



# BEXAR COUNTY POLICE CONSTABLE PRECINCT 3



Mark Vojvodich, Constable

320 Interpark Blvd.

San Antonio, TX 78216

Office (210) 335-4750 Fax (210) 335-4789

## PERSONAL HISTORY STATEMENT

The following is required so the Constables Office can conduct a criminal history records check and Motor Vehicle Department records check.  
(Please print legibly and fill out completely)

Full Name (Last, First, Middle):

Other Names Used (including maiden name):

Place of Birth (City and State):

Full Address:

City/State/Zip:

Phone (Home):

Phone (Mobile):

Phone (Other):

E-Mail Address (required):

Date of Birth:

Age:

Race:

Sex:

PID#:

Social Security#:

Current Drivers License#:

State Issued:

Expiration Date:

List all states/countries you have been licensed to drive a motor vehicle in the past:

### PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your social security number is for the purpose of conducting a thorough background investigation.

Check all PREVIOUS positions applied for with the Bexar County Constables Office:

Posse Member	Jailer	Date(s) Applied
Civilian / Intern	Telecommunicator	
Regular Full Time Deputy Constable	Chaplain	
Reserve Deputy Constable	Constable Commissioner	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Below are the instructions on how to complete the Statement of Personal History Background questionnaire. Be sure to read all directions thoroughly and complete all questions with the required information. If a question does not apply to you, write "DNA" in the space.

**Page C1:** Write your name at top of page and READ the directions carefully; **INITIAL** in the bottom right corner.

**Page C2:** Check the position for which you are applying, read the page in its entirety, **INITIAL** midway down the page, and sign and date at the bottom.

**Page C3:** Provide your personal information; age, citizenship and education. Indicate if you were ever in the military; if yes, state type of discharge and dates of service. Provide your current driver's license information; if you have ever had your license suspended, you need to provide month/year of suspension and month/year of reinstatement.

**Page C4-C5:** List all traffic citations received in the past 10 years, in this country or any other country. Provide detailed explanations of any traffic citation in the space provided: month & year you received the citation, city and state where it occurred, the police agency that issued you the citation, what you were cited for, and how you satisfied the citation (paid the fine, went to driver improvement school or a judge dismissed the citation). In the Employment History section, if you answer yes to any questions, provide the month and year, the employer and a detailed explanation in the space provided.

**Page C6-C9:** Complete the questions on drug usage; if you answer yes to any question provide a detailed explanation in the space provided (to include month/year of last use and type). In the listed marijuana chart, indicate your marijuana usage by checking the boxes that most accurately reflect your history with marijuana to the best of your knowledge. Indicate the date of last use and your age at the time of last use (NOTE: The chart is broken down into two sections; one being your use BEFORE the age of 21 the other being your use AFTER the age of 21) If you have never tried marijuana this would count as (0) uses and you are required to mark the appropriate boxes. In the listed charts, indicate your drug usage by checking the boxes that most accurately reflect your history with each drug. In the last chart you will add all usages listed in the charts on this page (EXCLUDING marijuana) and indicate the month/year of the last use and your age at the last use (NOTE: The charts are broken down into two sections; one being your use BEFORE the age of 21 the other being your use AFTER the age of 21 ). If you have never tried any of the drugs in any of the charts this would count as (0) uses and you are required to check the appropriate boxes in each chart.

**\*\*\*USES DEFINITION** A use is defined as an "occurrence". For instance, if you used marijuana on one occasion, but took multiple puffs, it would count as one (1) use. However, if you left the area where you were using marijuana, and later returned and used more marijuana, that counts as two (2) uses. Different drug use, other than marijuana, each count as one (1) use. For example, if you took a complete cycle of steroids, that is not one (1) use, it is the total number of times you put the substance in your body (pill or shot form). Similarly, if you were around cocaine, and throughout the course of time ingested two "lines," that counts for two (2) uses, even if you ingested them one right after the other. So, if you used marijuana and cocaine during the same "occurrence", this would count as one (1) "use" of marijuana and one (1) "use" of cocaine.

**Page C10:** State what qualities you possess that would make you a good Constable's Office employee; this is the area to "sell yourself and tell us why you should be considered for employment with Precinct 3.

**Page C11-C14:** Personal Data and Training, Education, and Experience. List all agencies you have applied to, regardless of what the outcome was. List all training, certifications, skills, and schools you have attended. Include any hobbies you have.

**Page C15-C21:** List employment history for the past 10 years including part-time, temporary, self-employed, and volunteer. List any gaps in unemployment longer than 30 days.



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**Page C21:** Military Experience, list dates of, rank, and type of discharge. Don't forget to include a copy of your DD214.

**Page C22-C26:** Legal and Police Contact– Please note if you have ever had any contact with any type of civil or military official, including as a witness, victim, suspect, responder, etc. Also, indicate if you have ever been arrested, convicted, charged, questioned or detained for **ANY** offense or violation of **ANY** statute by **ANY** civil or military authority. Provide detailed explanations in the space provided: month & year of the offense, city and state where it occurred, the police agency that you had contact with, what you were charged with, what the charge was reduced to (if applicable), and the disposition of the charge (found guilty, not guilty, booked into jail, paid fine, charge dismissed, etc.) If a charge was dismissed explain what had to be satisfied prior to the dismissal (attended classes, probation, interlock device, etc.)

**Page C27:** List ALL social media sites you have to include, BLOGs, websites, and Apps. (i.e. Facebook, Snapchat, Instagram, Read Chan or 4Chan, Reddit, Flickr, Tumblr, ect..) Provide website URL's and your username. Failure to report social media may be cause of elimination or delay in the hiring process.

**Page C28:** List all income and expenses.

**Page C29:** Continuation form, this is to provide you the opportunity to offer additional information and/or clarification for questions asked in the C section.

**VIII ADRESSES:** List all previous residents in the last (10) years or since the age of 17. (List complete street address, city, state, and zip code. Include markers such as Street, Drive, Road, East, West, ect., and unit or apartment number). Do not use P.O. Boxes.

Provide contact information for all people you have resided with during the past (10) years or since the age of 17.

**IX MARITAL STATUS:** List all ex-wives if applicable and list all of your children , including natural, step, adopted, and/or foster care.

**X RELATIVES:** List all siblings, including half-siblings, foster siblings, adopted, etc. List all Parents, In-Laws, Step, and Ex-Spouses. If deceased, indicate next to their name.

**XI REFERENCES:** List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere. References who are responsible adults, and have known you well for a minimum of one year within the past five (5) years: include phone numbers with area codes and email addresses. (No Precinct 3 employees, former employers or relatives)



Full Name: \_\_\_\_\_

Last Name

First

Middle

**\*\*\*FOLLOW DIRECTIONS CAREFULLY\*\*\***

1. Use BLACK ink to complete this questionnaire.
2. Write or print legibly in your own handwriting. ( can be filled out online then printed)
3. Read each question carefully before answering it.
4. Answer all questions completely and accurately.
5. If a question does not, apply to you, write "DNA" in the space provided.
6. If you require additional space, use the continuation area of page C-8.
7. When you have completely answered all questions, sign your name at the bottom of pages C-2 and C-8.

**REMEMBER THAT ANY OMISSION, DECEPTION, OR FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR PACKET COULD DELAY OR DISQUALIFY YOU FROM FURTHER CONSIDERATION.**

We are a law enforcement agency dedicated to uphold public trust. Therefore, the Constables Office seeks only those individuals who possess the highest levels of integrity. You are about to begin a thorough background investigative process into your personal history. A law enforcement background is unlike any other application process. We ask that you not only sell yourself, but that you disclose aspects of yourself that you may be reluctant to disclose. In fact, intentional withholding of information, or attempts to mislead or minimize will result in your immediate removal from further consideration. Everyone has a history, and sometimes it is difficult to disclose experiences or decisions you may not be proud of. Please understand that integrity is our #1 priority. Don't let embarrassment keep you from obtaining a position with one of the most innovative agencies in the county.

Initial: \_\_\_\_\_



**All documents requested must be submitted with the application** (photocopies are acceptable in most cases).

*Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required-modify list as necessary.*

Completed Personal History Statement

Copy of your Social Security card

Original certified copy of your birth certificate (no photo copy)

Copy of your valid Texas driver license or a copy of another State's driver license (applicant must possess a valid Texas driver license prior to being offered employment)

Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service

Sealed original certified copy of your college transcript (no photo copy)

Photocopy of your college diploma

Copy of your Peace Officer Certificate from your police academy (Peace Officer Applicants Only)

Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

If you have questions, please contact your assigned background investigator.

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two (2) years of active service.

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

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

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

Initial: \_\_\_\_\_





## 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 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.

Initial: \_\_\_\_\_



## BEXAR COUNTY CONSTABLE PRECINCT 3

Position Applying for:

- Posse Member
- Civilian / Intern
- Regular Full Time Deputy Constable
- Reserve Deputy Constable
- Jailer
- Telecommunicator
- Chaplain
- Constable Commissioner

**To the Applicant:**

This questionnaire will be used to determine your suitability for employment with the Constables Office, or a commission with the Constable's Office Precinct 3 . It may also be used when necessary to comply with state and local statutes.

An extensive background investigation will be conducted into your personal history.

Applicants applying for compensated positions, reserve, and select volunteer positions will be required to undergo a polygraph examination to confirm the information in this questionnaire, as well as other background information obtained during your process.

A psychological assessment and drug screen is also required for Deputy Constable, Reserve Deputy, and select civilian positions.

I understand that I will not receive and I am not entitled to information collected during the course of my application process, and I further understand that the information collected will be used in the evaluation process for employment with the Constables Office. Further, no documents submitted by me will be returned and no copies of any reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. If I am not selected for employment, **I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.** Initial here: \_\_\_\_\_

Your Statement of Personal History will be submitted for review prior to scheduling an interview. Please ensure that all future questions and/or concerns during your process are directed solely to your assigned investigator. In the event the investigator is unavailable, the supervisor of your investigator will be able to assist you. This line of communication is essential to expedite your application and ensure a complete and accurate investigation.

**APPROPRIATE BUSINESS ATTIRE** is required for all steps of your processing **EXCEPT for the physical readiness assessment and orientation.** Please dress appropriately for all interviews, polygraph examinations, psychological evaluations, and employee orientations. Failure to comply may result in your removal from the selection process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BEXAR COUNTY CONSTABLE PRECINCT 3

Please ensure that all future questions and/or concerns during your process are directed solely to your assigned investigator. In the event the investigator is unavailable, the supervisor of your investigator will be able to assist you. This line of communication is essential to expedite your application and ensure a complete and accurate investigation.

**APPROPRIATE BUSINESS ATTIRE** is required for all steps of your processing. Please dress appropriately for all interviews, polygraph examinations, psychological evaluations and employee orientations. Failure to comply may result in your removal from the hiring process.

You are required to provide the following documents at the time you turn in this packet and are scheduled for interview:

- Government issued Birth Certificate, Passport, Naturalization Certificate or Resident Alien card
- Social Security Card (Front and Back)
- Texas Driver's License (Front and Back) Note: If you are out of state applicant, you must obtain a Texas driver's license within 30 days of employment if a license is required for the position.
- High School Transcripts or GED
- DD214: Prior to 1979, Member 1 copy; after 1979, Member 4 copy (For prior U.S. Military service) Marriage License (Government issued)
- Police Reports
- Court Documents (Civil and/or Criminal)
- Other degrees, licenses or certifications required for the position, or other information requested from your investigator

**You must provide both an original or certified copy of each required document and a photocopy for your file. Please photocopy the front and back of any two-sided documents.** If you are unable to obtain documents prior to returning this packet, note what you have done to obtain the missing documentation on page labeled, "Continuation" of this packet. You will need to obtain the required documents before being continued in processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Instructions:

Read every question carefully. Use black ink only. Answer every question. If a question does not apply to you, write "DNA" in the space. If additional space is required, use the continuation area on page C-9.

FullName: \_\_\_\_\_

Last Name	First	Middle
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Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

List any other names, SSN, or DOB you have used:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

List ALL E-Mail Addresses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age: Are you currently at least 18 years of age (20 years and 6 months if applying for Deputy)?      Yes      No

Citizenship Status:      United States Citizen      Permanent Resident Alien      Other

Education: D Do you have a high school diploma or GED?      Yes      No

**Driving History**

Current driver's license number and state: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous driver's license state(s): \_\_\_\_\_

Have you ever had your license suspended?      Yes      No

If yes, please explain:

Date of suspension: Month/Year \_\_\_\_\_ Date reinstated: Month/Year \_\_\_\_\_

List below any traffic citations you have received in the If you listed anything in the above chart, please provide a detailed

Date (Month/Year)	Location (City/ State)	Issuing Agency (DPS/SAPD/BCSO)	Charge (Speeding, Ect.)	Disposition (Paid fine, Def. Driving)	Accident Related (Yes or No)

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Report: Yes No Injury Non-Injury

Law Enforcement Agency: \_\_\_\_\_

2. Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Report: Yes No Injury Non-Injury

Law Enforcement Agency: \_\_\_\_\_

3. Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Report: Yes No Injury Non-Injury

Law Enforcement Agency: \_\_\_\_\_

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

If yes, give reason: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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

If yes, give reason: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

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

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

1. Type of coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Expires: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact #: \_\_\_\_\_

2. Type of coverage: Insured Bonded Cash Deposit

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Expires: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact #: \_\_\_\_\_

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:

**Drug Use**

Have you **ever** used a prescription drug that was not prescribed to you? (Pain killers, muscle relaxers, antibiotics, sleep aids, etc.)

Yes                      No

If yes, please explain:

Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Have you **ever** used a prescription drug for other than the prescribed purpose?                      Yes                      No

If yes, please explain:

Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Type: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Have you **ever** GIVEN or SOLD prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?  
Yes                      No

If yes, please explain what drug, quantity, given or sold ,when including month and year and the amount you profited, if any:

How to determine number of uses: A use is defined as an "occurrence". For instance, if you used marijuana on one occasion, but took multiple puffs, it would count as one use. However, if different drugs were used, they each count as 1 use. For instance, if you used marijuana and cocaine during the same "occurrence", this would count as 1 use of marijuana and 1 use of cocaine.

In the chart below, please indicate your marijuana usage by checking the boxes that most accurately reflect your history to the best of your knowledge. DO NOT GUESS!

	TOTAL times tried before 21.			Total times tried Age 21 and above.		
Marijuana	0	1	2-5	0	1	2-5
	6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+	

Date of Last use: (Month/Year) \_\_\_\_\_

Age of last use: \_\_\_\_\_

In the charts below, please indicate your usage for all other drugs (excluding marijuana) by checking the boxes that most accurately reflect your history with that drug to the best of your knowledge. **DO NOT GUESS!**

### OTHER DRUGS

		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(A)	Cocaine/Crack	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		
		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(B)	Hallucinogens (LSD, PCP, Acid, Peyote, Mushrooms, Mescaline, Angle Dust)	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		
		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(C)	Dangerous Drugs (Opium, Morphine, Heroin, Ecstasy,	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		
		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(D)	Amphetamines (OpiumSpeed, Ice, Crystal, Meth, Glass, ect.)	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		
		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(E)	Steroids (Pills, Injections, Gells)	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		
		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(F)	Inhalants (Spray Paint, Glue, Lighter Fluid, Gas,	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		
		TOTAL times tried before 21.			Total times tried Age 21 and above.		
(G)	Designer Drugs (Incense, Spice, K2, Salvia, Bath Salts, ect.)	0	1	2-5	0	1	2-5
		6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+		



In the charts below, please indicate your usage for all other drugs (excluding marijuana) by checking the boxes that most accurately reflect your history with that drug to the best of your knowledge. **DO NOT GUESS!**

### OTHER DRUGS

	TOTAL times tried before 21.			Total times tried Age 21 and above.		
	0	1	2-5	0	1	2-5
(H)						
Any other drug not listed in tables A-G	6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+	
TOTALS OF ALL OTHER DRUGS (Ass all results of tables A-H)	TOTAL times tried before 21.			Total times tried Age 21 and above.		
	0	1	2-5	0	1	2-5
	6-10	11-20	21-50	6-10	11-20	21-50
		51+			51+	

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

If Yes, give details, include drug(s) used and circumstances:

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

I have never used any drugs 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:



**Statement of Character:**

What qualities do you possess that would make you a good Constable PCT 3, Bexar County Police employee?

**I. PERSONAL DATA**

Full Name: \_\_\_\_\_  
 (Last name) (First name) (Middle name)

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Length of time at current address (Yr/Mths): \_\_\_\_\_ Are you a United States Citizen? Yes No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Place of Birth (City, County, State, Country) : \_\_\_\_\_ PID #: \_\_\_\_\_

List any other Names, SSN, DOB, Phone, or Emails you have **ever** used:

**II TRAINING, EDUCATION, EXPERIENCE**

Have you ever attended a basic licensing course? Yes No

If yes, Provide the PID you were assigned: \_\_\_\_\_

A. Academy Name: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Name Training Coordinator: \_\_\_\_\_ Contact #: \_\_\_\_\_

Did you Graduate? Yes No

B. Academy Name: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Name Training Coordinator: \_\_\_\_\_ Contact #: \_\_\_\_\_

Did you Graduate? Yes No

Have you applied to any other Law Enforcement Agency in the last 10 years (city, county, state, or federal)?

Yes No

## II TRAINING, EDUCATION, EXPERIENCE

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

A. Name of Agency: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_

Email: \_\_\_\_\_

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

**Steps:**            Application                      Written                      Physical agility                      Oral  
                          Polygraph/CVSA                                      Background                      Conditional job offer

Psychological examination Date: \_\_\_\_\_ Medical Date: \_\_\_\_\_

**Status:**            Hired                      On List                      Withdrawn                      Disqualified

B. Name of Agency: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_

Email: \_\_\_\_\_

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

**Steps:**            Application                      Written                      Physical agility                      Oral  
                          Polygraph/CVSA                                      Background                      Conditional job offer

Psychological examination Date: \_\_\_\_\_ Medical Date: \_\_\_\_\_

**Status:**            Hired                      On List                      Withdrawn                      Disqualified

C. Name of Agency: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Background Investigator's Name (if known): \_\_\_\_\_

Contact Number, (ext): \_\_\_\_\_



## II TRAINING, EDUCATION, EXPERIENCE

Email: \_\_\_\_\_

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

**Steps:**            Application                      Written                      Physical agility                      Oral  
                          Polygraph/CVSA                                      Background                      Conditional job offer

Psychological examination Date: \_\_\_\_\_ Medical Date: \_\_\_\_\_

**Status:**            Hired                      On List                      Withdrawn                      Disqualified

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

Check Applicable:            High School Diploma                      GED                      Discharge documents from armed services with 2 yrs active duty

List High Schools attended or where you got 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 \_\_\_\_\_ Did you graduate?            Yes            No

Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

2. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate?            Yes            No

Type of Degree Earned: \_\_\_\_\_ Total Units Earned: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Type of School or Training: \_\_\_\_\_ Did you complete the course?            Yes            No

2. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Type of School or Training: \_\_\_\_\_ Did you complete the course?            Yes            No

3. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Type of School or Training: \_\_\_\_\_ Did you complete the course?            Yes            No



### III EMPLOYMENT HISTORY

List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).

- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

Have you ever been fired, or left employment in lieu of termination within the past 3 years?                      Yes                      No

Have you ever been accused of any serious employment violation? Theft, harassment, misconduct, etc.?

Yes                      No

Have you ever been fired or received discipline while working for a law enforcement agency?                      Yes                      No

Have you ever engaged in criminal activity (including illegal drug use) while employed with a law enforcement agency or civilian employer?                      Yes                      No

If you answered yes to any of the questions above, please provide month/year, employer and a detailed explanation in the space below:

1. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

**III EMPLOYMENT HISTORY**

2. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

3. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

**III EMPLOYMENT HISTORY**

4. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time      Part-Time      Temporary      Self-Employed      Unemployed

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

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

If yes, explain:

5. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time      Part-Time      Temporary      Self-Employed      Unemployed

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

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

If yes, explain:



**III EMPLOYMENT HISTORY**

6. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

7. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

**III EMPLOYMENT HISTORY**

8. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

9. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

**III EMPLOYMENT HISTORY**

10. Name of Employer or Military Unit: \_\_\_\_\_

Address or Base: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Assignments:

Full-Time

Part-Time

Temporary

Self-Employed

Unemployed

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

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

If yes, explain:

1. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).      Yes      No
2. Have you ever been fired, released from probation, or asked to resign from any place of employment?  
Yes      No
3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  
Yes      No
4. Have you ever resigned without giving two weeks-notice?      Yes      No
5. Have you ever resigned in lieu of termination?      Yes      No
6. 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
7. Were you ever the subject of a written complaint at work?      Yes      No
8. Have you ever been counseled at work due to lateness or absences?      Yes      No
9. Did you ever receive an unsatisfactory performance review?      Yes      No
10. Have you ever sold, released, or given away legally confidential information?      Yes      No
11. Have you ever called in sick when you were neither sick nor caring for a sick family member?      Yes      No

### III EMPLOYMENT HISTORY

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

If you answered "Yes" to any of Questions 1-11 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

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

When? \_\_\_\_\_ Name of Employer: \_\_\_\_\_

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

When? \_\_\_\_\_ Name of Employer: \_\_\_\_\_

### IV MILITARY EXPERIENCE

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

1. Have you ever served in the Army, Navy, Air Force, Marines Corps, Coast Guard, R.O.T.C. or any Military Reserve unit? (Foreign or Domestic) Yes No

If Yes, entry date: \_\_\_\_\_ Branch/Organization: \_\_\_\_\_

MOS: \_\_\_\_\_

Rank upon discharge: \_\_\_\_\_ Discharge type: \_\_\_\_\_

Discharge date: \_\_\_\_\_

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

If yes, have you registered? Yes No

If No, explain: \_\_\_\_\_

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

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

If checked, date obligation ends: \_\_\_\_\_

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

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

#### **IV MILITARY EXPERIENCE**

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

#### **V LEGAL AND POLICE CONTACT**

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Texas, by any unlawful or unconstitutional means?            Yes            No

If Yes, explain: \_\_\_\_\_

Are you now or have you or any family member, ever been associated with or affiliated to any outlaw motorcycle clubs, street gangs, prison gangs, mafia, or Transnational Organized Crime. Transnational organized crime (TOC) groups are self-perpetuating associations of individuals who operate, wholly or in part, by illegal means and irrespective of geography. They constantly seek to obtain power, influence, and monetary gains. There is no single structure under which TOC groups function—they vary from hierarchies to clans, networks, and cells, and may evolve into other structures. These groups are typically insular and protect their activities through corruption, violence, international commerce, complex communication mechanisms, and an organizational structure exploiting national boundaries.            Yes            No

If Yes, explain: \_\_\_\_\_

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, ect., 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.



## V LEGAL AND POLICE CONTACT

Please list **ANY** contact you have had with a civil or military official of any kind, including as a witness, victim, suspect, responder, etc. Also, list if you have **EVER** been arrested, convicted, charged, questioned or detained for **ANY** offense, violation of **ANY** statute or ordinance by any civil or military authority? (Please include **ANY** convictions or adjudications as a juvenile) Have you **EVER** been detained or investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

Yes No

(If yes, please list in the following chart (Do not use criminal codes):

Date (Month/Year)	Location (City/ State)	Issuing Agency (DPS/SAPD/BCSO)	Original Charge (Agg. Asslt, Burg., Ect.)	Reduced to (Asslt, Theft, Ect.)	Disposition/Court Action (Guilty, Not Guilty, Paid Fine)

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

**V LEGAL AND POLICE CONTACT**

1. Have you ever been placed on court probation as an adult? Yes No
2. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition? Yes No
3. 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
4. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, ect.)? Yes No
5. Have the police ever been called to your home for any reason? Yes No
6. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No
7. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes No
8. 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
9. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes No
10. Have you ever filed a false insurance or workers' compensation claim? Yes No
11. 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
12. 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
13. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? Yes No
14. Have you ever hit or physically overpowered a spouse, romantic partner, or family member? Yes No

If you answered "Yes" to any of Questions 1 -14 (above), explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

**V LEGAL AND POLICE CONTACT****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?

- |   |     |    |  |  |
|---|-----|----|--|--|
| 1. Annoying/obscene phone calls   | Yes | No |  |  |
| 2. Assault (use of force or violence upon another)  | Yes | No |  |  |
| 3. Assault on a family member (use of force or violence upon a family member)                         | Yes | No |  |  |
| 4. Brandishing a weapon (any type of weapon)  | Yes | No |  |  |
| 5. Carrying a concealed weapon without a permit   | Yes | No |  |  |
| 6. Contributing to the delinquency of a minor   | Yes | No |  |  |
| 7. Defrauding an innkeeper (not paying for food or room at a hotel/motel)                             | Yes | No |  |  |
| 8. Driving under the influence of alcohol and/or drugs  | Yes | No |  |  |
| 9. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |  |  |
| 10. Hit and run collision (no injuries)   | Yes | No |  |  |
| 11. Hunting or fishing without a license  | Yes | No |  |  |
| 12. Illegal gambling  | Yes | No |  |  |
| 13. Impersonating a peace officer   | Yes | No |  |  |
| 14. Indecent exposure (including flashing or mooning)   | Yes | No |  |  |
| 15. Joyriding (using a car or other vehicle without owner's permission)                               | Yes | No |  |  |

**UNDETECTED ACTS- PART 2**

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

- |   |     |    |  |  |
|---|-----|----|--|--|
| 16. Arson (intentionally destroying property by setting a fire)               | Yes | No |  |  |
| 17. Assault with a deadly weapon  | Yes | No |  |  |
| 18. Theft of a vehicle and/or vehicle parts                                   | Yes | No |  |  |
| 19. Burglary (entering a structure or vehicle to commit theft or other crime) | Yes | No |  |  |
| 20. Child molestation (performing unlawful acts with a child)                 | Yes | No |  |  |
| 21. Accessing, producing, or possessing child pornography                     | Yes | No |  |  |
| 22. Injury to a child, elderly, and/or disabled                               | Yes | No |  |  |
| 23. Embezzlement (theft of money or other valuables entrusted to you)         | Yes | No |  |  |
| 24. Felony drunk driving (involving injuries)                                 | Yes | No |  |  |
| 25. Forcible rape or other act of unlawful intercourse/sexual activity        | Yes | No |  |  |

**V LEGAL AND POLICE CONTACT****UNDETECTED ACTS– PART 2**

- |   |     |    |
|---|-----|----|
| 26. Forgery (falsifying any type of document, check certificate, license, currency, etc.) | Yes | No |
| 27. Hit and run (with injuries)   | Yes | No |
| 28. Hate crime  | Yes | No |
| 29. Insurance fraud   | Yes | No |
| 30. Theft (value of over \$500 and/or any firearm)  | Yes | No |
| 31. Murder, homicide, or attempted murder   | Yes | No |
| 32. Perjury (lying under oath)  | Yes | No |
| 33. Possession of an explosive/destructive device   | Yes | No |
| 34. Rubbery (theft from another person using, a weapon, force, or fear)                   | Yes | No |
| 35. Stalking  | Yes | No |
| 36. Blackmail or extortion  | Yes | No |
| 37. Any other act amounting to a felony   | Yes | No |

If you answered "YES" to any of the Questions 1 - 37 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

**VI SOCIAL MEDIA**

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

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

Failure to report any social media may be cause of elimination or delay in the hiring process.

**VII FINANCIAL****INCOME AND EXPENSES:**

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

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

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

If Yes, fill in amount: \_\_\_\_\_ per month      Explain: \_\_\_\_\_

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

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

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

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

7. Have your wages ever been garnished?      Yes      No

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

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

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

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

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

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

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

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

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

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

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

If you answered "Yes" to any of Questions 4 - 17, explain. Include when, where, and why and indicate the corresponding question number:





## VIII ADDRESSES

I. List all previous residences in the last ten (10) years or since age 17: (List complete street addresses, City, State and Zip codes) (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.

II. If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT LIST military barracks mates, unless you shared individual quarters.

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

IV. If there is a section that does not apply, mark it NA.

1. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

3. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

**VIII ADDRESSES**

4. Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

5. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

6. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

7. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

**VIII ADDRESSES**

8. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

9. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

10. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

11. Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If renting; property manager, rent collector, or owner: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Name(s) of those with whom you lived with: \_\_\_\_\_

## VIII ADDRESSES

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

1. Housemate Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nature of relationship (friend, relative, landlord, housemate only): \_\_\_\_\_

2. Housemate Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nature of relationship (friend, relative, landlord, housemate only): \_\_\_\_\_

3. Housemate Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nature of relationship (friend, relative, landlord, housemate only): \_\_\_\_\_

4. Housemate Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nature of relationship (friend, relative, landlord, housemate only): \_\_\_\_\_

5. Housemate Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nature of relationship (friend, relative, landlord, housemate only): \_\_\_\_\_

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

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):

**IX MARITAL STATUS**

Mark NA for anything that does not apply.

Status (check one):      Single      Married      Separated      Divorced      Widowed      Co-Habitate

Date Married: \_\_\_\_\_ If married, list spouse's maiden name: \_\_\_\_\_

Spouse or Co-Habitate's full

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_ Contact#: \_\_\_\_\_

Email: \_\_\_\_\_ Do yall have any Children together:      Yes      No

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

1. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Custodial parent or guardian (if other than you): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Custodial parent or guardian (if other than you): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Custodial parent or guardian (if other than you): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Custodial parent or guardian (if other than you): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

5. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Custodial parent or guardian (if other than you): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

**X RELATIVES**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- List all siblings, including half-siblings, foster siblings, etc.
- List all Parents, In-Laws, Step, and Ex-Spouses. If deceased, mark next to their name.

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**X RELATIVES**

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**X RELATIVES**

9. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

10. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

11. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

12. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_



**XI REFERENCES**

List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere. References who are responsible adults, and have known you well for a minimum of one year within the past five (5) years: include phone numbers with area codes and email addresses. (No Precinct 3 employees, former employers or relatives)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

6. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company/Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you know this person (friend, teacher, family, co-worker)? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**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.



# BEXAR COUNTY POLICE CONSTABLE PRECINCT 3

Mark Vojvodich, Constable



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ DO HERBY AUTHORIZE and release from any and all liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, Federal entities including BEXAR COUNTY and the Constable's Office Precinct 3 to release, furnish and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement work and/or employment with BEXAR COUNTY CONSTABLE PRECINCT 3 may be determined. This includes, but is not limited to my character, integrity, reputation, internal affairs files, and any other documents including any polygraph results. A copy is as valid as an original.

By signing this waiver, I do hereby release and forever discharge the PCT 3 Constable, the County of Bexar, and its elected officials, officers, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the physical fitness assessment.

This waiver is intended to cover all acts or omissions of the County of Bexar, the PCT 3 Constable, and its elected officials, officers, and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waver, it is my intent to bind my heirs, executors, administrators and assigns.

I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

STATE OF TEXAS

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/ attached document.

(SEAL)

\_\_\_\_\_  
Notary Public



## BEXAR COUNTY POLICE CONSTABLE PRECINCT 3

Mark Vojvodich, Constable



### Notice of Bexar County Constable Precinct 3 Integrity Policy:

The Constable Precinct 3 is committed to providing the finest service possible to the citizens of this county. It is essential that all employees exhibit the highest degree of honesty and integrity as representatives of this office to our community.

You are about to begin our pre-employment processing. Prior to the start of your initial interview, it is essential that you look over your background questionnaire to ensure it is complete and accurate. Also, take time now to address any concerns or to get clarification on any questions you may have. The Background Investigator will be glad to assist you.

The pre-employment process is designed to obtain and evaluate your complete personal and employment history. During the process you may recall information that you had previously forgotten. This is normal. If at any time you remember information not previously disclosed, contact the Background Investigator immediately!

Be careful! Discrepancies in information could cause your application to be declined. **Any information that is intentionally omitted or minimized shall result in the immediate termination of your pre-employment process.**

**FACT:** Far too many applicants have been declined because they chose to be untruthful, often because they chose to lie about an indiscretion which in itself would not have impacted their process. Many of these applicants would have been continued toward employment had they simply been honest.

It is rare to find anyone who has made perfect choices throughout their entire life. Most people have done something in their life that they may regret or are embarrassed about. Do not let embarrassment keep you from continuing in the process toward employment.

We want you to be successful. In order to be successful, you must be honest and forthcoming on fully answering all questions during the entire process. Integrity is your responsibility.

---

Applicant

---

Investigator

---

Date



# BEXAR COUNTY POLICE CONSTABLE PRECINCT 3

Mark Vojvodich, Constable



## PRE-EMPLOYMENT POLYGRAPH BOOKLET

Full Legal Name: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ PID: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Position Applying for:

Posse Member                       Civilian / Intern                       Regular Full Time Deputy Constable  
 Reserve Deputy Constable                       Jailer                       Telecommunicator                       Chaplain  
 Constable Commissioner

If you have ever taken a polygraph examination before, please give the date and reason for the examination below.

Date	Agency or Business	Results (Pass, Fail, Inconclusive)

Initial: \_\_\_\_\_ Your initials indicate that you understand that the exam is being videoed. Any questions concerning the polygraph should be directed to the polygraph examiner at the time of your appointment.

To be filled out by the Constables Office:

Date sent to Polygraph: \_\_\_\_\_

Name of Recruiter: \_\_\_\_\_

**PLEASE REMEMBER TO BE TRUTHFUL!**



# BEXAR COUNTY POLICE CONSTABLE PRECINCT 3

Mark Vojvodich, Constable



## PREFACE

The information contained in this booklet is an integral part of your application process, which will be used by your polygraph examiner and background investigator. The information that you provide in the forthcoming pages is confidential and will be viewed by the polygraph examiner, the background investigator, and commissioned members of the Office chain of command for review and hiring purposes.

We realize that it would be a rarity for any applicant to have no mistakes or personal indiscretions in their past, so we place a high degree of value on your honesty and integrity in answering the following questions truthfully. We ask that you be completely honest in each and every area of this booklet. Do not minimize, alter, or exclude any details about any information in this booklet. If you are uncertain about a particular issue in any of these areas specific to your situation, you should err on the side of caution and include the information about that issue. The polygraph examiner is authorized by this Office to ask any and all questions relating to the information in this booklet. During the polygraph examination, you will have an opportunity to give an explanation on any and all information you disclosed.

In reference to the area of work history, the term "reprimand" refers to any written reprimands or disciplinary actions. In the areas of criminal activity and illegal drugs, the polygraph examiner understands that there may be information you are reluctant to provide or apprehensive to disclose. However, your failure to disclose any information in these areas will definitely have an adverse impact on the results of your polygraph examination and application for employment with the Office.

**INSTRUCTIONS: Answer all questions completely. If the question is not applicable, write "N/A." Only write "UNKNOWN" if you do not know the answer and cannot obtain the answer from personal records. Booklets with blank areas will not be accepted.**

Position applied for: \_\_\_\_\_

**Law Enforcement Related**

1. List all law enforcement agencies (including this one), as well as correctional or security agencies, to which you have ever applied for employment **BUT WERE NOT EMPLOYED**. Begin with the most recent.

Name of Agency	Month/Year	Explanation (Failed Test, Disqualified, Withdrew, Denied, ect...)

2. List the names of current or past commissioned peace officers and/or civilian law enforcement employees with whom you are acquainted or to whom you are related. Detail the nature of the relationship.

Name of Individual	Detail of Relationship (Family, Friend, Ride-Along, etc ... )

3. List all agencies with whom you have participated in an internship or ride-along program.

Name of Agency	Year



**EDUCATIONAL HISTORY**

1. Did you ever receive any type of academic or any other disciplinary action while in college?      Yes      No

If yes, then give a summary of those incidents:

**WORK HISTORY**

1. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #1: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

2. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #2: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

3. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #3: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

4. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #4: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

2. Describe any incidents that resulted in your being fired or asked to resign:

1. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #1: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

2. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #2: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

3. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #3: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

4. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #4: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

3. List any former employers who would give you a negative job reference, such as for work performance, personality conflicts, quitting without giving sufficient (2-3 weeks) notice, or other reasons:

1. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #1: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

2. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

Employer #2: \_\_\_\_\_ When: \_\_\_\_\_

Why: \_\_\_\_\_

**MILITARY RECORD (Including Reserve or National Guard Service)**

1. Have you ever applied and been rejected for military service? Yes No

When: \_\_\_\_\_ What branch of service: \_\_\_\_\_

2. List all types of disciplinary actions, if any, while in the military (active, reserve, etc.), including arrest, letter of reprimand, oral reprimand, court martial, captain's mast, company punishment, Article 15, etc.

Charge	Date	Age at Time	Disposition

**THE POLYGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS REGARDING THE TRUTHFULNESS OF YOUR STATEMENTS ABOUT PRIOR WORK-RELATED DISCIPLINARY ACTION.**

**ACTIVITY INVOLVING PERSONS OR PROPERTY**

Have you ever engaged in any of the following?

- |  |     |    |
|--|-----|----|
| 1) Any act of unlawfully taking the life of another human being.   | Yes | No |
| 2) Any act of unlawfully abducting/kidnapping another person and/or holding another person against that person's will.   | Yes | No |
| 3) Any act, prior to turning 20, of knowingly making sexual contact or sexual penetration, including fondling of breast or genitals for sexual gratification; sexual intercourse; oral sexual or anal sexual penetration; or exposing your genitals or anus to another person who was more than three years younger than you.  | Yes | No |
| 4) Any act, after turning 20, of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual, or anal sexual penetration with another person who was less than 17 years of age, or exposing your genitals or anus to another person who was less than 17 years of age.   | Yes | No |
| 5) Any act of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person.   | Yes | No |
| 6) Any act causing bodily injury to another person.  | Yes | No |
| 7) Any act of violence against a member of your family or household (including slapping, kicking, pushing, punching, or restraining).  | Yes | No |
| 8) Any act of cruelty to any creature or animal that resulted in harm, injury, or death other than legally licensed sport hunting or fishing.  | Yes | No |
| 9) Any act of sexual assault, by either force or threats of injury.  | Yes | No |
| 10) Any act involving hurting, harming or attempting to hurt or harm another person using a firearm, knife, club or any other deadly weapon.   | Yes | No |
| 11) Any incestuous act of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual, anal sexual penetration, or exposing your genitals or anus to your natural child, stepchild or child by adoption; natural grandchild, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew. | Yes | No |
| 12) Any act of causing, planning or starting a fire or an explosion to damage or destroy vegetation, fences or structure on open land; a building, habitation or vehicle belonging to another person; or a building, habitation, vehicle, or property belonging to you which was insured.  | Yes | No |
| 13) Any act involving the intentional damage or destruction of any property belonging to another person.   | Yes | No |
| 14) Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats or intimidation in order to steal or take property from another person.  | Yes | No |
| 15) Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise; or with the intent of committing any other criminal act.  | Yes | No |
| 16) Any act involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, box cars, vans, or motor homes in order to commit theft or any other felony.   | Yes | No |
| 17) Any act that deprives an individual of property, cash, or merchandise through theft by check, theft by false pretext, theft from a person, swindling, embezzlement, extortion, changing price tags, receiving stolen property, or stealing vehicles or vehicle accessories, or any other form of theft, including making a false claim to an insurance company. This does not include previously mentioned thefts from employers.  | Yes | No |
| 18) Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intention to defraud or harm any person or business.  | Yes | No |
| 19) Any act involving bribing or attempting to bribe any governmental officer or employee.   | Yes | No |
| 20) Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or a sworn or notarized document.  | Yes | No |
| 21) Any act related to filing a false report to any peace officer.   | Yes | No |
| 22) Any act involving impersonating a peace officer, official or other governmental official.  | Yes | No |
| 23) Any act involving evading, resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself.  | Yes | No |

- |   |     |    |
|---|-----|----|
| 24) Any act involving the unlawful possession of any explosive weapon, machine gun, short-barreled firearm, armor piercing ammunition, silencer, switchblade knife, knuckles, chemical dispensing device, or zipgun.  | Yes | No |
| 25) Any act involving the unlawful carrying of a handgun, illegal knife or club.  | Yes | No |
| 26) Any act of viewing nude images of a person 17 years of age or younger.  | Yes | No |
| 27) Any act involving illegal gambling, including promotion of a gambling house or possessing a gambling device, excluding dice or cards.   | Yes | No |
| 28) 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, promotion or sale of obscene materials or any other criminal act. | Yes | No |
| 29) Any type of activity that resulted in arrest, police investigation, or questioning by a law enforcement agency, including any instance where charges were filed, warrants issued, and/or bond posted.   | Yes | No |
| 30) Any type of activity that resulted in your being a victim of a crime that resulted in arrest, police investigation, or questioning by a law enforcement agency, including any instance where charges were filed, warrants issued, and/or bond posted.   | Yes | No |
| 31) Any type of smuggling (humans, cigarettes, weapons, etc.)?  | Yes | No |
| 32) Have you ever participated in any type of commercial sexual activity (including prostitution, escort service, or massage parlor) either in the US or in another country?  | Yes | No |

Terrorist activity is the calculated use of violence or threat of violence to induce fear; intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.

Subversive activity is any activity that would interfere with, undermine, or deny any individual of their rights guaranteed under the U.S. Constitution; or could result in or lead to the violent or illegal overthrow of the U. S. Government or its subdivisions.

- |  |     |    |
|--|-----|----|
| 33) Have you ever had secret contact with a non-U.S. citizen or someone (U.S. citizen or non-U.S. Citizen) who represents a foreign government, person, or terror group? | Yes | No |
| 34) Have you ever participated in illegal activity with a foreign national?  | Yes | No |
| 35) Have you ever assisted any foreign national to illegally enter the U.S.?   | Yes | No |
| 36) Have you ever had involvement with any person that has been/is involved with illegal activity in the U.S. or abroad (e.g. drug cartel, terror group).                | Yes | No |
| 37) Have you ever been arrested, detained, interrogated or interviewed by foreign law enforcement or a foreign intelligence service?                                     | Yes | No |
| 38) Are you personally aware of any person involved in anything illegal or criminal?   | Yes | No |
| 39) Do you have any unreported (to the IRS) foreign bank accounts?   | Yes | No |
| 40) Have you ever offered to engage in espionage activity for a terror, criminal gang, or other criminal enterprise?   | Yes | No |
| 41) Have you ever taken any training provided by a criminal gang or terror group for espionage or criminal activity?   | Yes | No |
| 42) Have you ever had contact with subversive, criminal organizations or terrorist groups or their representatives?  | Yes | No |
| 43) Have you ever been offered to engage in subversive, organized crime or terrorist activity?   | Yes | No |
| 44) Have you ever committed or aided in subversive, organized crime or terrorist activity?   | Yes | No |
| 45) Have you ever provided support to subversive, organized crime or terrorist organizations? (i.e. money, equipment, personal time, logistic support, etc.)             | Yes | No |
| 46) Have you ever received money or other compensation from subversive, criminal or terrorist organizations?   | Yes | No |
| 47) Have you ever failed to report knowledge of subversive, organized criminal or terrorist activity?  | Yes | No |

**In the space below, explain all "yes" answers that you have given to questions 1 through 32. Include date of incidents, circumstances, number of times, locations, and value of any property involved.**

Item #	Explanation

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE CONSTABLE PCT 3 TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.**

**ACTIVITY INVOLVING THEFT**

Have you ever engaged in any of the following?

- |   |     |    |
|---|-----|----|
| 1. Shoplifting or other theft of merchandise.                       | Yes | No |
| 2. Theft of cash.   | Yes | No |
| 3. Theft from an employer.  | Yes | No |
| 4. Theft of military items.   | Yes | No |
| 5. Any other types of theft committed as an adult not listed above. | Yes | No |

In the space below, explain all "yes" answers that you have given to questions 1 through 5. Include date and location of incidents, number of times, estimated dollar value, and/or other circumstances.

Item #	Explanaton

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE CONSTABLE PCT 3 TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.**

**OTHER ACTIVITY**

- 1. Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of the United States government?                    Yes            No
- 2. Have you ever been a member of, or affiliated with, a group or organization that advocates violence, racism, or illegal activities, including, but not limited to, the Aryan Brotherhood, Bandidos, Crips, MS-13, Tangos, or Texas Syndicate?            Yes            No
- 3. Did you apply with the Agency for any reason other than gainful employment?                    Yes            No
- 4. Have you done anything in your past that, if known by the Agency, could possibly affect your application for employment?  
                   Yes            No

**In the space below, explain all "yes" answers that you have given to questions 1 through 4. Include date (or period of time) and location of activity, as well as any other relevant circumstances.**

Item #	Explanation

**ACTIVITY INVOLVING DRUG USE AND/OR DISTRIBUTION**

In recent years, drug use has become common in our society. The Office recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the Office be aware of your prior experimentations because, as a peace officer, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug activities, and the defense could ask about your own personal drug use in an effort to attack or impeach your credibility.

In addition, the Office needs to assess your involvement in the sale of drugs to another person (with or without profit to you); delivery of drugs to another person; transportation of drugs to be sold; trading of drugs for anything of value; manufacturing of drugs; cultivation of drug plants; or any other manner of involvement in a transaction involving drugs.

1. Have you ever experimented with any other drug, including, but not limited to, marijuana, K2, spice, bath salts, steroids, prescription drugs, ecstasy, methamphetamine, or any other type of drug? If yes, for each drug you experimented with, use the space provided below to identify the drug, the number of times you experimented with it, when and where you experimented with it, the last time you experimented with it, and the last time you were around someone else using that drug.          Yes          No

2. Have you ever experimented with drugs, including marijuana, while employed as a law enforcement, custodial, or correctional officer?  
 Yes          No

3. Have you ever sold, manufactured, cultivated, transported, or delivered any type of drug for any reason? If yes, use the space provided below to describe the activity, the number of times you engaged in that activity, and when you engaged in that activity.  
 Yes          No

Item #

Explanation

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE CONSTABLE PCT 3, BEXAR COUNTY POLICE TO ASK YOU QUESTIONS TO DETERMINE IF YOU WERE TRUTHFUL ABOUT YOUR INVOLVEMENT WITH ILLEGAL DRUGS.**





## CONSTABLE PCT 3- BEXAR COUNTY POLICE

### PHYSICAL FITNESS ASSESSMENT -- RELEASE of CLAIMS & WAIVER of LIABILITY

STATE OF TEXAS  
COUNTY OF BEXAR

I, \_\_\_\_\_ for and in consideration of being employed by the Bexar County Constable PCT 3, do hereby make the following representations and acknowledgements:

1. As a part of the application process, I will have to take a Physical Fitness Assessment Test. The test may involve running, lifting, climbing, stretching and carrying. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in taking this physical fitness assessment. I further understand that if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, that I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this physical fitness assessment.
2. I realize and agree that when taking the Physical Fitness Assessment Test, I will not be an agent, servant or employee of Bexar County or the Constable PCT 3, and therefore will not be covered by any worker's compensation, death, or disability benefits of the County of Bexar.
3. By signing this waiver, I do hereby release and forever discharge the PCT 3 Constable, the County of Bexar, and its elected officials, officers, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the physical fitness assessment.

This waiver is intended to cover all acts or omissions of the County of Bexar, the PCT 3 Constable, and its elected officials, officers, and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.

I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

In case of emergency, notify:

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## PHYSICAL STANDARDS TESTING AND MINIMUM PHYSICAL STANDARDS FOR AND TO RETAIN EMPLOYMENT

STATE OF TEXAS

COUNTY OF BEXAR

I, \_\_\_\_\_ am fully aware that I must satisfactorily complete all phases of these minimum standards for physical fitness shown below both for consideration for initial hire and if hired, I must maintain these standards through my entire career with the Bexar County Constable PCT 3-Bexar County Police. Should I not meet the initial standards, a waiver may be granted allowing me to work on any deficiencies up and until 30 days prior to the expiration of my probationary time period. No later than 30 days before the expiration of my probationary time period, I must achieve a passing score on these same physical standards in order to pass my probationary time period or I will be terminated for failing to meet probationary standards.

I further understand that these physical requirements, even after probation are a continuing requirement to retain employment, tested quarterly, and should I fail to meet these age adjusted standards, my employment may be terminated. The standards applicable are listed below:

### Fitness Test Standards

#### Physical Performance 40%

##### Male Candidate

Age	1 Minute of Sit-Ups	Sit/Reach	Bench Press Ration	1.5 Mile Run 40%
20-29	32	19-1/4 in.	.59 X Body Weight	14:49
30-39	25	18-1/4 in.	.53 X Body Weight	15:25
40-49	20	17-1/4 in.	.50 X Body Weight	16:12
50-59	14	16-3/4 in.	.44 X Body Weight	17:14
60-69	6	15-1/2 in.	.43 X Body Weight	18:00

##### Female Candidate

Age	1 Minute of Sit-Ups	Sit/Reach (Straight-Leg)	Bench Press Ration (1 Lift)	1.5 Mile Run 40%
20-29	32	19-1/4 in.	.59 X Body Weight	14:49
30-39	25	18-1/4 in.	.53 X Body Weight	15:25
40-49	20	17-1/4 in.	.50 X Body Weight	16:12
50-59	14	16-3/4 in.	.44 X Body Weight	17:14
60-69	6	15-1/2 in.	.43 X Body Weight	18:00

I understand the terms of this agreement are contractual and not a mere recital. Before signing this agreement, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Seal)

\_\_\_\_\_

Notary Public



Full Name: \_\_\_\_\_

Last Name

First

Middle

**\*\*\*MAKE SURE YOU HAVE FOLLOWED ALL DIRECTIONS CAREFULLY\*\*\***

6. Make sure you have signed ALL the Authorization for Release and Initialed all documents. The Constable's Office will notarize your signatures, if needed.
7. When completed, return this packet and all of the required documents to Pre-Employment Services so you can be scheduled for a background interview.

Return all completed documents to:  
 Constables Office Precinct 3, Bexar County Police  
 320 Interpark Blvd.  
 San Antonio, TX 78216

**REMEMBER THAT ANY OMISSION, DECEPTION, OR FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR PACKET  
 COULD DELAY OR DISQUALIFY YOU FROM FURTHER CONSIDERATION.**

**GOOD LUCK!**

