Public in and for the State of Texas

SUMMARY OF CONSUMER RIGHTS

Under the FCRA, consumers who are the subject of consumer reports have specific rights, including the right to learn what information about them is in the credit bureau files and the right to dispute inaccurate or incomplete information. In a number of circumstances, including after denial of credit, consumers have a right to a free copy of their credit reports. The summary of consumer rights that the Commission is publishing discusses the major rights that consumers have under the FCRA. The most significant change to the proposed summary is a revised introduction that more clearly informs consumers about the range of parties covered by FCRA, and emphasizes consumer rights under state law. The Commission also added a discussion of (1) the rights provided consumers to add a brief statement to their files when they continue to dispute information that the CRA has investigated and concluded to be accurate, and (2) the right of consumers to have revised reports provided to all recent recipients of information from their files, in response to public comment on the summary.



Personal History Statement

*Colleyville, Euless, Hurst, Keller, North
Richland Hills, Southlake Police
Departments*

READ CAREFULLY

Your personal history statement will be the basis of your background investigation. It is extremely important that the information you provide is complete, correct and legible. Failure to provide complete, correct and legible information may be grounds for rejection. All pages must be hand printed by the applicant in black ink.

Employment History: Questions 1-8, on page 1, relate to your entire job history. Below these questions you will need to list all jobs you have had since the age of 17, starting with your current job. If you need additional space you may make copies of page 2, or neatly list them on separate sheets of paper. Attach any listing of previous employers to the back of page 2.

Un-employment History: Page 3, List your periods of unemployment starting with the most recent. If you need additional space use separate paper and attach it the back of page 3.

Educational History: Pages 3-4, Complete the information that applies to you, providing the original official transcripts for each school or college you attended.

Military Service: Page 4, Complete the information that applies to you. If you are unsure if you registered for selective service you can check web site www.sss.gov/regist.htm to confirm if you have. If you have military service your discharge must be under honorable conditions. If your discharge is uncharacterized you may be required to provide proof of honorable service. Test points will not be given for a general, or uncharacterized discharge. If you have any military service you must provide a copy of your DD-214.

Arrest and Detention: Page 4, This section applies to any arrest or detention in your lifetime and includes any incident where no official record exists.

Litigation: Page 5, This section pertains to any civil litigation you have been involved in, in your lifetime. If you were directly named in a lawsuit or other civil proceedings you must provide copies of any final order, decree or judgment.

Driving History: Page 5, Pertains to any violation, accident, suspension or incident even if no official record exists. You must include all violations, including those that have been dismissed, deferred or probated. As part of your background investigation your driving record will be checked through other jurisdictions. If the background investigation reveals traffic violations or accidents that you did not declare on your Personal History Statement, your application may be rejected. You must provide a current copy of your automobile insurance card.

Marital and Family History: Pages 6-7, Complete any information that pertains to you. If you have additional sheets with family history information attach them to the back of page 7.

Residences: List all addresses you have occupied in the past 10 years, starting with your current address. Attach any extra sheets for residences to the back of page 7.



Financial History: Page 8, You should not include utility bills as a debt unless you are behind on payment. Any additional sheets pertaining to financial history should be attached to the back of page 8. As part of your background investigation a credit report will be run to verify your declarations.

Personal Declarations: Page 9, This pertains to your lifetime. You may hear these questions and others from the personal history statement during the polygraph examination so it's very important that you are accurate and honest with your declarations.

Personal References: Page 10, You must list and provide complete and accurate contact information for 5 personal references. These must not be relatives or current and past employers. You should contact your references to let them know that they may be contacted by one of the PACT agencies and that their cooperation is critical to you being possibly considered for employment.

Miscellaneous information: Pages 10-11, Complete any information that pertains to you. If there is any incident in your lifetime that may affect your chances of being hired by a law enforcement agency you should explain it in the space provided. If you have ever applied with any law enforcement agency, for any position, you must list it in the space provided along with the date of application and status of application, to include reason for application rejection.

Required documents: The following documents are required if they apply to you: official high school transcripts, official (No Copies) college transcripts, copies of any divorce or other civil papers that may apply, copy of the DD-214, copy of birth certificate, copy of drivers license and social security card, copy of current automobile insurance, letters of recommendation and copies of police related training, proficiency certificates or state issued Police Officer license. All documents that apply to you must be attached to the back of your personal history statement. If you have a document that can't be obtained by the test date, attach an explanation of the status of the document and when it can be obtained. Once you acquire the missing document forward it to one of the PACT agencies as soon as possible. Failure to provide any required document may result in your application being rejected.

Release Forms: Included in the Personal History Statement are two release forms that must be completed and notarized. These forms must be attached to the back of the Personal History Statement.

If you have questions contact one of the Department P.A.C.T. representatives:

Colleyville Police Department	(817) 503-1213
Eules Police Department	(817) 685-1555
Hurst Police Department	(817) 788-7164
Keller Police Department	(817) 743-4507
North Richland Hills Police Department	(817) 427-7014
Southlake Police Department	(817) 748-8114

PERSONAL HISTORY STATEMENT

NAME: Last		First		Middle		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Names used: Maiden, Adoption, ETC.			Name by which you prefer to be addressed		Date of Birth:		Race:	Sex:	
Home Address: Block No.		Street Name		City		State		Zip Code	
Home Telephone Number ()		Work Telephone Number ()		Cell Telephone Number ()					
Social Security Number:		Drivers License Number:		State of Issue:	Expiration Date:	Height:	Weight	Hair Color:	Eye Color
Place of Birth:		Scars:			Tattoos:				

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
2. Have you ever quit a job because you suspected you were about to be fired. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
3. Have you ever been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain
4. Have you ever quit a job without giving notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
5. Have you ever used alcohol on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
6. Have you ever used any illegal drugs on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
7. Have you ever missed work due to alcohol usage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
8. Have you ever missed work due to illegal drug usage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions.

Attach additional pages if necessary.

Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal							
Employer:		Employment Began On	Employment Ended On	Total Time			
Employers Address: Block number		Street name		City	State	Zip Code	Telephone Number ()
Your Job Title:						Time in Position(s):	
Duties and Responsibilities:							
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving this position/company:							
Name of final Supervisor:						Phone Number: ()	

Continued on next page

Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Employer:	Employment Began On	Employment Ended On	Total Time
Employers Address: Block number	Street name	City	State Zip Code Phone Number ()
Your Job Title:		Time in Position(s):	
Duties and Responsibilities:			
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:			
Name of final Supervisor:		Phone Number: ()	

Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Employer:	Employment Began On	Employment Ended On	Total Time
Employers Address: Block number	Street name	City	State Zip Code Phone Number ()
Your Job Title:		Time in Position(s):	
Duties and Responsibilities:			
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:			
Name of final Supervisor:		Phone Number: ()	

Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Employer:	Employment Began On	Employment Ended On	Total Time
Employers Address: Block number	Street name	City	State Zip Code Phone Number ()
Your Job Title:		Time in Position(s):	
Duties and Responsibilities:			
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:			
Name of final Supervisor:		Phone Number: ()	

Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Employer:	Employment Began On	Employment Ended On	Total Time
Employers Address: Block number	Street name	City	State Zip Code Phone Number ()
Your Job Title:		Time in Position(s):	
Duties and Responsibilities:			
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:			
Name of final Supervisor:		Phone Number: ()	

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from High School. If you were a full time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates

From: Month/Year	To: Month/Year	Length of Unemployment	Reason for being Unemployed

EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you obtained.

If you attended a technological or trade school, indicate your course of study; also if you were awarded a diploma or certificate.

Name and type of school and location	From date:	To date:	Degree or Credit hours earned

Have you ever been expelled or suspended from any school you have attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	School:
From date: <input type="text"/>	To date: <input type="text"/> Reason for expulsion or suspension: <input type="text"/>

Have you ever been placed on academic probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	School:
From date: <input type="text"/>	To date: <input type="text"/> Reason for probation: <input type="text"/>

EDUCATIONAL HISTORY AND PERSONAL INFORMATION

School Activities: (Clubs, Sports, Etc.)	High School Grade	College Level
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.

(Any) Positions of Leadership:

(Any) Community Activities:

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(Any) Awards, Commendations or Special Recognition:	Page 4

MILITARY SERVICE

Have you registered with selective service? <input type="checkbox"/> Yes <input type="checkbox"/> No	When:	Have you ever been rejected by any branch of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Have you ever served in any branch of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty field:	Which Branch:	
Highest Rank Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Induction:	Date of Discharge:	Type Discharge:

Awards: Type	Date Awarded

Specialized Military Schools/Training	Date Completed

While serving in the military were you ever arrested for an offense, which resulted in a trial by deck court, summary, special, or general court-martial? Yes No
If yes, charge, date, place, enforcing authority or type court or court martial, and action taken for the incident (s)

Last duty station and name of commanding officer:

Are you currently a member of the Military Reserve, National or State Guard? Yes No

If Yes: Branch of Service: Rank: Active Inactive Standby

Military Organization, Station, Unit, and Location:

ARREST AND DETENTION (Adult and Juvenile Record)

Have you ever been charged or cited for any family violence offense? Yes No If Yes, explain

Have you ever been arrested by the police? Yes No If Yes, explain

Have you ever been detained (other than for a traffic offense) by the Police? Yes No If Yes, explain

Have you ever been summoned into court for a criminal offense? Yes No If Yes, explain

Litigation

Have you ever been involved in any type of lawsuit? (even as a witness) <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you sued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sued anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone ever threatened to take you to court for non-payment of a bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to any of the Litigation Questions, explain		

DRIVING HISTORY

How many moving citations have you received since you began driving?	How many moving in the last three years?	Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever driven a motor vehicle without the proper insurance required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your driver's license suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Suspension:	Date Lifted:
Reason for Suspension:			
Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a hearing for license probation/suspension, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been placed as assigned risk for vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had your insurance revoked due to the number of traffic citations you received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, List			
List all states in which you have ever been issued a drivers license, include Driver's License number if available.			
Have you ever been denied a driver's license for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:		
Have you ever had to appear before a medical advisory board? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many motor vehicle accidents have you been involved in as a driver?	How many in the last three years?	Have you had any reason to believe you might have problems with depth perception? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been involved in an accident and left the scene without identifying yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain			
Have you ever been involved in a road rage incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain.			
Have you ever been involved in an accident as driver, after you had been drinking any type of alcoholic beverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
As a driver have you ever struck an unattended vehicle with your vehicle and left without leaving your identification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who is your current automobile insurance with?		Policy Number	Effective Dates
Insurance Company Address:	Block Number	Street Name	City State Zip Code

List the vehicles that you own or drive regularly.

Make	Model	Year	License Plate Number	Expiration Date

List all traffic citations you have received: Use additional paper as needed.

Date Received	Type Violation	Issuing Agency	Disposition (paid, Not Guilty, Etc.)

If you have more than 3 moving violations, at fault accidents or a combination of the two in the last three years your application will be rejected. You must list all citations, even those dismissed and no longer on your record. The entire driving record will be considered, the type and number of citations over an extended period of time maybe cause for rejection.

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List other immediate family members (father, mother, siblings) both you and your spouse (include those related by marriage). If deceased, indicate year of death in Occupation space. Use additional paper as needed.

Full Name of person:		Occupation	Address:
Relationship	Date of birth	Work Phone ()	City, State/Zip
Full Name of person:		Occupation	Address:
Relationship	Date of birth	Work Phone ()	City, State/Zip
Full Name of person:		Occupation	Address:
Relationship	Date of birth	Work Phone ()	City, State/Zip
Full Name of person:		Occupation	Address:
Relationship	Date of birth	Work Phone ()	City, State/Zip
Full Name of person:		Occupation	Address:
Relationship	Date of birth	Work Phone ()	City, State/Zip

RESIDENCES: List all addresses where you have lived during the past ten (10) years, beginning with your current address. List date by month and year.

Attach additional pages, if necessary. Include apartment complex names and the office phone number.

Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	
Address: Block Number Name of Street City State Zip Code					Length of time resided (Yrs/Mos)	
From Date: To Date:		Name of Apartment Complex			Complex phone Number ()	

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: Experimented, tried, etc..

Have you ever used:	Number of Times in Life	Approximate Last Date	Form used
Marijuana <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hashish <input type="checkbox"/> Yes <input type="checkbox"/> No			
Speed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine <input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD <input type="checkbox"/> Yes <input type="checkbox"/> No			
XTC <input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP <input type="checkbox"/> Yes <input type="checkbox"/> No			
Peyote <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mushrooms <input type="checkbox"/> Yes <input type="checkbox"/> No			
Quaaludes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tranquilizers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Barbiturates <input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any designer Drug <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Inhalant <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever sold any of the items specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Drug?	When:	Number of Times:
Have you ever bought any of the items specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Drug?	When:	Number of Times:
Have you ever had an illegal drug injection? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Drug?	When:	Number of Times:
Have you ever intentionally inhaled paint, glue or any chemical? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Substance?	When:	Number of Times:
Have you ever abused any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Medication?	When:	Number of Times:

How did you abuse (misuse) this medication:

Have you ever been involved, in any way, in the manufacturing of an illegal drug? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Drug?	When:
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Describe your involvement:

Have you ever abused alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used Cough medicine to get a "high"? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever missed an appointment or work due to alcohol consumption: Yes No (If Yes, explain)

PERSONAL REFERENCES

List five (5) people who have known you for more than two (2) years and know you well enough to provide current information about you. It is your responsibility to provide the correct address and phone numbers! Do not list relatives or past/present employers. Failure to provide complete information may cause your application to be rejected.

Reference Name:		Home Address: Block Number		Street Name	City	State	Zip Code
Occupation:	Years Known:	Home Phone Number:		Work/Cell Phone Number:			
		()		()			
Briefly describe your relationship with this Person:							
Reference Name:		Home Address: Block Number		Street Name	City	State	Zip Code
Occupation:	Years Known:	Home Phone Number:		Work/Cell Phone Number:			
		()		()			
Briefly describe your relationship with this Person:							
Reference Name:		Home Address: Block Number		Street Name	City	State	Zip Code
Occupation:	Years Known:	Home Phone Number:		Work/Cell Phone Number:			
		()		()			
Briefly describe your relationship with this Person:							
Reference Name:		Home Address: Block Number		Street Name	City	State	Zip Code
Occupation:	Years Known:	Home Phone Number:		Work/Cell Phone Number:			
		()		()			
Briefly describe your relationship with this Person:							
Reference Name:		Home Address: Block Number		Street Name	City	State	Zip Code
Occupation:	Years Known:	Home Phone Number:		Work/Cell Phone Number:			
		()		()			
Briefly describe your relationship with this Person:							

MISCELLANEOUS INFORMATION

List your past /present memberships in groups, associations or clubs:

Official Name of Organization	Type: Social, Fraternal Professional, Etc.	Office Held	From Date	To Date

List any hobbies and sports you participate in:

Hobby / Sport	Length of Time	Level of Proficiency

MISCELLANEOUS INFORMATION

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? Yes No if Yes, explain.

Do you or your spouse have a relative currently employed with any P.A.C.T. city? (Eules, Hurst, Keller, NRH, Southlake) Yes No

If Yes, Name of Relative:	Relationship:
City Employed In:	Position Held:
If Yes, Name of Relative:	Relationship:
City Employed In:	Position Held:

Have you ever made application for employment (any position) with this or any law enforcement agency? Yes No

Name of Agency	Position	Date of Application	Status of Application (Reason rejected, pending, . etc.)

If there are additional agencies, list them on a separate sheet of paper.

Attach the below listed documents to the back of this form.

1. An official high school transcript and a copy of the diploma or G.E.D., if applicable;
2. An official college transcript and a copy of the diploma, if applicable;**(Copies of transcripts are not acceptable)**
3. Copies of any divorce or other civil papers that may apply;
4. A copy of the applicant's military Form DD 214 discharge papers showing an Honorable Discharge, if applicable;
5. A copy of the applicant's Birth Certificate,
6. A copy of the applicant's current driver's license and social security card;
7. Letters of recommendation, if applicable; and
8. Copies of any Police related training, if applicable.
9. Copy of current Auto insurance.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant: _____

Date of Preparation: _____