

**ARLINGTON POLICE DEPARTMENT PERSONAL HISTORY
STATEMENT
DETENTION OFFICER APPLICANT**

The **Personal History Statement** is your official application with the Arlington Police Department for a detention officer position. It will be evaluated as part of your application process. The first impression you will make with the department will be this document. Follow these instructions carefully and fill out this application completely and neatly. It is acceptable for you to make copies of the application. We suggest you make a copy of the application, after filling it out, for your records. On all sections of the application, you must provide complete and accurate information. Make copies of the "Attachment Sheet" and use when appropriate.

You may **type** or **print** the information requested, but you must use **black ink**. Do not write in the space marked -"**For Official Use Only**" or on the back of any page. If the question does not apply to you, state with **N/A**. If the space available is insufficient, use the provided attachment sheet and precede each answer with the page number and reference question. **Do not misrepresent or omit facts**, since the statements made herein are subject to verification in determining your qualification for employment. The Arlington Police Department reserves the right to suspend any processing on an applicant if the Personal History Statement is not completely filled out.

Areas of Concern

Work History

- Include any situation that you provided labor or service and were compensated, whether full-time, part-time, seasonal, or just one-day.
- If the business or person is no longer in business, provide old information and write "Out of Business."

Addresses

- Provide complete addresses, including the street number, apartment #, and zip codes, on all addresses requested on this application.

Motor Vehicle Accidents, Detentions, Citations, and Arrests

- Provide specific information on these issues when possible. If exact dates are not available, give the approximate month and year.

Recommendations

- Recommendation letters may be sent, maximum of five.

***** DO NOT FOLD APPLICATION *****

THE INFORMATION ON THIS PAGE IS USED TO REPORT STATISTICAL DATA TO VARIOUS REGULATORY AGENCIES. THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION AND WILL IN NO WAY BE USED IN CONSIDERATION OF YOUR APPLICATION FOR EMPLOYMENT.

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Race: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

DL # & State: _____ Email Address: _____

University/College Attended: _____

Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____

Have you ever applied for a position at the Arlington Police Department? _____ If yes, when? _____

How did you hear about us? (Check all that apply)

- Printed Advertisement Name of publication _____
- Internet Advertisement Name of website _____
- College / Job Fair Location _____
- Referral Name of referral _____
- Web Search

THE INFORMATION ON THIS PAGE IS USED FOR STATISTICAL REPORTING TO VARIOUS REGULATORY AGENCIES. THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION AND WILL IN NO WAY BE USED IN CONSIDERATION OF YOUR APPLICATION FOR EMPLOYMENT.

Today's Date: _____

Full Legal Name: _____

Current Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

SSN #: _____ Email Address: _____

Home #: _____ Work #: _____

Cell #: _____ Best time to contact you: _____ At: Home Work Cell

Are you a citizen of the United States, by either birth or naturalization? Yes No

Are you related to any member of the Arlington City Council or any current City of Arlington employee? Yes No

If yes, provide name, position and relationship: _____

FOR OFFICIAL USE ONLY

NAME: _____
Last First Middle

CONTROL # _____ JOB # _____

DATE APPLICATION RECEIVED: ____/____/____

RECEIVED BY: _____

FAMILY INFORMATION

Marital Status: Married Single Divorced Separated Engaged Widowed

Complete this section if you are CURRENTLY Married or Engaged

Spouse or Fiancée's Full Name (include maiden name): _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Cell #: _____

If married, date of marriage: _____ County & State of Marriage: _____

Complete this section if you have *EVER BEEN MARRIED (legal or common law) AND ARE DIVORCED – OR – if you have ever been engaged. List all former spouses, fiancées, and/or fiancés. Use attachment sheet if necessary.*

Former Spouse / Fiancé(e)'s Full Name: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Marriage: _____ Date of Divorce: _____

Former Spouse / Fiancé(e)'s Full Name: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Marriage: _____ Date of Divorce: _____

Former Spouse / Fiancé(e)'s Full Name: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Marriage: _____ Date of Divorce: _____

Do you have any children or dependents? Yes No If yes, how many? _____

If yes, list their name(s), relationship and age: _____

Are you delinquent on child support payment(s) for your children? Yes No N/A

List in the ORDER GIVEN, showing the relationships – Parents, Guardians, Stepparents, Foster Parents, Parents'-in-law, Brothers/Sisters (even if deceased). Include any others you have resided with or with whom a close relationship existed or exists. Include fiancé/fiancée or roommates, if any. Use attachment sheet if necessary.

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Work #: _____ Cell #: _____

Relationship: _____ Age: _____ Years Known: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Work #: _____ Cell #: _____

Relationship: _____ Age: _____ Years Known: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Work #: _____ Cell #: _____

Relationship: _____ Age: _____ Years Known: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Work #: _____ Cell #: _____

Relationship: _____ Age: _____ Years Known: _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Work #: _____ Cell #: _____

Relationship: _____ Age: _____ Years Known: _____

PERSONAL INFORMATION

EDUCATION: List all diplomas, degrees and/or certifications and where obtained.

School Attended: _____
City: _____ State: _____ Dates Attended: _____ from _____ to _____
Degree/ Certification Received: Yes No Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____
Courses Studied/Major: _____ GPA: _____

School Attended: _____
City: _____ State: _____ Dates Attended: _____ from _____ to _____
Degree/ Certification Received: Yes No Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____
Courses Studied/Major: _____ GPA: _____

School Attended: _____
City: _____ State: _____ Dates Attended: _____ from _____ to _____
Degree/ Certification Received: Yes No Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____
Courses Studied/Major: _____ GPA: _____

Are you currently attending a college/university or taking any training or continuing education classes? Yes No

If yes, which college/university are you presently attending? _____

What is the purpose of your current training or class? _____

If you do not currently have at least a Bachelor's Degree, when will you graduate? _____ Expected GPA: _____

Have you ever been expelled or suspended from high school or college? Yes No

If yes, explain:

SPECIAL SKILLS / TALENTS / QUALIFICATIONS: *List all special skills, unique licenses, aptitudes, qualifications or foreign languages you speak, read or write. Include office skills, computer skills or other skills that you believe would be beneficial to this department.*

AWARDS / SCHOLARSHIPS / RECOGNITIONS: *List all awards, scholarships or recognitions you received at school, work or for public service:*

ORGANIZATIONS: *List past and/or present memberships:*

Name and Location	Type: <small>(Professional/Social)</small>	Office(s) Held:	Membership Dates <small>(Month/Year)</small>
_____	_____	_____	From: _____ to _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCES: List all residences, including military and school addresses for the **PAST TEN (10) years**. Begin with your present address and go back in chronological order. Use attachment sheet if necessary.

Date From (MM/YY): _____ to **PRESENT** Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

REFERENCES

List a minimum of **six (6)** persons who know you well enough to provide current information about you. **DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS/SUPERVISORS.** Include complete mailing addresses and phone numbers.

All information in the section below is required, not optional.

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

BACKGROUND INFORMATION

DRUG AND NARCOTIC USAGE: *This section covers usage of any controlled substance, dangerous drug, inhalant or marijuana. Usage is the introduction of a substance into your body through experimentation, snorting, smoking, ingestion, injection, huffing, tasting, trying or via any other means.*

Have you ever used any drugs/narcotics illegally? Yes No

If yes, complete the following section

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

Have you ever bought or sold any illegal drugs/narcotics? Yes No If yes, list the date(s) and details of the incident(s):

Have you ever used a prescription medication that was prescribed to another person? Yes No

If yes, complete the following section

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

MILITARY INFORMATION

Have you ever served in any branch of the Armed Forces? Yes No If yes, complete the following section

Branch: _____ Rank: _____ Date of Entry: _____

Type of Discharge: _____ Date of Separation: _____

What is/was your primary assignment? _____

CRIMINAL ACTIVITY

Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency? Yes No

If yes, list the date(s), reason(s), agency and disposition of the incident(s).

Have you ever been convicted of a crime, placed on court ordered community supervision or probation? Yes No
If yes, list the county/state, date, reason, and disposition of each incident.

Have you or your spouse ever been involved in any court action, civil or criminal? Yes No
If yes, list the date, reason, and disposition of each incident. Provide copies of any applicable paperwork for each event.

Have you ever been issued a citation for a **non-traffic** violation? Yes No If yes, complete the following section

DATE	VIOLATION	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LAW ENFORCEMENT EXPERIENCE:

Are you currently a licensed peace officer? Yes No If yes, what city/state? _____

Have you ever been employed as a peace officer? Yes No If yes, what city/state? _____

Have you ever worked as a reserve police officer? Yes No If yes, what city/state? _____

If yes to any of the above questions, has your peace officer's license ever been revoked or suspended? Yes No

Have you ever served as a military police officer? Yes No

Have you ever been employed as a jailer or corrections officer in either an adult or a juvenile facility? Yes No If yes, what city/state? _____

Have you ever taken part in a law enforcement internship program? Yes No

If yes, list agency and date(s):

ACCIDENTS: List all traffic accidents that you have been involved in as the driver in the **last seven (7) years**. Tell if officers responded or if a state accident report was filed. Also, describe what happened and list who was at fault. Use attachment sheet if necessary.

DATE	OFFICER(S) RESPONDED? Yes/No	ACCIDENT REPORT FILED? Yes/No	DESCRIBE WHAT HAPPENED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Have you ever been discharged, fired, asked to resign, furloughed, put on inactive status or given unpaid leave because of disciplinary action? Yes No

If yes, list employer, date and explain:

Have you ever resigned or quit to avoid being discharged, terminated or fired? Yes No

If yes, list employer, date and explain:

Have you previously applied for a position with the City of Arlington? Yes No

If yes, when and for what position?

If your application is assigned to a background investigator, may we contact your current employer? Yes No N/A

If no, explain:

Would you like an investigator to notify you before contacting your current employer? Yes No N/A

EMPLOYMENT: Beginning with your **CURRENT** or most recent job, list all jobs you have held in the **past ten (10) years**, including military service, all part-time, temporary or seasonal employment, and periods of unemployment (including school). Use attachment sheet if necessary.

From (MM/YY): _____ to **PRESENT** Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

ATTACHMENT SHEET / ADDITIONAL INFORMATION

(text will word wrap)

ESSAY

In two hundred (200) words or less, tell us why you have applied for this position (text will word wrap)

I have applied for this position with the Arlington Police Department because:

I certify that there are no misrepresentations, falsifications, or omissions in the foregoing statements and answers. ALL entries in this application are true, complete and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further state that I have personally written/typed this application and that I have solely filled out this application without aid or assistance from any person or persons.

I further agree that if my application is not accepted or I am not hired, that the City of Arlington and the Arlington Police Department will not discuss with me the reason for me not being selected or hired. If the issue is of a temporary nature, I will be notified that I am eligible to re-apply.

Printed or Typed Name of Applicant

Signature of Applicant

Date Application Completed



**CITY OF ARLINGTON, TEXAS, POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of **THE ARLINGTON POLICE DEPARTMENT** whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of: educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by **THE ARLINGTON POLICE DEPARTMENT**.

I also certify that any person(s) and governmental entit(y)(ies) who furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the City of Arlington from any claim or demand related to the City of Arlington and/or considering any such information.

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

Witness

Applicant's Printed Name (include maiden name)

Date

Applicant's Signature

Applicant's Social Security #

Applicant's Phone Number

Applicant's Address

Applicant's City, State, and ZIP Code