

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME: Dallas Police Department

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name: _____

Date Issued: _____

Reviewed By Detective # _____

I am applying for:

☐ Peace Officer PID #: _____

☐ County Jailer PID #: _____

☐ Telecommunicator PID #: _____

☐ Civilian Employment



Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, 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 EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases . *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
- ☐ Original Social Security Card
- ☐ 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)
- ☐ Certified copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least three years of active service
- ☐ Sealed certified copy of your high school transcript (no photo copy)
- ☐ Sealed certified copy of your college transcript (no photo copy), (all colleges attended)
- ☐ Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)
- ☐ Copy of your Texas Peace Officer License
- ☐ 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)

10. If you have questions, please contact the Applicant Processing or Recruiting Unit.

11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential'.

Instructions to the Applicant

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 three (3) 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.

Once you begin:

- Type or neatly print, in BLACK INK, responses to all items and questions. 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.
- 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.

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.

APPLICANT IDENTIFICATION

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Cellphone No.	Work Telephone No.	Date of Birth	
Social Security No.	Driver's License Expiration Date	Driver's License No. & State	

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

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

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

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

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

Have you ever had a social media site (i.e. Facebook, Instagram, Twitter/X, etc.)? ☐ Yes ☐ No
List all social media sites & usernames, blogs, any websites you have created, and list if profiles are public or private. Provide the website URL. _____

List ALL E- Mail Addresses (S)

Primary:		

MARITAL AND FAMILY HISTORY

IMMEDIATE FAMILY

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

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

Relationship	Name (and maiden name)	DOB	Race/Sex	Complete Address	Phone Number	Employer and Position
Husband/Wife/ Boyfriend/ Girlfriend						
Father						
Step-Father						
Mother						
Step-Mother						

List all brothers, sisters, step brothers, and step sisters.

Relationship	Name	DOB	Race/Sex	Complete Address	Phone Number

List all current and past roommates resided with during the past 10 years, or since the age of 17 (no family members). If you need additional space for your answers, write on back of page.

Relationship	Name	DOB	Race/Sex	Complete Address	Phone Number
Cohabitant/ Former Cohabitant					
Cohabitant/ Former Cohabitant					
Cohabitant/ Former Cohabitant					

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

Ex-spouse's Name: _____

Ex-spouse's Name: _____

Race/Sex/Date of Birth: _____

Race/Sex/Date of Birth: _____

Telephone No: _____

Telephone No: _____

Date of Marriage: _____

Date of Marriage: _____

City & State: _____

City & State: _____

Separated Date: _____

Separated Date: _____

Divorced Date: _____

Divorced Date: _____

Widowed Date: _____

Widowed Date: _____

Annulled Date: _____

Annulled Date: _____

Court or State issued: _____

Court or State issued: _____

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

Relation	Name	Sex/Date of Birth	Mother's/Father 's Name/Custodial Parent or Guardian

Residences

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

From	To	Address	City	State & Zip code

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

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):

Personal References: List your best friend and seven (7) persons who know you well enough to provide current information about you. **Do not list: relatives, former or present employers, or supervisors.**

1. Best Friends Name: _____ Years known: _____

Address: _____

Telephone: _____ Best Friend DOB: _____

Race/Sex: _____ Occupation: _____ E -mail Address: _____

2. Name: _____ Years known: _____

Address: _____

Telephone: _____ Occupation: _____

Nature of Relationship: _____ Race/Sex: _____

E -mail Address: _____

3. Name: _____ Years known: _____

Address: _____

Telephone: _____ Occupation: _____

Nature of Relationship: _____ Race/Sex: _____

E -mail Address: _____

4. Name: _____ Years known: _____

Address: _____

Telephone: _____ Occupation: _____

Nature of Relationship: _____ Race/Sex: _____

E -mail Address: _____

5. Name: _____ Years known: _____

Address: _____

Telephone: _____ Occupation: _____

Nature of Relationship: _____ Race/Sex: _____

E -mail Address: _____

6. Name: _____ Years known: _____

Address: _____

Telephone: _____ Occupation: _____

Nature of Relationship: _____ Race/Sex: _____

E -mail Address: _____

7. Name: _____ Years known: _____

Address: _____

Telephone: _____ Occupation: _____

Nature of Relationship: _____ Race/Sex: _____

E -mail Address: _____

MOTOR VEHICLE OPERATION

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Current Driver's 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:

☐ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

☐ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

☐ 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):

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, which you have received within the past ten years:

1. Nature of Violation: _____

Agency/Department Name: _____

Location (Street, City, State, Zip): _____

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

2. Nature of Violation: _____

Agency/Department Name: _____

Location (Street, City, State, Zip): _____

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

3. Nature of Violation:_____

Agency/Department Name:_____

Location (Street, City, State, Zip):_____

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

4. Nature of Violation:_____

Agency/Department Name:_____

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:_____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

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

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

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

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:_____

Date:_____ Location (Street, City, State, Zip)_____

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

1. 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
2. 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
3. Since the age of 17, have you ever been involved in an physical fight, confrontation, or other violent act?

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

☐ Yes☐ No
5. Have you ever committed, been accused of, or been associated with any act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004)

☐ Yes☐ No

If you answered "YES" to **any** of the questions 1-5 (above), give details, dates, and circumstances. Indicate the corresponding question number.

ARRESTS, DETENTIONS AND LITIGATION

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 another 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 or 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
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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Assault (use of force or violence upon another) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Assault on a family member (use of force or violence upon a family member) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Brandishing a weapon (any type of weapon) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Carrying a concealed weapon without a permit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Contributing to the delinquency of a minor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|--|------------------------------|-----------------------------|
| 22. Driving under the influence of alcohol and/or drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Hit and run collision (no injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Hunting or fishing without a license | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Illegal gambling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Impersonating a peace officer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Indecent exposure (including flashing or mooning) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Joyriding (using a car or other vehicle without owner's permission) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Undetected Acts — Part 2

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

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

Within the past year, 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:

Prior to the past year (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:

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. Have you ever filed for or declared bankruptcy within the last 7yrs? ☐ Yes ☐ No
4. Have any of your bills ever been turned over to a collection agency within the last 7yrs? ☐ Yes ☐ No
5. Have you ever had purchased goods repossessed within the last 7yrs? ☐ Yes ☐ No
6. Have your wages ever been garnished? ☐ Yes ☐ No
7. Have you ever been delinquent on income or other tax payments within the last 7yrs? ☐ Yes ☐ No
8. Have you ever failed to file income tax or cheated/lie on an income tax form? ☐ Yes ☐ No
9. Have you ever had an employment bond refused? ☐ Yes ☐ No
10. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No
11. Have you ever defaulted on a loan, including a student loan? ☐ Yes ☐ No
12. If yes, are your loans currently delinquent or in default? ☐ Yes ☐ No
13. Have you ever borrowed money to pay for a gambling debt? ☐ Yes ☐ No
14. If yes, do you currently have any outstanding debts because of gambling? ☐ Yes ☐ No
15. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ☐ Yes ☐ No
16. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No
17. Have you written three or more bad checks in a one-year period? ☐ Yes ☐ No
18. Are you in arrears (behind on payments) on court-ordered child support? ☐ Yes ☐ No

EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

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

1. Name of Employer or Military Unit: _____

From (Month/Year): _____ To (Month/Year): _____ Salary: _____ Shift/Hours: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

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

Supervisor (Title/Rank): _____ Contact Number: _____

Email: _____

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

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

A. Period of Unemployment (*between previously listed employment and next listed employment*)

From (Month/Year): _____ To (Month/Year): _____

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

2. Name of Employer or Military Unit: _____

From (Month/Year): _____ To (Month/Year): _____ Salary: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

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

Supervisor (Title/Rank): _____ Contact Number: _____

Email: _____

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

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

B. Period of Unemployment (*between previously listed employment and next listed employment*)

From (*Month/Year*): _____ To (*Month/Year*): _____

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

3. Name of Employer or Military Unit: _____

From (*Month/Year*): _____ To (*Month/Year*): _____ Salary: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

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

Supervisor (*Title/Rank*): _____ Contact Number: _____

Email: _____

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

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

C. Period of Unemployment (*between previously listed employment and next listed employment*)

From (*Month/Year*): _____ To (*Month/Year*): _____

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

4. Name of Employer or Military Unit: _____

From (*Month/Year*): _____ To (*Month/Year*): _____ Salary: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

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

Supervisor (*Title/Rank*): _____ Contact Number: _____

Email: _____

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

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

D. Period of Unemployment (*between previously listed employment and next listed employment*)

From (*Month/Year*): _____ To (*Month/Year*): _____

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

5. Name of Employer or Military Unit: _____

From (*Month/Year*): _____ To (*Month/Year*): _____ Salary: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

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

Supervisor (*Title/Rank*): _____ Contact Number: _____

Email: _____

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

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

E. Period of Unemployment (*between previously listed employment and next listed employment*)

From (*Month/Year*): _____ To (*Month/Year*): _____

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

6. Name of Employer or Military Unit: _____

From (*Month/Year*): _____ To (*Month/Year*): _____ Salary: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

☐ Full-Time

☐ Part-Time

☐ Temporary

☐ Self-Employed

☐ Terminated

Supervisor (*Title/Rank*): _____ Contact Number: _____

Email: _____

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

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

F. Period of Unemployment (*between previously listed employment and next listed employment*)

From (*Month/Year*): _____ To (*Month/Year*): _____ Salary: _____

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

7. Name of Employer or Military Unit: _____

From (*Month/Year*): _____ To (*Month/Year*): _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

☐ Full-Time

☐ Part-Time

☐ Temporary

☐ Self-Employed

☐ Terminated

Supervisor (*Title/Rank*): _____ Contact Number: _____

Email: _____

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

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

G. Period of Unemployment (*between previously listed employment and next listed employment*)

From (*Month/Year*): _____ To (*Month/Year*): _____

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

8. Name of Employer or Military Unit: _____

From (*Month/Year*): _____ To (*Month/Year*): _____ Salary: _____

Address or Base: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties/Assignments: _____

Reason for Leaving: _____

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

Supervisor (Title/Rank): _____ Contact Number: _____

Email: _____

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

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

Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).

☐ Yes ☐ No

Have you ever been fired, released from probation, or asked to resign from any place of employment?

☐ Yes ☐ No

Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?

☐ Yes ☐ No

Have you ever resigned without giving two weeks-notice?

☐ Yes ☐ No

Have you ever resigned in lieu of termination?

☐ Yes ☐ No

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

Were you ever the subject of a written complaint at work?

☐ Yes ☐ No

Have you ever been counseled at work due to lateness or absences?

☐ Yes ☐ No

Did you ever receive an unsatisfactory performance review?

☐ Yes ☐ No

Have you ever sold, released, or given away legally confidential information?

☐ Yes ☐ No

Have you ever called in sick when you were neither sick nor caring for a sick family member?

☐ Yes ☐ No

If you answered "Yes" to any of the above questions, 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: _____

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.

List high schools attended or where you obtained your GED:

1. Name: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No

2. Name: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ 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: _____

4. 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: _____

City: _____ State: _____ Type of school or training: _____

Did you complete the course? ☐ Yes ☐ No

2. Name: _____ From: _____ To: _____

City: _____ State: _____ Type of school or training: _____

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:

MILITARY EXPERIENCE

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

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

If yes, have you registered? ☐ Yes ☐ No

If no, explain: _____

Branch of Service: _____ Dates Served From: _____ To: _____

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

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

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

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

If checked, date obligation ends: _____

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

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:

Have you ever attended a basic licensing course? ☐ Yes ☐ No

If yes, provide the PID you were assigned: _____

A. Academy Name: _____ From: _____ To: _____

Name Training Coordinator: _____ Contact Number: _____

Did you graduate? ☐ Yes ☐ No If No, explain. _____

B. Academy Name: _____ From: _____ To: _____

Name Training Coordinator: _____ Contact Number: _____

Did you graduate? ☐ Yes ☐ No If No, explain. _____

Have you **ever** been employed by or applied with any other law enforcement agency (city, county, state or federal)?

☐ 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.

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result (withdrew, disqualified, hired, PT test, polygraph, backgrounds, oral board, etc.)

ADDITIONAL SPACE

- 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.

CERTIFICATION

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

Date

Notary Seal or Stamp:

Dallas Police Department Personal History Statement

PHOTO

DO NOT notarize nor attach a picture.
This will be completed by Dallas Police personnel.

Last Name

First Name

Middle Name

FOR USE OF POLICE DEPARTMENT ONLY

INTERVIEW DATE _____

ACCEPTED TO REPORT _____

UNACCEPTABLE (DATE) _____

REASON _____

INTERVIEW BOARD

1. _____

2. _____

3. _____

4. _____

5. _____