

Arp Police Department



Application & Personal History Statement

Application of Employment

I am applying for employment with City of Arp, Texas. I understand that as a part of my application I will be required to pass a physical exam, psychological exam, oral interview, six-month probation period as well as attend all mandatory meetings. I understand that I must meet the following qualifications to be considered for employment within the police department;

1. Must be at least 20 years of age
2. Must submit a completed application and Personal History Statement
3. Must have 20/20 correctable vision
4. Must be a certified Texas Police Officer or be eligible at the time of appointment
5. Must have a valid Texas Driver License
6. Must not have been convicted or a felony nor charged with assault against a family member
7. Must be a citizen of the State of Texas
8. Must have a high school diploma or G.E.D.

Furthermore, I understand that all information provided must be truthful. I understand that the application and personal history statement must be completed in its entirety. I understand that if a blank does not apply to me, I will indicate this by writing N/A in the blank. I understand that failing to complete the required documents, voluntary omission or false statement could result in the rejection of my application as well as my employment.

Applicant Name _____

Race _____ Sex _____ Date of Birth _____ Social _____/_____/_____

Phone Number _____

Email Address _____

Desired Position _____

Expected Wages _____

Date of Availability _____

Date of Application _____

Willing to relocate _____

Willing to work nights, weekends, holidays Yes No

Have you ever applied with the City of Arp before? Yes No

Highest Level of Education Obtained

HS/GED Some College Associates Bachelors Masters Doctorate

Signature of Applicant _____ Date _____

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Do not get this notarized unless notarized by a member of the Arp Police Department!

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!!

1. Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.
2. Your Personal History Statement should be **hand printed legibly in black ink.**
3. Answer all questions completely. If a question does not apply to you, enter "**NA**" in the space provided. **Do not leave any space blank.**
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
5. **You are responsible for obtaining correct addresses (including zip codes), emails, phone numbers and identifying information.** If you are not sure of any of the information requested, check it by personal verification. Include the area code with all phone numbers.
6. Attach extra sheets if there is insufficient space on the Personal History Statement Packet. Be sure to reference the relevant section and question before continuing your answer.
7. Print this Personal History Statement **one-sided** only.

Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or misstatements of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit copies of the following:

1. **Birth Certificate**
2. **Employment Eligibility Documents** (social security card)
3. **Valid Driver's License and Current Auto Insurance Card**
4. **High School Diploma or G.E.D.**
5. **Official High School Transcripts from all high schools attended**
6. **College diploma(s), if applicable**
7. **Official College Transcripts from all colleges attended, if applicable**
8. **Marriage Certificate, if applicable**
9. **Any Divorce or Other Civil Litigation Papers, if applicable**
10. **Military Discharge Papers** (Form DD 214, if applicable)
11. **Current and Complete Credit Report containing credit scores** (Credit Karma, Annualcreditreport.com, Transunion, Equifax, Experian)
12. **Letters of Recommendation, if applicable**
13. **Police Officer License or Proof of Certification**
14. **Any Police Related Training Certificates, if applicable.**

Copies shall be clear, complete, and legible on letter sized (8 ½ x 11) paper. You will be required to provide the original to every copy for verification. Failure to provide originals and clear copies of all required documents may result in the rejection of your application. **If you are unable to obtain the required documents prior to turning in your personal history packet, provide written documentation explaining why you are unable to provide the paperwork at that time.**

Do not get this notarized unless notarized by a member of the Arp Police Department!

NOTICE

While an investigator conducts your background investigation, facts may arise or events may occur that may not have been known or that were not anticipated by you at the time this packet is submitted. These facts or events may require revisions or amendments to this packet. All such revisions or amendments must be submitted immediately, in writing. I, _____, understand that if anything that might affect my background investigation occurs after I submit this packet, I must immediately notify the applicant investigation group. This includes changes of address, telephone number(s), employer(s), arrests, and traffic citations or other significant events or information.

APPLICANT QUALIFICATION SECTION

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

Initial:

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

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

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

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

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

_____ I have never been convicted of any Family Violence offense.

I understand that any falsifications or omissions in this Personal History Statement will result in my application being terminated. Furthermore, I acknowledge that any false statement knowingly made in answering all the questions is good cause for removal from the eligibility list or discharge during or after probation.

Signature: _____ **Date:** _____

PERSONAL INFORMATION

Information provided in this section is used for identification purposes

Name: _____
Last First Middle

Any other names used: Maiden, Adoption, Nickname, Etc.

Home Address: _____
No. Street Name City State Zip Apt #

Date of Birth: ____/____/____ Race: _____ Sex: _____

Social Security Number: ____-____-____ U.S. Citizen: __ Yes __ No

Place of Birth: _____
City County State

Drivers License: _____
Number State of Issue Expiration Date

Identification Card: _____
Number State of Issue Expiration Date

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

Name by which you prefer to be addressed: _____

Home Phone Number: (____) _____-____-_____

Work Phone Number: (____) _____-____-_____

Cell Phone Number: (____) _____-____-_____

Email _____

Do you check your email ___ Daily ___ Weekly ___ Almost never

Identifying Marks: (add additional pages if needed)

Scars: _____

Tattoos: _____

Location of Tattoos: _____

What do the tattoos mean to you? _____

MARITAL AND FAMILY HISTORY

Circle your current marital status: Single Engaged Married Separated Divorced Widowed

If you are currently married or engaged:

Name of fiancé or spouse: _____
Last First Middle

Date of Birth: ____/____/____ Wedding Date ____/____/____

Race: _____ Sex: _____ U.S. Citizen: ___ Yes ___ No

Social Security Number: ____ - ____ - _____ Drivers License _____
Number State of Issue

Home Address: _____
No. Street Name City State Zip Apt #

Name of Employer: _____

Work Address: _____
No. Street Name City State Zip Suite #

Home/Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

If you are separated or divorced:

Name of spouse: _____
Last First Middle

Date of Birth: ____/____/____ Race: _____ Sex: _____ U.S. Citizen: ___ Yes ___ No

Wedding Date ____/____/____ Divorce/Separation Date ____/____/____

Social Security Number: ____ - ____ - _____ Drivers License _____
Number State of Issue

Home Address: _____
No. Street Name City State Zip Apt #

Name of Employer: _____

Work Address: _____
No. Street Name City State Zip Suite #

Home/Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

Reason for separation/divorce _____

(Print and complete additional pages if separated or divorced more than once)

MARITAL AND FAMILY HISTORY (continued)

Have you ever been married to more than one person at one time? ____ Yes ____ No

Do you pay child support? ____ Yes ____ No Are you currently behind? ____ Yes ____ No

Have you ever been late on child support? ____ Yes ____ No If yes, why? _____

If you are ordered to pay child support give name and address of where you send your payments, include account #:

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

_____ Child's Name	_____/_____/_____ Date of Birth	_____ Relationship	_____ Lives with you Y/N
_____ Child's Name	_____/_____/_____ Date of Birth	_____ Relationship	_____ Lives with you Y/N
_____ Child's Name	_____/_____/_____ Date of Birth	_____ Relationship	_____ Lives with you Y/N
_____ Child's Name	_____/_____/_____ Date of Birth	_____ Relationship	_____ Lives with you Y/N
_____ Child's Name	_____/_____/_____ Date of Birth	_____ Relationship	_____ Lives with you Y/N

List all persons that you currently share a residence with other than your immediate family members, spouse or children:

_____ Full Name	_____/_____/_____ Date of Birth	_____-_____-_____ Social Security Number	
_____ Occupation	(_____)_____-_____ Cell / Work Number	_____ Length of Time Living Together	_____ Relationship
_____ Full Name	_____/_____/_____ Date of Birth	_____-_____-_____ Social Security Number	
_____ Occupation	(_____)_____-_____ Cell / Work Number	_____ Length of Time Living Together	_____ Relationship
_____ Full Name	_____/_____/_____ Date of Birth	_____-_____-_____ Social Security Number	
_____ Occupation	(_____)_____-_____ Cell / Work Number	_____ Length of Time Living Together	_____ Relationship
_____ Full Name	_____/_____/_____ Date of Birth	_____-_____-_____ Social Security Number	
_____ Occupation	(_____)_____-_____ Cell / Work Number	_____ Length of Time Living Together	_____ Relationship

MARITAL AND FAMILY HISTORY (continued)

List other immediate family members (father, mother, siblings) **for both you and your spouse.** If deceased, indicate "Deceased" for occupation and list date of death.

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State of current residence

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State of current residence

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State of current residence

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State of current residence

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State of current residence

MARITAL AND FAMILY HISTORY (continued)

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State

Full Name

_____/_____/_____
Date of Birth

Driver's license number

State of issuance

_____-_____-_____
Social Security Number

Occupation

Relationship

City/State

RESIDENCES

List all addresses where you have lived during the past **ten (10) years, beginning with your present address**. List date by **month, day and year**. Attach an additional page, if necessary. Include apartment complex names and telephone numbers, and military base information.

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

RESIDENCES (continued)

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

From ____/____/____ **To** ____/____/____ **Length of Residency (Yrs./Mos.)** ____/____

Address: _____

No. Street Name City State Zip Apt #

Name of Apartments / Military Base _____

Telephone number of Apartment's Office (____) _____ - _____

Have you been evicted from any residence, temporary or permanent, for any reason? ___Yes ___No

MILITARY SERVICE

Have you registered with selective service? ___Yes ___No ___ N/A When? ___/___/___

Have you ever applied for any branch of the armed forces? ___Yes ___No

Have you ever been rejected by any branch of the armed forces? ___Yes ___No

Have you ever been a member of any branch of the U. S. Armed Forces? ___Yes ___No

Branch of Service _____ Highest Rank Obtained _____

Date of Induction ___/___/___ Date of Discharge ___/___/___ Type of Discharge _____

Awards (Type)	(Date)
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

Special Schools/Training	(Date)
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

List all disciplinary actions you have received while a member of the armed forces	(Date)
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial? ___Yes ___No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident. Use a separate sheet of paper if more than one.

Charge _____ Date: ___/___/___
Result _____

Charge _____ Date: ___/___/___
Result _____

MILITARY SERVICE (continued)

Were you ever A.W.O.L.? Yes No

Were you ever given a company punishment? Yes No

Were you ever reduced in rank? Yes No

Were you discharged prior to the end of your tour of duty? Yes No

Last duty station and name of commanding officer: _____

Are you currently a member of a U.S. Reserve, National or State Guard organization? Yes No

Branch of Service _____ Grade & Service # _____

Are you Active Inactive Standby

Organization Station Unit and Location

Have you ever been a member of more than one branch of the armed forces? Yes No

If yes, see below: If no, fill in the blanks as previously instructed.

Branch of Service _____ Highest Rank Obtained _____

Date of Induction ___/___/___ Date of Discharge ___/___/___ Type of Discharge _____

Branch of Service _____ Highest Rank Obtained _____

Date of Induction ___/___/___ Date of Discharge ___/___/___ Type of Discharge _____

Branch of Service _____ Highest Rank Obtained _____

Date of Induction ___/___/___ Date of Discharge ___/___/___ Type of Discharge _____

EDUCATIONAL HISTORY

List **all** high schools, colleges, technological, law enforcement academy(s) 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 were awarded.

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

Name of school Address	Dates attended: From / To	School Type	Degree and / or Credit hours awarded
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

EDUCATIONAL HISTORY (continued)

Have you ever been expelled from any high schools, colleges, technological, law enforcement academy(s) or trade schools you have attended? __Yes __No

School: _____ Date: _____

Reason: _____

Have you ever been placed on academic probation? __Yes __No

School: _____ Date: _____

Reason: _____

Have you ever had disciplinary actions taken against you from any school you have attended? __Yes __No

School: _____ Date: _____

Reason: _____

Have you ever been accused of practicing deception or plagiarism while attending any high schools, colleges, technological, law enforcement academy(s) or trade schools? __Yes __No

School: _____ Date: _____

Reason: _____

Have you had another person complete any assignment or exams on your behalf while attending any high schools, colleges, technological, law enforcement academy(s) or trade schools? __Yes __No

Have you ever completed any assignment or exam for someone else as stated above? __Yes __No

School: _____ Date: _____

Reason: _____

School Activities: (Clubs, Sports, Etc.)

High School/College (circle grade)

_____ 9th 10th 11th 12th Freshman. Soph. Jr. Sr.

_____ 9th 10th 11th 12th Freshman. Soph. Jr. Sr.

_____ 9th 10th 11th 12th Freshman. Soph. Jr. Sr.

_____ 9th 10th 11th 12th Freshman. Soph. Jr. Sr.

_____ 9th 10th 11th 12th Freshman. Soph. Jr. Sr.

MISCELLANEOUS INFORMATION

Positions of Leadership: (Indicate position/organization/dates held)

Community Activities:

Awards, Commendations, or Items of Special Recognition:

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

Official Name of Organization	Social, Fraternal, Professional, Etc.	Office(s) Held	Dates of Membership From - To
_____	_____	_____	___/___/___ - ___/___/___
_____	_____	_____	___/___/___ - ___/___/___
_____	_____	_____	___/___/___ - ___/___/___
_____	_____	_____	___/___/___ - ___/___/___
_____	_____	_____	___/___/___ - ___/___/___

Hobbies and Sports you participate in:

Name of Sport	Length of Time	Level of Proficiency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT QUESTIONNAIRE

1. Have you ever resigned from a place of employment in lieu of termination? Yes No If yes, explain:

2. Have you ever quit a job because you suspected you were about to be fired? Yes No If yes, explain:

3. Have you ever been fired from a job? Yes No If yes, explain

4. Have you ever quit a job without giving notice? Yes No If yes, explain:

5. Have you ever used alcohol on the job? Yes No If yes, explain:

6. Have you ever reported to work while under the influence of alcohol? Yes No If yes, explain:

7. Have you ever used any illegal drugs on the job? Yes No If yes, explain:

8. Have you ever reported to work while under the influence of illegal drugs? Yes No If yes, explain:

9. Have you ever missed work due to alcohol usage? Yes No If yes, explain:

EMPLOYMENT QUESTIONNAIRE (continued)

10. Have you ever missed work due to illegal drug usage? ___ Yes ___ No If yes, explain:

11. Have you ever been the subject or part of a grievance for harassment, sexual harassment or EEOC violation at a previous employer? ___ Yes ___ No If yes, explain:

(Add additional sheet if needed)

12. Have you ever received any disciplinary action (written or oral reprimands, suspensions, employee counseling etc.) for any reason connected with your employment? ___ Yes ___ No If yes, explain:

(Add additional sheet if needed)

13. Are you frequently late in reporting for work? ___ Yes ___ No

14. In the past five years how many times have you been late to work? _____

15. Have you ever been fired from a job because of being late for work? ___ Yes ___ No

Employer Name: _____

16. Have you ever been accused, suspected or investigated with regard to dishonesty or irregularities connected with your employment? ___ Yes ___ No Employer Name: _____

17. Have you ever been denied employment because of a polygraph examination or drug screening?

___ Yes ___ No Employer Name: _____

18. Have you ever stolen any merchandise, property, or money from a place you worked, including military? ___ Yes ___ No Employer Name: _____

19. Have you ever altered transaction from a place you worked, including military for your monetary gain? ___ Yes ___ No Employer Name: _____

20. Have you ever helped another steal merchandise, property, or money from a place where you worked? ___ Yes ___ No Employer Name: _____

EMPLOYMENT QUESTIONNAIRE (continued)

21. Have you ever bought or possessed any merchandise or property you knew, or had reason to believe, was stolen? ___ Yes ___ No

22. Have you ever sold merchandise or property you knew, or had reason to believe, were stolen?
___ Yes ___ No

23. As an employee, did you ever give merchandise or property away without authorization?
___ Yes ___ No

24. Have you ever failed to list a previous employer on an application because it would reflect negative on you? ___ Yes ___ No If yes, which employer? _____

25. Have you ever disobeyed, criticized or been insubordinate with any supervisor? _____ Yes _____ No
If yes, explain: _____

26. What is the most serious disciplinary action you have received from a job?
Action: _____
Employer: _____
Reason: _____

27. How would you describe your attitude, work ethic and trustworthiness?
Attitude: _____
Work Ethic: _____
Trustworthiness: _____

28. How would your current or previous co-workers describe your attitude, work ethic and trustworthiness?
Attitude: _____
Work Ethic: _____
Trustworthiness: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs since the age of 17 or the past ten years. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary. A job is: any position you accepted regardless of how long you actually worked!

Check the appropriate job description(s) Full Time Part Time Temporary Seasonal

Employment began on: ____/____/____ Ended on: ____/____/____ = Total time _____

Company Name: _____

Address: _____
 No. Street Name City State Zip Suite #

Employer's Telephone Number: (____) _____ --- _____

Beginning Position/Title _____ Time in position _____

Ending Position/Title _____ Time in position _____

Duties/Responsibilities: _____

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action(s) while with this company? Yes No

If yes, Explain: _____

Are you eligible for rehire? Yes No

If no, explain: _____

Name of final supervisor: _____

Co-worker name _____ Number: _____

Co-worker name _____ Number: _____

Reason for leaving this job: _____

INVESTIGATOR'S NOTES: _____

EMPLOYMENT HISTORY (continued)

Check the appropriate job description(s) Full Time Part Time Temporary Seasonal

Employment began on: ____/____/____ Ended on: ____/____/____ = Total time _____

Company Name: _____

Address: _____
 No. Street Name City State Zip Suite #

Employer's Telephone Number: (____) _____ --- _____

Beginning Position/Title _____ Time in position _____

Ending Position/Title _____ Time in position _____

Duties/Responsibilities: _____

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action(s) while with this company? Yes No

If yes, Explain: _____

Are you eligible for rehire? Yes No

If no, explain: _____

Name of final supervisor: _____

Co-worker name _____ Number: _____

Co-worker name _____ Number: _____

Reason for leaving this job: _____

INVESTIGATOR'S NOTES: _____

EMPLOYMENT HISTORY (continued)

Check the appropriate job description(s) Full Time Part Time Temporary Seasonal

Employment began on: ____/____/____ Ended on: ____/____/____ = Total time _____

Company Name: _____

Address: _____
No. Street Name City State Zip Suite #

Employer's Telephone Number: (____) _____ --- _____

Beginning Position/Title _____ Time in position _____

Ending Position/Title _____ Time in position _____

Duties/Responsibilities: _____

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action(s) while with this company? Yes No

If yes, Explain: _____

Are you eligible for rehire? Yes No

If no, explain: _____

Name of final supervisor: _____

Co-worker name _____ Number: _____

Co-worker name _____ Number: _____

Reason for leaving this job: _____

INVESTIGATOR'S NOTES: _____

EMPLOYMENT HISTORY (continued)

Check the appropriate job description(s) Full Time Part Time Temporary Seasonal

Employment began on: ____/____/____ Ended on: ____/____/____ = Total time _____

Company Name: _____

Address: _____
No. Street Name City State Zip Suite #

Employer's Telephone Number: (____) _____ --- _____

Beginning Position/Title _____ Time in position _____

Ending Position/Title _____ Time in position _____

Duties/Responsibilities: _____

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action(s) while with this company? Yes No

If yes, Explain: _____

Are you eligible for rehire? Yes No

If no, explain: _____

Name of final supervisor: _____

Co-worker name _____ Number: _____

Co-worker name _____ Number: _____

Reason for leaving this job: _____

INVESTIGATOR'S NOTES: _____

EMPLOYMENT HISTORY (continued)

Check the appropriate job description(s) Full Time Part Time Temporary Seasonal

Employment began on: ____/____/____ Ended on: ____/____/____ = Total time _____

Company Name: _____

Address: _____
No. Street Name City State Zip Suite #

Employer's Telephone Number: (____) _____ --- _____

Beginning Position/Title _____ Time in position _____

Ending Position/Title _____ Time in position _____

Duties/Responsibilities: _____

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action(s) while with this company? Yes No

If yes, Explain: _____

Are you eligible for rehire? Yes No

If no, explain: _____

Name of final supervisor: _____

Co-worker name _____ Number: _____

Co-worker name _____ Number: _____

Reason for leaving this job: _____

INVESTIGATOR'S NOTES: _____

EMPLOYMENT HISTORY (continued)

Check the appropriate job description(s) Full Time Part Time Temporary Seasonal

Employment began on: ____/____/____ Ended on: ____/____/____ = Total time _____

Company Name: _____

Address: _____
No. Street Name City State Zip Suite #

Employer's Telephone Number: (____) _____ --- _____

Beginning Position/Title _____ Time in position _____

Ending Position/Title _____ Time in position _____

Duties/Responsibilities: _____

Did you receive job performance evaluations while with this company? Yes No

Did you receive any disciplinary action(s) while with this company? Yes No

If yes, Explain: _____

Are you eligible for rehire? Yes No

If no, explain: _____

Name of final supervisor: _____

Co-worker name _____ Number: _____

Co-worker name _____ Number: _____

Reason for leaving this job: _____

INVESTIGATOR'S NOTES: _____

PERIODS OF UNEMPLOYMENT

List **all** periods of unemployment since graduating from high school. If you were a full time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

From (Month/Year)	To (Month/Year)	Length of Time (Month/Year)	Reason for being Unemployed
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____
____/____	____/____	____/____	_____

INCIDENTS OF DETENTION/ARREST, CRIMINAL ACTS & LITIGATION

READ THESE DEFINITIONS THOROUGHLY!

“**Law Enforcement Agency**” includes not only municipal departments, state police and sheriff’s departments, but also transit police, college campus security/police, airport security/police, hospital security/police, Coast Guard, constable officers, local or national police in any foreign country, military police and any other local, state or federal entity whose purpose is to enforce the law and investigate violations.

A person is “**detained**” or “**arrested**” when his liberty is suspended for any amount of time, such as being “held for questioning”. The Texas Code of Criminal Procedure states a person has been arrested “when he has been actually placed under restraint or taken into custody by an officer or other person executing a warrant of arrest, or by an officer or person arresting without a warrant.” The following circumstances DO NOT DISQUALIFY an incident as an actual arrest: the person being arrested was not handcuffed; the person was allowed to be escorted to the jail facility rather than being taken in a squad car; the person was not physically placed in a cell; or the person was released with no formal charges filed.

A “**conviction**” not only includes being actually tried and found guilty in a court of law, but also includes pleading guilty or no contest to receive deferred adjudication, or non-adjudicated probation, or any other such disposition, which required probation or payment of fines, even if the charges were eventually dropped or expunged.

Have you ***ever committed or been a party to*** any act(s) that could be considered criminal acts, including, but not limited to criminal mischief, hit-and-run, DWI, public intoxication, assault, theft [e.g. shoplifting, giving/receiving illegal discounts], receiving stolen property, issuance of bad check/theft by check, failure to identify/using a fake or altered ID, obstruction, fleeing/resisting/evading arrest, purchase/possession/distribution of illegal drugs, burglary, criminal trespass, unlawfully carrying a weapon, insurance fraud, income tax evasion/fraud/, forgery, child abuse/neglect/endangerment, criminal non-support, harassment, prostitution, solicitation of prostitution, failure to appear or answer court summons, contempt, etc.?

____ **Yes** ____ **No**

If yes, list and explain on next page:

INCIDENTS OF DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (continued)

Have you committed as an adult or juvenile any of the following?

- Yes No Any act of unlawfully taking the life of another human being?
- Yes No Any sexual act after you were seventeen (17) with another person who was under the age of seventeen (17) years of age at the time of the act (examples: intercourse, oral sex, anal sex, or touching the genitals, breasts or anus of another person or having that child touch your sexual parts)?
- Yes No Any act, as an adult, of exposing your anus or genitals in public?
- Yes No Any act of rape or sexual assault, either by force or threats of injury?
- Yes No Any act of bestiality or sexual contact with an animal?
- Yes No Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, or oral sexual intercourse or anal sexual intercourse with your natural child, or child by adoption, natural grandchild, step-grandchild, or grandchild by adoption, sister brother or stepsister, brother, niece or nephew, or other family member?
- Yes No Any act involving fleeing from, running from or evading by any means, including on foot or by vehicle, a peace officer who is attempting to arrest, detain or question you or any other person?
- Yes No Any act involving the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, device, tape, book or any other item which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretory functions, sadism, masochism or lewd exhibition?
- Yes No Any act involved in searching, viewing, in any format, printed, video, or electronic data, any type of child pornography **INTENTIONALLY OR ACCIDENTALLY?**
- Yes No Any act of prostitution, solicitation of prostitution or trading services or products for sexual favors?
- Yes No Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, possession, or promotion or sale of obscene materials including child pornography, or any other criminal act?
- Yes No Are you or have you ever been a member of a group that identified itself as a “gang, clique, crew, or club” that identified itself as a group by displaying colors, certain clothing, symbols or tattoos?
- Yes No Have you ever committed any type of identity theft?
- Yes No Have you ever used a computer, Internet or any other electronic device for any unlawful purpose to stalk, harass, threaten or intimidate another?
- Yes No Any act of participation or act that resulted in you being in possession of, receiving, buying, or selling any property that was stolen or that you had reason to believe was stolen?

INCIDENTS OF DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (continued)

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

If "Yes", Explain: (list juvenile as well as adult occurrences)

Have you ever been arrested by the Police? Yes No

If "Yes", Explain: (list juvenile as well as adult occurrences)

Have you ever been detained (other than a traffic ticket) by the Police? Yes No

If "Yes", Explain: (list juvenile as well as adult occurrences)

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

If "Yes", Explain: (list juvenile as well as adult occurrences)

Have you ever been involved in any type of lawsuit? (even as a witness) Yes No

Have you ever been sued? Yes No

Have you ever sued anyone? Yes No

Have you ever filed bankruptcy? Yes No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

(Explain any "Yes" answers)

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion (smoked, injected, snorted, consumed, etc.) of any of the listed types into a person's system. Example: experimented, tried, etc. Have you ever used:

		Number of times used	Approximate last date of use	Form(s) Used
Marijuana	___ Yes ___ No	_____	___/___/___	_____
Hashish	___ Yes ___ No	_____	___/___/___	_____
"Speed"	___ Yes ___ No	_____	___/___/___	_____
Cocaine	___ Yes ___ No	_____	___/___/___	_____
LSD	___ Yes ___ No	_____	___/___/___	_____
"XTC"	___ Yes ___ No	_____	___/___/___	_____
PCP	___ Yes ___ No	_____	___/___/___	_____
Peyote	___ Yes ___ No	_____	___/___/___	_____
Mushrooms	___ Yes ___ No	_____	___/___/___	_____
Quaaludes	___ Yes ___ No	_____	___/___/___	_____
Tranquilizers	___ Yes ___ No	_____	___/___/___	_____
Barbiturates	___ Yes ___ No	_____	___/___/___	_____
Heroin	___ Yes ___ No	_____	___/___/___	_____
Any Designer Drug	___ Yes ___ No	_____	___/___/___	_____

Have you ever used any other drug not listed above? ___ Yes ___ No If yes, list the drug _____

Have you ever sold any of the items specified above? ___ Yes ___ No
 What? _____ When? _____ #Times _____

Have you ever bought any of the items specified above? ___ Yes ___ No
 Which one(s)? _____ When? _____ #Times _____

Have you ever had an illegal drug injection? ___ Yes ___ No Of what? _____

Have you ever inhaled anything to get "high" (paint, glue, etc.?) ___ Yes ___ No When? ___/___/___

Have you ever abused, sold or provided any prescribed medication to a person it was not prescribed to?
 ___ Yes ___ No Type _____ When? ___/___/___

Have you ever been involved, in any way, in the manufacturing of an illegal drug?
 ___ Yes ___ No If yes, what drug? _____ Describe your involvement:

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc?
 ___ Yes ___ No **If yes explain:** _____

Do others use drugs in your presence? ___ Yes ___ No

Do you use alcoholic products? ___ Yes ___ No Describe the use _____

Have you ever used cough medicine to get a "high"? ___ Yes ___ No

DRIVING RECORD

How many traffic citations and written warnings have you received since you began driving? _____

How many traffic citations have you received in the past three (3) years? _____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license? ___Yes ___No

Have you ever driven a motor vehicle without the proper insurance as required by law? ___Yes ___No

Have you ever had your driver's license suspended? ___Yes ___No

If "Yes," How many times _____ Date of last suspension ___/___/_____ Date Lifted ___/___/___

Type of Suspension _____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations? ___Yes ___No

Have you ever had a hearing for probation/suspension, etc.? ___Yes ___No

Have you ever been placed as an assigned risk for vehicle insurance? ___Yes ___No

Have you ever had your insurance revoked due to the number of traffic citation you have received?
___Yes ___No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended/or after it had been revoked? ___Yes ___No

Have you ever had a drivers license or identification card in more than one state? If so, list the state abbreviation and number:

Have you ever been denied a driver's license for any reason? ___Yes ___No

Have you ever had to appear before a medical advisory board? ___Yes ___No

Have you had any reason to believe you might have problems with depth perception? ___Yes ___No

How many motor vehicle accidents have you been involved in as a driver? _____

Have you ever been involved in an accident and then left the accident scene without identifying yourself?
___Yes ___No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? ___Yes ___No

Have you ever struck an unattended vehicle and then left without leaving your identification? ___Yes ___No

DRIVING RECORD (continued)

With what company do you carry automobile insurance? _____

Company Address: _____
No. Street Name City State Zip

Policy Number _____ Effective Dates ___/___/___ - ___/___/___

List, to the best of your memory, **all citations** you have received starting with the **most recent**:

Date Received (mm/dd/yr)	Type of Violation	Issuing Agency	Disposition (Fine Paid, Not Guilty, Etc.)
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

List **all** accidents in which you have been involved **as a driver**:

Date	City	Brief Description
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____

CREDIT INFORMATION QUESTIONNAIRE

1. Do you have unsatisfactory credit now? ___Yes ___ No
If so, who and why? _____
2. Are any of your creditors looking for you now? ___Yes ___ No
If so, who and why? _____
3. Do you owe any money to a former employer? ___Yes ___ No
If so, who? _____
4. Have you ever filed bankruptcy? ___Yes ___ No
If so, what type and when? _____
5. Have you ever been sued for not paying a bill? ___Yes ___ No
If yes, by who and when? _____
6. Are you behind on any of your bills now? ___Yes ___ No
7. Are you now indebted beyond your present ability to pay? ___Yes ___ No
8. Have you ever had anything repossessed? ___Yes ___ No
If yes, to what and when? _____
9. Have you ever knowingly written a bad check? ___Yes ___ No
If yes, to whom and how much? _____
10. Have you ever had a check returned for insufficient funds? ___Yes ___ No
11. Have you been evicted from any residence you have lived at for any reason? ___Yes ___ No
If yes, when and where: _____
12. Have you ever “skipped out” owing a bill anywhere? ___Yes ___ No
If yes, to whom and how much? _____
13. Have you ever been asked to move or been denied renewal of a rental agreement? ___Yes ___ No
14. Are you behind on any student or school loans? ___Yes ___ No
If yes, to whom and how much? _____
15. What is your current credit score? _____

FINANCIAL OBLIGATIONS

Give the names of the individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, hospital bills, child support payments and any other debts and payments. **Include all debts owed by you and your spouse.**

Name	Reason for Debt	Balance	Monthly Payments	Past Due	Applicant or Spouse
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____
_____	_____	_____	_____	___ Yes ___ No	_____

List all vehicles that you and your spouse own or regularly drive:

Make	Model	Year. Model	License Plate# / State	Date of Registration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Add additional sheet if needed)

PERSONAL REFERENCES

List five (5) persons 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 correct names, date of birth, addresses and phone numbers!

Do not list relatives, professional references or past/present employers.

Name: _____ / _____ / _____
Last First Date of Birth Occupation Years Known

Home Address: _____
No. Street Name City State Zip Apt #

Home/Cell Phone (____) - _____ Work Phone (____) - _____

Email: _____ Description of relationship: _____

Name: _____ / _____ / _____
Last First Date of Birth Occupation Years Known

Home Address: _____
No. Street Name City State Zip Apt #

Home/Cell Phone (____) - _____ Work Phone (____) - _____

Email: _____ Description of relationship: _____

Name: _____ / _____ / _____
Last First Date of Birth Occupation Years Known

Home Address: _____
No. Street Name City State Zip Apt #

Home/Cell Phone (____) - _____ Work Phone (____) - _____

Email: _____ Description of relationship: _____

Name: _____ / _____ / _____
Last First Date of Birth Occupation Years Known

Home Address: _____
No. Street Name City State Zip Apt #

Home/Cell Phone (____) - _____ Work Phone (____) - _____

Email: _____ Description of relationship: _____

Name: _____ / _____ / _____
Last First Date of Birth Occupation Years Known

Home Address: _____
No. Street Name City State Zip Apt #

Home/Cell Phone (____) - _____ Work Phone (____) - _____

Email: _____ Description of relationship: _____

LAW ENFORCEMENT INFORMATION

Do you or your spouse have a relative currently employed with the City of Arp? ___ Yes ___ No

If yes, give name/relationship/position with which City:

Name _____ Relationship to you: _____

Position _____ Department _____

Have you ever made an application for employment (any position) with this or any other City/County/State/Federal Law Enforcement Agency or Law Enforcement related agency? ___ Yes ___ No

Have you ever completed any portion of the hiring process (letter of interest, intent to test, written exam, physical exam, interview, etc) with any City/County/State/Federal Law Enforcement Agency? ___ Yes ___ No

Have you ever enrolled in any Law Enforcement Academy? ___ Yes ___ No Where? _____

Have you ever been dismissed from any Law Enforcement Academy? ___ Yes ___ No Where? _____

Have you ever been denied employment with any City/County/State/Federal Law Enforcement Agency? ___ Yes ___ No

Are you in the application process with any other City/County/State/Federal Law Enforcement Agency? ___ Yes ___ No

List any and all City/County/State/Federal Law Enforcement Agencies, regardless of position applied for, that you have ever applied with or completed any portion of the hiring process with.

Name of Agency	Type of Position	Date Submitted	Status of Submission (rejected, hired, pending, failed polygraph, failed background, etc.)
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

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

AGREEMENT TO PROVIDE TRUTHFUL AND UPDATED INFORMATION

By initialing and signing below, you agree that you have provided a completed Personal History Statement. Furthermore, you agree that all information provided was accurate, truthful and updated. Last, you agree that you will update the Arp Police Department with any new or changed information.

Read and Initial:

_____ 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.

_____ I understand that facts may arise or events may occur that have not been known or that were not anticipated by you at the time this packet is submitted. These facts or events may require revisions or amendments to this packet. All such amendments must be submitted immediately, in writing. Your signature indicates an understanding that if anything that may affect your background investigation occurs after your packet is submitted, you will immediately notify the background investigator. This includes a change of address, telephone number(s), employer(s), arrest(s), traffic citations or other significant event(s).

Signature of Applicant

____/____/____
Date of Preparation

**THE STATE OF TEXAS
COUNTY OF SMITH**

**Authorization to Release
Personal Information
Covenant Not to Sue, and
Agreement of Assignment**

KNOWN ALL MEN BY THESE PRESENT:

That I, the undersigned _____ for and in consideration of being extended the opportunity to apply at the Arp Police Department do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Arp Police Department, whether the said records are of a public, private, or confidential nature.

The intent of the authorization is to give my full consent for full and complete disclosure of the records of the educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit report and/or ratings), and other financial statements and records wherever filled medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration, employment and pre-employment records, including background reports, polygraph exams, results of previous polygraph exams, efficiency ratings, complaints or grievances filled by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. I understand that in doing so, the Arp Police Department is in no way obligated to provide me with a position within their Department.

I understand that any information obtained by a personal background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Arp Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. This information is confidential and the Department cannot reveal the reason, nor release information to applicants, as to why they were not accepted for employment.

I understand that I may be assigned to any duty upon initial employment or reinstatement as the needs of the department may require while employed with the Arp Police Department. I do fully understand that the need to submit to a polygraph examination may be required by the Department at various times, specifically when allegations of officer misconduct or criminality exist. I understand that refusal to take examinations as required could be cause for dismissal.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

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

Signature (Include maiden name)

Date of Birth

Address

Social Security Number

City State Zip Code

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public