

A properly completed Personal History Statement must be brought to the Civil Service Entrance Exam Testing Site on the day of the exam.

**Testing will be held at:
Fletcher Warren Civic Center
5501 Highway 69 S.
Greenville, TX 75402**

No Personal History Statements will be accepted after this date.

All Personal History Statements must be notarized.

**For official use only
Return Date & Time Stamp**

**Name _____
Date _____
Time _____**

APPLICANT NAME: _____

GREENVILLE POLICE DEPARTMENT

Personal History Statement

**Incomplete and/or applications not notarized
will not be considered.**

**GREENVILLE POLICE DEPARTMENT
3000 LEE STREET
P.O. BOX 1049
GREENVILLE, TEXAS 75403-1049
(903) 457-2905**

VERIFICATION OF DOCUMENTS

Personal History Statements are due the day of the entrance examination at the examination site. Once turned in, it becomes the property of Greenville PD and copies will not be made.

To be eligible to complete the hiring process for the Greenville Police Department, you must have your high school and college transcripts sealed and stamped if hand delivered or submitted directly from the school to the department.

You should contact the schools as soon as possible and arrange to have the transcripts mailed directly to:

Public Safety Building
Greenville Police Dept.
3000 Lee St.
Greenville, TX 75401

Failure to submit transcripts is grounds for termination of your application.

You will need to provide a copy of the below documents with this packet.

If you have to send away for documents please indicate below. All documents must be received within 30 calendar days of your submission of the initial City of Greenville Application. You may need to provide more documents at a later date.

Do you have to send for originals or certified copies? (Yes or No)

- 1 Birth Certificate
- 2 Citizenship Papers
- 3 Driver's License
- 4 High School Diploma
- 5 High School Transcript
- 6 G.E.D. Certificate
- 7 College Diploma
- 8 College or University Transcripts
- 9 Marriage Certificate
- 10 Divorce Papers/Child Support
- 11 Military Discharge Papers (DD214)
- 12 Trans Union Credit Report
(AnnualCreditReport.com) select Trans Union Save as PDF and Print

INSTRUCTIONS

(Please Read These Instructions Carefully Before Proceeding)

The Personal History Statement serves as the basis for a background investigation and review, which will determine your eligibility for employment as a Police Officer. It is essential all information supplied be accurate, thorough and complete in all respects. Please be sure to follow these instructions while completing the Personal History Statement.

- (1) The applicant shall complete this Personal History Statement in his or her **own handwriting**.
- (2) **Bring your completed Personal History Statement to the Civil Service Entrance Exam Testing Site**. Do not submit this document electronically.
- (3) An accurate and completed Personal History Statement is mandatory in order to complete testing. You will not be admitted into the testing site without a completed Personal History Statement.
- (4) The applicant must print the Personal History Statement legibly in ink. Do not print the Personal History Statement double sided. A copy of the Personal History Statement can be found at:
<http://www.ci.greenville.tx.us/DocumentCenter/View/15488/Personal-History-Statement-Changes-06042019>.
- (5) If a question is not applicable to you, enter N/A in the space provided.
- (6) Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- (7) If you need additional space for your answers, please make an additional copy of the exact page to complete the requested information and only fill in the necessary information.
- (8) The individual applicant is responsible for obtaining correct addresses, telephone numbers, dates and any other requested information. If you are not sure of an address, check it by personal verification. Your local library, phone company or the internet may have a directory service that may assist you.
- (9) It **is your responsibility** to have the Release of Information Agreement Form and Confidential Information Agreement Form notarized

- (10) An accurate and complete form will help expedite your investigation and the review procedure. **On the other hand, deliberate omissions or falsifications will result in disqualifications.** If there is any doubt as to whether information should be included in this PHS or not, **INCLUDE IT.** You will be given an opportunity to explain your answers.
- (11) Applicant must submit the most current/revised Personal History Statement dated September 10, 2019.

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

(1) Full Legal Name _____

(2) Date of Birth ____/____/____ Social Security Number ____ - ____ - ____

(3) Address _____

(4) City _____ State _____ Zip Code _____

(5) Primary Telephone Number _(____)_____

(6) Alternate Telephone Number _(____)_____

(7) E-MAIL Address _____

(8) ANY and ALL Social Media Identifiers (i.e. Facebook, Twitter, etc.)

(9) Nickname, Maiden Name, or other Names by which you have been known _____

(10) Initial: _____ I am a citizen of the United States of America.

(11) Place of Birth City _____ County _____
State _____

(12) Drivers License Number _____
State _____

(13) Height _____ (14) Weight _____

(15) Color of Eyes _____ (16) Color of Hair _____

(17) Scars or Marks _____

(18) Tattoos _____

(19) Visible Piercings _____

HAVE YOU ATTACHED A COPY OF YOUR BIRTH CERTIFICATE, CITIZENSHIP PAPERS, AND A COPY OF YOUR DRIVERS LICENSE?

RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with your present address. Include the city, state and zip code of the address. List the dates you lived at the address by month and year.

	From	To	Address
(1)	____/____	____/____	_____ _____ _____
(2)	____/____	____/____	_____ _____ _____
(3)	____/____	____/____	_____ _____ _____
(4)	____/____	____/____	_____ _____ _____
(5)	____/____	____/____	_____ _____ _____
(6)	____/____	____/____	_____ _____ _____
(7)	____/____	____/____	_____ _____ _____

RESIDENCES (Continued)

	From	To	Address
(8)	____/____	____/____	_____ _____ _____
(9)	____/____	____/____	_____ _____ _____
(10)	____/____	____/____	_____ _____ _____
(11)	____/____	____/____	_____ _____ _____
(12)	____/____	____/____	_____ _____ _____
(13)	____/____	____/____	_____ _____ _____
(14)	____/____	____/____	_____ _____ _____
(15)	____/____	____/____	_____ _____ _____

EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT JOB OR PERIOD OF UNEMPLOYMENT, LIST ALL EMPLOYMENT SINCE THE AGE OF 17, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

E-mail _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal
Reserve Position Internship Self-employed Other _____

Position(s) held with company/duties and responsibilities:

(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

Did you receive any type of written performance evaluation? Yes No

Reason for leaving: _____

Nature of separation: Resigned (with notice) Fired
Resigned (without notice) Laid Off

If resigned with notice, how much was given? _____ Verbal Written

Was the amount of notice given in agreement with company policy? Yes No

If resigned, was it an alternative to termination or other disciplinary action? Yes No

If yes, explain. _____

Did you ever receive any disciplinary action or were you investigated for any reason while on this job? Yes No

Are there any pending disciplinary actions or pending investigations of any nature on this job (counseling, memo, verbal, fired, etc.)? Yes No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers:

Name Phone Number E-mail Address

1. _____

2. _____

3. _____

MAY WE CONTACT YOUR PRESENT EMPLOYER WITHOUT JEOPARDIZING YOUR JOB?

Yes _____ No _____

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE APPLYING FOR THIS JOB?

Yes _____ No _____

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

E-mail _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed Other _____

Position(s) held with company/duties and responsibilities:

(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

Did you receive any type of written performance evaluation? Yes No

Reason for leaving: _____

Nature of separation: Resigned (with notice) Fired

Resigned (without notice) Laid Off

If resigned with notice, how much was given? _____ Verbal Written

Was the amount of notice given in agreement with company policy? Yes No

If resigned, was it an alternative to termination or other disciplinary action? Yes No

If yes, explain. _____

Did you ever receive any disciplinary action or were you investigated for any reason while on this job? Yes No

Are there any pending disciplinary actions or pending investigations of any nature on this job (counseling, memo, verbal, fired, etc.)? Yes No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers:

Name Phone Number E-mail Address

1. _____

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3. _____

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

E-mail _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed Other _____

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(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

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Name Phone Number E-mail Address

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

E-mail _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed Other _____

Position(s) held with company/duties and responsibilities:

(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

Did you receive any type of written performance evaluation? Yes No

Reason for leaving: _____

Nature of separation: Resigned (with notice) Fired

Resigned (without notice) Laid Off

If resigned with notice, how much was given? _____ Verbal Written

Was the amount of notice given in agreement with company policy? Yes No

If resigned, was it an alternative to termination or other disciplinary action? Yes No

If yes, explain. _____

Did you ever receive any disciplinary action or were you investigated for any reason while on this job? Yes No

Are there any pending disciplinary actions or pending investigations of any nature on this job (counseling, memo, verbal, fired, etc.)? Yes No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers:

Name Phone Number E-mail Address

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

E-mail _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed Other _____

Position(s) held with company/duties and responsibilities:

(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

Did you receive any type of written performance evaluation? Yes No

Reason for leaving: _____

Nature of separation: Resigned (with notice) Fired

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If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers:

Name Phone Number E-mail Address

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY

Employment began on _____ and ended _____ Total Time _____
Month/Day/Year Month/Day/Year

Employer: _____ Final Salary: _____

Address: _____

E-mail _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed Other _____

Position(s) held with company/duties and responsibilities:

(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): _____

Duties: _____

Time in each position(s): _____

Did you receive any type of written performance evaluation? Yes No

Reason for leaving: _____

Nature of separation: Resigned (with notice) Fired

Resigned (without notice) Laid Off

If resigned with notice, how much was given? _____ Verbal Written

Was the amount of notice given in agreement with company policy? Yes No

If resigned, was it an alternative to termination or other disciplinary action? Yes No

If yes, explain. _____

Did you ever receive any disciplinary action or were you investigated for any reason while on this job? Yes No

Are there any pending disciplinary actions or pending investigations of any nature on this job (counseling, memo, verbal, fired, etc.)? Yes No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

Are you eligible for rehire? Yes No

List at least 3 co-workers:

Name Phone Number E-mail Address

1. _____

2. _____

3. _____

(Attach additional pages, if necessary.)

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from high school.

A period of unemployment is any time you did not have a job.

If you were a full-time student or homemaker and did not hold a job, or held only seasonal/temporary jobs, indicate the beginning and ending dates, if applicable. In the column headed "Reason for Being Unemployed", indicate you were a student, homemaker, etc.

Dates of Unemployment	Length of Unemployment	Reason for Being Unemployed
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		

Investigator's Notes: _____

APPLICANT HISTORY WITH OTHER AGENCIES

Have you previously applied with the Greenville Police Dept. or any other law enforcement or fire agency? If yes, complete the following. Do not fail to list any agency regardless of the status. Under the polygraph/psychological evaluation columns write "no" if you did not take a polygraph or psychological evaluation with the listed department. However, if you did take a polygraph/psychological examination with the listed agency indicate that you passed or failed in the respective column. If you believe there are pertinent circumstances related to a failure of a polygraph/psychological examinations please indicate those circumstances on the back of the previous page.

Agency/ City & State	Date	Position	Polygraph (pass/fail)	Psychological Evaluation (pass/fail)	Disposition
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have NEVER applied with another law enforcement or fire agency.

Have you ever been licensed by TCOLE as a peace officer, jailer or telecommunicator?
 yes _____ no _____

If yes what is your PID# _____

BEFORE GOING TO THE NEXT SECTION, BE SURE YOU HAVE NOT FORGOTTEN OR FAILED TO LIST AND DESCRIBE ANY OF THE INFORMATION REQUESTED ABOUT YOUR EMPLOYMENT HISTORY AND APPLICANT HISTORY WITH LAW ENFORCEMENT OR FIRE AGENCIES.

MARITAL & FAMILY HISTORY

(1) Marital Status _____ Married _____ Single
 _____ Engaged _____ Separated
 _____ Divorced (if ever) _____ Widowed

(2) If Married:

Name of Spouse _____

Date of Marriage _____

City & State of Marriage _____

Maiden Name _____

Place of Employment _____

Employment Address _____ Phone (____) _____

E-mail _____

City _____ State _____

(3) If Engaged:

Name of Fiancée _____

Present Address _____ Phone (____) _____

E-mail _____

City _____ State _____

Place of Employment _____

Employment Address _____ Phone (____) _____

City _____ State _____

MARITAL & FAMILY HISTORY (Continued)

(4) If you have ever been divorced, separated or widowed, complete the following:

Spouse's Name (Maiden) _____

Present Address _____ Phone (____) _____

City _____ State _____

E-mail _____

Employment Address _____ Phone (____) _____

City _____ State _____

E-mail _____

Check One: Separated Divorced Annulled Deceased

Date of Order or Decree _____

Court Where Issued _____ State _____

Spouse's Name (Maiden Name) _____

Present Address _____ Phone # (____) _____

City _____ State _____

E-mail _____

Employment Address _____ Phone # (____) _____

City _____ State _____

E-mail _____

Check One: Separated Divorced Annulled Deceased

Date of Order or Decree _____

Court Where Issued _____ State _____

[____] Check this box if you need additional space and continue on the back of the previous page.

HAVE YOU ATTACHED A COPY OF YOUR MARRIAGE CERTIFICATE OR YOUR DIVORCE DECREE?

MARITAL & FAMILY HISTORY (Continued)

List **ALL CHILDREN** related to you or your spouse. This would include natural children, stepchildren and foster children.

Name _____ Relationship _____ Date of Birth ___/___/___

Address _____ Supported by Whom _____

Name _____ Relationship _____ Date of Birth ___/___/___

Address _____ Supported by Whom _____

Name _____ Relationship _____ Date of Birth ___/___/___

Address _____ Supported by Whom _____

Name _____ Relationship _____ Date of Birth ___/___/___

Address _____ Supported by Whom _____

Name _____ Relationship _____ Date of Birth ___/___/___

Address _____ Supported by Whom _____

Name _____ Relationship _____ Date of Birth ___/___/___

Address _____ Supported by Whom _____

Check this box if you need additional space and continue on the back of the previous page.

MARITAL & FAMILY HISTORY (Continued)

List **ALL OTHER RELATIVES** in the following order: father, mother, **step-parents** (include maiden name) brothers and sisters. If deceased, so indicate.

Name _____ Relationship _____

Address _____ City _____ State _____

Home Phone (____) _____ Work Phone (____) _____ Age _____

E-mail _____

Name _____ Relationship _____

Address _____ City _____ State _____

Home Phone (____) _____ Work Phone (____) _____ Age _____

E-mail _____

Name _____ Relationship _____

Address _____ City _____ State _____

Home Phone (____) _____ Work Phone (____) _____ Age _____

E-mail _____

Name _____ Relationship _____

Address _____ City _____ State _____

Home Phone (____) _____ Work Phone (____) _____ Age _____

E-mail _____

[____] Check this box if you need additional space and continue on the back of the previous page.

FINANCIAL HISTORY

(1) What is your present salary or wages? _____

(2) Do you have income from any source other than your principle occupation? _____
If yes, How much _____ How often _____ Source _____

(3) Do you have a bank account? Yes _____ No _____

(4) Name and address of banks in which you have an account (please indicate if checking or savings account).

Bank _____ Checking _____ Savings _____

Address _____ Account # _____

City _____ State _____ Zip Code _____

Bank _____ Checking _____ Savings _____

Address _____ Account # _____

City _____ State _____ Zip Code _____

Bank _____ Checking _____ Savings _____

Address _____ Account # _____

City _____ State _____ Zip Code _____

(5) What is your total family income annually? _____

FINANCIAL OBLIGATIONS

Give names and addresses of the individual companies or others to whom you are indebted. List the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support and any other debts and payments. (Include account numbers where applicable).

TYPE OF ACCT	CREDITOR NAME & ADDRESS	REASON FOR DEBT PURCHASE	ACCOUNT NUMBER	TOTAL BAL	MONTHLY PYMT

FINANCIAL OBLIGATIONS (Continued)

TYPE OF ACCT	CREDITOR NAME & ADDRESS	REASON FOR DEBT PURCHASE	ACCOUNT NUMBER	TOTAL BAL	MONTHLY PYMT

Check this box if you need additional space and continue on the back of the previous page.

PERSONAL, CREDIT, & MARITAL INFORMATION

Personal History

- (1) Print your true legal name _____
- (2) Have you ever used another name, other than a nickname? Yes No
If yes, _____
- (3) Have you deliberately falsified any information on the
Personal History Form? Yes No
- (4) Have you intentionally left any information off of your
Personal History Form? Yes No
- (5) Have you intentionally left any relatives information
off of your Personal History Form? Yes No

Marital Information

- (1) Have you ever been married? Yes No
If so, number of marriages _____
- (2) Are you now married? Yes No
- (3) Are you now or have you ever been divorced or separated? Yes No
- (4) Are you now paying alimony or child support? Yes No
- (5) Are you behind on any required payments to your former?
Spouse or children? Yes No
- (6) Have you ever been filed against for nonpayment of alimony
or child support? Yes No

PERSONAL, CREDIT & MARITAL INFORMATION (Continued)

Credit Information

- (1) Do you have bad credit? Yes No
- (2) Have you ever filed for bankruptcy? Yes No
- (3) Have you ever had a bill turned over for collection? Yes No
- (4) Have you ever been sued because of unpaid bills? Yes No
- (5) Do you have any suits or claims pending against any city, state, or federal institution? Yes No
- (6) Do you owe more money per month than you make per month? Yes No
- (7) Are there any debts or bills you deliberately did not list on your Personal History Form? Yes No
- (8) Have you ever been evicted from a place of residence? Yes No

MILITARY RECORD

1. Have you ever applied to serve in any branch of the armed forces?
Yes No
2. Have you ever served in the armed forces? Yes No
If your answer is yes, complete the following questions in this section.
If your answer is No, proceed to the next page.
If you served multiple enlistments or in different branches, photocopy this page and complete it for each branch.
3. Enlistment date or date applied: _____ Discharge date: _____
Monthly salary at enlistment: _____ Monthly salary at discharge: _____
Branch of Service: _____ Unit Designation: _____
Highest rank held: _____ Nature of Discharge: _____
If you originally received an "Other Than Honorable" discharge, give complete details:

(Attach additional pages, if necessary.)

Were you ever awarded a security clearance? If so, what level: _____
Have you ever been denied a security clearance? Yes **No**
Have you ever violated a government security clearance? Yes **No**

4. Did you ever receive any of the following, regardless of the final disposition?
- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Article XV |
| <input type="checkbox"/> | <input type="checkbox"/> | Court-martial |
| <input type="checkbox"/> | <input type="checkbox"/> | Captain's Mast |
| <input type="checkbox"/> | <input type="checkbox"/> | Company Punishment |
| <input type="checkbox"/> | <input type="checkbox"/> | Letter of Reprimand/Page 11/Other written reprimands |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduction in rank, or any other disciplinary action |
| <input type="checkbox"/> | <input type="checkbox"/> | Confinement |

If you answered yes to any of the above, give complete details (including date, charge, circumstances, etc.) for each disciplinary incident:

(Attach additional pages, if necessary.)

Check the appropriate box:

- I did not receive any disciplinary action in the military.
 I have listed all disciplinary action I received in the military.

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

Check the appropriate box:

- I have listed my entire military history, including all reserve duties.
 I have served in more than one branch of the military, and have continued to list the remainder of my military history on an attached page. I have included ALL information requested for each branch of service.

EDUCATIONAL HISTORY

(1) High School Attended _____ Dates ___/___/___ to ___/___/___
Address _____ Graduated Yes [] No []
City _____ State _____ Zip Code _____

High School Attended _____ Dates ___/___/___ to ___/___/___
Address _____ Graduated Yes [] No []
City _____ State _____ Zip Code _____

List extracurricular activities engaged in while in high school.

List honors and awards received while in high school.

EDUCATION (continued)

(2) College or University Attended _____

Address _____

City _____ State _____ Zip Code _____

Dates Attended ____/____/____ To ____/____/____

Credits Completed _____ Major/Minor _____

Degree received, if any, and date _____

Were you employed on a part-time basis while in college? Yes [] No []
 If so, list the following:

Employer _____ Dates ____/____/____ To ____/____/____

Employer _____ Dates ____/____/____ To ____/____/____

Employer _____ Dates ____/____/____ To ____/____/____

List extracurricular activities engaged in while in college.

List awards received, and offices held while in college.

List other schools attended (trade, vocational, business, etc...) Give name and complete address of schools, dates attended, course of study, certificates and other pertinent information.

Check this box if additional space is needed and continue on the back side of the previous page.

EDUCATION (continued)

College or University Attended _____

Address _____

City _____ State _____ Zip Code _____

Dates attended ____/____/____ To ____/____/____

Credits Completed _____ Major/Minor _____

Degree Received, if any and Date _____

Were you employed on a part-time basis while in college? Yes No

If so, list the following:

Employer _____ Dates ____/____/____ To ____/____/____

Employer _____ Dates ____/____/____ To ____/____/____

Employer _____ Dates ____/____/____ To ____/____/____

List extracurricular activities engaged in while in college.

List awards received, and offices held while in college.

List other schools attended (trade, vocational, business, etc...) Give name and complete address of schools, dates attended, course of study, certificates and other pertinent information.

Check this box if additional space is needed and continue on the back side of the previous page.

HAVE YOU ORDERED YOUR HIGH SCHOOL AND COLLEGE TRANSCRIPTS?

SPECIAL QUALIFICATIONS & SKILLS

(1) List any special license you hold (such as pilot, radio operator, CPR, etc...)
Show license authority, original date of issue & date of expiration.

(2) List any specialized machinery or equipment, which you can operate.

(3) If you are fluent in any foreign language, indicate in each area your degree of fluency. (E = excellent, G = good, F = fair, P = poor)

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THEFT FROM EMPLOYERS

Many people have taken things from a place where they worked which they did not have permission to take. These items may have been cash, merchandise or items borrowed or not returned. The items may have been given to another person or padding of your expense account. The City of Greenville is interested in any incidents of theft or misappropriation from any employer that you may have committed or been involved in.

In addition, we are interested in any other thefts of property you have been involved in while employed. This could include, but is not limited to shoplifting, switching price tags, giving or receiving unauthorized discounts, and receiving stolen property. Do not leave anything out, no matter how insignificant you believe it is.

In the space provided below, list everything you have ever taken, which you did not have permission to take. Please include any items taken such as cash, merchandise, or property. Also include the value, the date items were taken, and the location where the property was taken from.

Items Taken	Value	Date	Location
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have NEVER taken any item from any employer.

BEFORE GOING ON TO THE NEXT SECTION, BE SURE YOU HAVE NOT FAILED TO LIST ANY THEFT FROM AN EMPLOYER THAT YOU MIGHT HAVE COMMITTED.

ARREST, DETENTION, AND LITIGATIONS

READ THESE DEFINITIONS THOROUGHLY!!!!

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

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

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

(1) Have you ever been arrested, detained by police or summoned into court?

Yes No

If yes, complete the following:

Offense charged	Police Agency City & State	Date	Disposition of case
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

(2) Have you ever been involved as a party in any civil suits or litigation, to include divorce, bankruptcy, eviction or child support?

Yes No

If yes, give details:

Check this box if you need additional space and continue on the back of the previous page.

CRIMINAL ACTIVITY

You are applying for a position that requires the trust of the citizens. Consequently the Greenville Police Dept. is interested in your participation in or commission of any crime listed below. We realize it would be a rarity for any applicant to answer "no" to all of these questions, so we place a high degree of value on a person's honesty and integrity in answering the following questions truthfully. If you have committed or participated in any acts listed below, in your lifetime, juvenile or adult, you must check the box indicating participation in the act. Obviously, there are some acts of criminal penalty that may preclude your selection for employment. Again, be sure to acknowledge participation, commission, arrest, conviction or questioning for any of the following acts which occurred.

When you check yes, explain any involvement on the back of the previous page. List question number, approximate age, circumstances, and any values.

(1) Have you ever purposely or negligently caused the death of another human being?
Yes No

(2) Any act of unlawfully abducting another person.
Yes No

(3) Any sexual act after you were age seventeen (17) with another person who was less than seventeen (17) years of age at the time of the act. (Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts or anus of another person.)
Yes No

(4) Any act of exposing your anus or genitals in public.
Yes No

(5) Any act, of assault by physically striking another person, stranger, family member, or others.
Yes No

(6) Any act of cruelty to any creature or animal which results in harm, injury or death, other than legally licensed sport hunting or fishing.
Yes No

CRIMINAL ACTIVITY (Continued)

- (7) Have you ever forced someone to have sexual contact with you against their will?

Yes No

- (8) 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

- (9) Any act involving hurting, harming, abusing, striking, or injuring any person under the age of fifteen (15) years.

Yes No

- (10) Being married to two persons at the same time.

Yes No

- (11) Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, step grandchild or grandchild by adoption, sister or stepsister or brother or stepbrother, niece or nephew, or other family member.

Yes No

- (12) Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment or order of a court disposing of the child's custody.

Yes No

- (13) Any act of causing, planning or starting a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to another person, or a building, habitation, vehicle or property belonging to you which was insured.

Yes No

- (14) Any act involving the intentional damage or destruction of any property belonging to another person.

Yes No

CRIMINAL ACTIVITY (Continued)

- (15) Any act involving the use of a firearm, knife, club, deadly weapon, physical threats or intimidation in order to steal or take property from another person.

Yes No

- (16) 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

- (17) Any act involving breaking into a coin-operated device in order to steal property merchandise, cash or to obtain services.

Yes No

- (18) Any act involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, boxcars, vans or motor homes, in order to steal any cash, property or merchandise.

Yes No

- (19) Any act involving entering or remaining on the property of another, knowing you did not have permission of the owner to do so.

Yes No

- (20) Any act which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, theft by false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft-including making a false claim to an insurance company. This does not include previously mentioned thefts from employers.

Yes No

CRIMINAL ACTIVITY (Continued)

- (21) 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 intent to defraud or harm any person or business.

Yes No

- (22) Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently. Using a credit card without the consent of the person to whom the credit card was issued. Using an expired credit card. Using a fictitious credit card or number. Using a stolen credit card. Any involvement in the manufacture of counterfeit credit cards. Buying a credit card, selling a credit card, forging a signature on a credit card receipt or in any way attempting to commit theft or to steal from anyone by using a credit card.

Yes No

- (23) Any act involving theft of a vehicle, use of a vehicle without the owner's consent or joy-riding in a stolen vehicle.

Yes No

- (24) Any act involving bribing or attempting to bribe any governmental officer or employee.

Yes No

- (25) Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document.

Yes No

- (26) Any act as an adult related to filing a false report to any peace officer.

Yes No

- (27) Any act involving impersonating a peace officer, police officer, law enforcement official or other governmental official.

Yes No

CRIMINAL ACTIVITY (Continued)

- (28) Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself.

Yes No

- (29) Any act involving fleeing from, running from or evading by any means, including on foot or by vehicle, a peace officer who is attempting to arrest, detain or question you or any other person.

Yes No

- (30) Any act involving disturbing the peace, including using abusive, profane or vulgar language to incite a breach of the peace, fighting in a public place, threatening another in a public place or looking into a window or any opening of a building for lewd purposes.

Yes No

- (31) Any act involving the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, device, tape, book or any other item which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretion functions, sadism, masochism or lewd exhibition.

Yes No

- (32) Any act involving engaging in any sexual act, including intercourse, oral intercourse, anal intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value.

Yes No

- (33) Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution.

Yes No

- (34) Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer.

Yes No

CRIMINAL ACTIVITY (Continued)

- (35) Any act of carrying a pistol, switchblade knife or other illegal weapons.
Yes No
-

- (36) Any act involving gambling, except for gambling in a private place in which all persons engaged in gambling have an equal chance of winning or losing and no person receives anything other than his own winnings, including promotion of a gambling house or possessing a gambling device, excluding dice or cards.
Yes No
-

- (37) Any act involving any participation in any criminal enterprise or organized activity, which seems 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
-

- (38) Any act of involvement and/or participation in any type activity which resulted in police investigation, arrest, and/or incarceration (other than traffic). This includes any instance where charges were filed, warrants issued and/ or bond posted.
Yes No
-

- (39) Any act involving making or participation in making any lewd, obscene, or harassing phone calls since the age of seventeen (17).
Yes No
-

- (40) Any act of participation or act that resulted in you being in possession of, receiving, buying, or selling any property that was stolen or you had reason to believe was stolen.
Yes No
-

- (41) Have you ever failed to file or filed a fraudulent income tax return or statement?
Yes No
-

CRIMINAL ACTIVITY (Continued)

(42) Have you ever converted government property to your own use or sold it?
Yes No

(43) Have you ever failed to pay any local, state or federal taxes?
Yes No

(44) Have you ever been indicted by a grand jury?
Yes No

(45) Have you ever been tried or convicted in court for any criminal offense?
Yes No

(46) Have you ever received a probated sentence or non-adjudicated sentence?
Yes No

(47) Have you ever received a final conviction or non-adjudicated probation?
Yes No

(48) Have you ever been sentenced or confined in a city, county, state or federal
penal institution or institution for the criminal insane?
Yes No

(49) Have you ever been arrested for any reason?
Yes No

(50) Have you ever been questioned by the police for a suspected offense?
Yes No

(51) Do you currently live, reside or associate with any relatives, friends or personal
contacts involved in any criminal activity?
Yes No

CRIMINAL ACTIVITY (Continued)

(52) Have you ever stolen or taken part in a theft of state, city or commercial utilities: i.e. water, gas, electric, cable television? Yes No

(53) Do you currently associate or live with anyone who uses marijuana, drugs or narcotics illegally? Yes No

(54) Have you or any member of your family (spouses family) been a member of or associated with:

a) any criminal organization	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) any association that has as its purpose the overthrow of the federal government	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) any street gang or paramilitary organization	Yes <input type="checkbox"/> No <input type="checkbox"/>

In the space provided below, please describe any other criminal activity you have been involved in that was not covered in the questions above. (No matter how minor or severe)

Check this box if you need additional space and continue on the back of the previous page.

BEFORE GOING ANY FUTHER, BE SURE YOU HAVE CHECKED “YES” IN ALL AREAS THAT YOU RECALL HAVING PARTICIPATED IN BY COMMISSION, ARREST, CONVICTION OR BEING QUESTIONED ABOUT.

Check this box if you have **NEVER** been involved in any of the above listed categories of criminal activity.

BEFORE CONTINUING ON IN THE BOOKLET, BE SURE YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU HAVE BEEN INVOLVED.

THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE AGENCY TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED, OCCURRED, SUSPECTED, ARRESTED, OR CONVICTED.

CRIMINAL ACTIVITY ILLEGAL DRUG/SALES

The sale of illegal drugs is common in our society. For the purposes of employment The City of Greenville treats the sale of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (with or without profit to you), delivery of illegal drugs to another person, transporting illegal drugs to be sold, trading illegal drugs for anything of value, manufacturing illegal drugs, and the cultivation of illegal drug plants or any other way being involved in a transaction involving illegal drugs.

In the space provided below, list the type of illegal drug sold, the amount of the illegal drug sold. Your age at the time of selling and the number of times you sold the illegal drug.

TYPE OF DRUG	AMOUNT OF DRUG	AGE AT TIME SOLD	NUMBER OF TIMES SOLD

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have **NEVER** sold or delivered any drug for any reason at all.

BEFORE CONTINUING, BE SURE YOU HAVE LISTED ALL ILLEGAL DRUG SALES IN WHICH YOU EVER RECALL BEING INVOLVED.

THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE AGENCY TO ASK QUESTIONS REGARDING THE TRUTHFULNESS ABOUT THE SALE OF ILLEGAL DRUGS.

CRIMINAL ACTIVITY ILLEGAL DRUG/POSSESSION

In recent years drug usage has become extremely common in our society. The City of Greenville recognizes it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the City be aware of all your past and current **ILLEGAL** drug usage.

Let's discuss what we mean by usage. With drugs such as amphetamines, we are interested in the number of times you have taken one of these pills. With drugs such as cocaine, we are interested in the number of times you have snorted, smoked, or ingested the drug. With marijuana, we are interested in the number of times you have smoked marijuana. This includes a hit, puff, or toke from a joint of marijuana, or eating marijuana brownies. For example, each separate instance of usage, regardless of quantity used or consumed, constitutes "**ONE TIME USED**".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date you used each drug and the last time you used each drug.

You also must explain how you used the drug. If the drug was smoked, snorted, injected, eaten or used in any manner, you must explain how it was used.

When asked to give the maximum number of times you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times and you state you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times you could have used the drug.

Complete the following chart, explaining if you have used each of the drugs mentioned. The first time (month/year) you used the drug. The last time (month/year) you used the drug. The maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate **NEVER** area. Please list only drugs not prescribed to you that you have used. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

ILLEGAL DRUG USAGE

Type of Drug	Period of Usage		Max. Times Used	How Used?	Never Used
	1 st Time	Last Time			
	MTH/YR	MTH/YR			
Marijuana/Synthetic Cannabinoids					
Hashish					
PCP					
Angle Dust					
THC					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamine					
Biphetamine					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin/PBZ					
Speed					
Inhalants					
Meth-Amphetamine					
Psilocybin (mushrooms)					
K2					
Synthetic Cathinones/Bath Salt					

ILLEGAL DRUG USAGE (Continued)

If there are any other illegal drugs you used not listed above, list below.

Others ____/____ ____/____ _____ _____ _____

Others ____/____ ____/____ _____ _____ _____

Others ____/____ ____/____ _____ _____ _____

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have **NEVER** used any of the above listed drugs or any other drug.

BEFORE CONTINUING, THINK CAREFULLY TO INSURE YOU HAVE NOT FORGOTTEN TO LIST ANY ILLEGAL DRUG USAGE, WHICH YOU CAN RECALL.

CRIMINAL ACTIVITY ALCOHOL

While it is not a violation of the law for an adult to possess and use alcohol, it is against the law to operate a motor vehicle (car, truck, motorcycle, boat, and airplane) under the influence of alcohol. Furthermore, it is also unlawful to be intoxicated in public. Normally, 3 or 4 beers, mixed drinks or glasses of wine within an hour of operation of a motor vehicle can/will result in a person meeting the legal criteria for intoxication.

(1) Based on the above criteria, how many times in the last 24 months have you operated any motor vehicle while intoxicated? Number of Times _____

(2) How many times have you been intoxicated in public in the last 24 months? Number of Times _____

(3) When was the last time you were intoxicated in public? Date: ____/____/____

(4) Has your drinking ever affected your job performance? Yes [] No []

If yes, please explain below:

TRAFFIC RECORD

(1) Do you have a valid Texas operator's license? Yes No

(2) Current Drivers License:

State _____ License Number _____ Expiration Date ___/___/___

(3) Has your driver's license ever been suspended? Yes No

(4) With what company do you carry auto insurance?

_____ Policy # _____
 Agent's name _____ Phone # (____) _____

(5) List all traffic citations you have received, including parking tickets.

<u>Month & Year</u>	<u>Charge</u>	<u>Agency</u>	<u>City & State</u>	<u>Disposition</u>
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____

(6) List all traffic warnings you have received.

<u>Month & Year</u>	<u>Charge</u>	<u>Agency</u>	<u>City & State</u>
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____

(7) Describe in a brief narrative any traffic accident, in which you have been involved, include approximate dates and locations.

(8) Have you ever held a drivers license in another state? Yes No
 If yes, what state? _____

(9) Have you ever been arrested for DWI or DUI in this state or any other state or county? Yes No

If yes, give details of the arrest:

REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers:

(1) Name _____ Address _____
City _____ State _____ Zip Code _____

E-mail _____

Home (____) _____ Business (____) _____ Occupation _____

(2) Name _____ Address _____
City _____ State _____ Zip Code _____

E-mail _____

Home (____) _____ Business (____) _____ Occupation _____

(3) Name _____ Address _____
City _____ State _____ Zip Code _____

E-mail _____

Home (____) _____ Business (____) _____ Occupation _____

(4) Name _____ Address _____
City _____ State _____ Zip Code _____

E-mail _____

Home (____) _____ Business (____) _____ Occupation _____

(5) Name _____ Address _____
City _____ State _____ Zip Code _____

E-mail _____

Home (____) _____ Business (____) _____ Occupation _____

PRIOR LAW ENFORCEMENT SERVICE

When you check yes, explain any involvement on the back of the previous page. List question number, approximate age, circumstances, and any values.

Check this box if you have NEVER served in a position as a sworn or commissioned law enforcement officer, sheriff's deputy, State or Federal Agent, commissioned reserved, Jailer or any other position charged and sworn to uphold the law. If you check this box, go to the next section of the booklet.

Check this box if you have had prior law enforcement service and complete the following questions. These questions deal only with your employment as a law enforcement officer or Jailer.

(1) While employed as a law enforcement officer or Jailer, did you ever commit a felony or misdemeanor which would have been punishable by incarceration?

Yes No

(2) While employed as a law enforcement officer or Jailer, have you ever abused a prisoner or violated a prisoner's civil rights?

Yes No

(3) Have you ever been terminated or asked to resign from a position as a law enforcement Officer or Jailer as a result of an internal investigation or allegation of misconduct?

Yes No

PRIOR LAW ENFORCEMENT CONTINUED

(4) While employed as a law enforcement officer or Jailer, have you ever used any illegal drug or legally obtained illegal drug?

Yes No

If yes, explain below:

(5) While employed as a law enforcement officer or Jailer, have you ever confiscated a prisoner's property and made personal use of it?

Yes No

If yes, explain below:

(6) While employed as a law enforcement officer or Jailer, have you ever received any disciplinary action?

Yes No

Have you ever been formally investigated for misconduct?

Yes No

Have you ever received a suspension or any written reprimands? Yes No

If yes, explain below:

(7) While employed as a law enforcement officer or Jailer, have you ever falsified anything in a police report?

Yes No

If yes, explain below:

Yes No

Check this box if you need additional space, and continue on the back of the previous page.

Yes No

Check this box if you have NEVER been involved in any of the above listed acts as a law enforcement officer.

BEFORE CONTINUING, BE SURE YOU HAVE NOT FAILED TO LIST ANY OF THE INFORMATION REQUESTED IN THE PROCEEDING QUESTIONS.

PRIOR LAW ENFORCEMENT CONTINUED

(8) Officers being hired from previous departments:

a. Are you currently on administrative leave or other similar duty status?
Yes No

If yes, explain below:

b. Have you ever been placed on administrative leave or other similar status?
Yes No

If yes, explain below:

c. If the answer to the question a and / or b is yes, please list any and all instances and the circumstances that surround it.

Yes No

If yes, explain below:

d. Are you currently under investigation at your current PD for internal or criminal allegations?

Yes No

If yes, explain below:

Yes No

Check this box if you need additional space, and continue on the back of the previous page.

Yes No

Check this box if you have NEVER been involved in any of the above listed acts as a law enforcement officer.

BEFORE CONTINUING, BE SURE YOU HAVE NOT FAILED TO LIST ANY OF THE INFORMATION REQUESTED IN THE PROCEEDING QUESTIONS.

PAST OR PRESENT ORGANIZATION MEMBERSHIPS

Name: _____ From ____/____ To ____/____

Type (social, fraternal, professional, etc...) _____

Name: _____ From ____/____ To ____/____

Type (social, fraternal, professional, etc...) _____

Name: _____ From ____/____ To ____/____

Type (social, fraternal, professional, etc..) _____

Name: _____ From ____/____ To ____/____

Type (social, fraternal, professional, etc...) _____

Name: _____ From ____/____ To ____/____

Type (social, fraternal, professional, etc...) _____

Name: _____ From ____/____ To ____/____

Type (social, fraternal, professional, etc...) _____

PERSONAL DECLARATIONS

(1) If it became necessary to take a human life in the course of your duties as a Police Officer, would any religious belief prevent you from doing so?
Yes No

If yes, explain below

(2) Do you have any religious or other belief which would prevent you from fully performing the duties of a Police Officer? Including working on weekends, evening, night shift, or any major holiday?
Yes No

If yes, explain below

(3) Are there any incidents in your life or details not mentioned herein which may influence this departments evaluation of your suitability for employment as a Police Officer?
Yes No

If yes, explain below

I hereby certify the information contained in this application is true and correct to the best of my KNOWLEDGE AND BELIEF. I am fully aware any misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

READ, SIGN, AND DATE

All information contained in this booklet is subject to verification. You should stop for a moment and think about your answers to insure you have accurately portrayed all of the requested information. Should you now recall any requested information you did not place in the booklet, go back now and add the information.

All of the information that I have revealed in this booklet is true, correct and complete. I have not withheld, falsified or misrepresented any information requested in this booklet.

Applicant Signature

____/____/____
Date

Sworn to and subscribed before me on the _____ Day of _____, 20____

Notary Public

(SEAL)

**THIS BOOKLET MUST BE NOTORIZED BEFORE IT IS
BROUGHT TO THE CIVIL SERVICE ENTRANCE
EXAMINATION TESTING SITE.**

CITY OF GREENVILLE (POLICE DEPARTMENT)

RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Greenville Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department.

I hereby authorize any representative of the Greenville Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Greenville Police Department, whether said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data to the Greenville Police Department to consider in determining my suitability of employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and my reputation, my military service records, educational records, my financial status, my criminal history, including any arrest records, any information containing investigator files, efficiency ratings, complaints or grievances, files by me or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in, attendance records, polygraph records, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of your organization, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Greenville Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Greenville Police Department's acceptance and processing of my application for employment, I agree to hold the Greenville Police Department, its agents and employees from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Greenville Police Department. I understand that if information of serious criminal nature surfaces as a result of this investigation that information may be turned over to the proper authorities.

I understand my rights under Title V, United States Code, Section 552 a, the Privacy Act of 1974, with regards to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Greenville Police Department in conjunction with employment procedures.

A photo copy or fax copy of this release form will be valid as an original thereof, even though the said copy or fax copy does not contain an original writing of my signature. This waiver is valid for a period of twelve (12) months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against any claims, damages, losses and expenses, including any reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name: _____ Date of Birth: _____ SSN _____ - _____ - _____ Phone # _____

Address: _____
Street City State Zip

Signature: _____ Date: _____

THE STATE OF _____ } COUNTY OF _____ }

Before me _____ on this date personally appeared _____ to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same for the purposes and consideration therein expressed.

(Seal) Given under my hand and seal of office this _____ day of _____, A.D. _____.

Signature of Notary _____

CONFIDENTIAL INFORMATION AGREEMENT FORM

In order to determine your qualifications for this sworn Civil Service position, it will be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, polygraph examination, psychological evaluation, driving history, credit report, and other confidential documents. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be so notified.

This agreement is not to be in conflict with State Civil Service Rules, and such Rules shall be the governing policy as long as the Civil Service Rules are in effect.

I have read the above statement and fully understand its meaning and agree with its provisions.

Applicant Name (Print)

Applicant Signature

Date

Sworn and subscribed before me, a Notary Public for the State of _____ this the _____ day of _____.

(Seal)

Notary Signature

My Commission expires: _____

QUALIFICATION INQUIRY

Within ten (10) working days of receipt, you are required to complete this Qualification Inquiry and provide it to the Police Personnel Officer. In completing this form, you are advised that:

- (A) The purpose is to obtain information which will assist in determining whether personnel reassignments and/or administrative actions are warranted.
- (B) You have a duty to complete this form. Agency disciplinary actions, including dismissal, may be undertaken if you refuse to answer, or if you fail to reply fully and truthfully.
- (C) Neither your answers nor any information or evidence gained by reason of your answers can be used against you in a criminal prosecution for a violation of Title 18, U.S. Code Section 922(g)(9). However, the answers you furnish and any information or evidence resulting there from may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary hearings.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute (18 U.S.C. Sec 922(g))? The term misdemeanor crime of violence means an offense that:

- (a) is a misdemeanor under Federal or State law, and (b) has as an element the use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Initial and date: YES _____ NO _____

2. If you answered Yes to the first question, provide the following information with respect to the conviction:

Court/Jurisdiction: _____
Docket/Case Number _____
Status/Charge _____
Date Sentenced _____

Obtain a certified copy of judgments and offense reports within 15 days and submit it to your superior.

I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal, and is also criminally punishable pursuant to Federal law, including 18 U.S.C. Sec 1001.

Name and Title _____
(print or type)

Agency _____ Date _____

Signature