

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

Cell # \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Work # \_\_\_\_\_

\_\_\_\_\_

Home # \_\_\_\_\_

# Personal Information and History Packet



**Victoria Police Department  
Recruitment and Training Unit  
361-485-3799**

# Instructions

## Read these instructions carefully before proceeding

These instructions are provided as a guide to assist you in properly completing your Personal Information and History Packet. It is essential that all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility for employment.

1. Your Personal Information and History Packet, and any additional explanation pages, should be typed or printed legibly in ink. Documents submitted in pencil will be returned as unacceptable. Other required documents are found in the online job posting and/or on the “Document Checklist” provided on page 4 of this packet.
2. Do not falsify, lie, misrepresent, leave out or neglect to mention any information about your background, no matter how insignificant you believe it is. You are not expected to be perfect, but you are expected to be honest. Be completely open and truthful in all your responses.

An accurate and complete Personal Information and History Packet will expedite your background investigation. You will have ample opportunity to explain any information that was requested. Any false statement knowingly made in answering the questions is cause for removal from the application process; eligibility list; discharge during or after probation; and ineligibility for any future application opportunities with the Victoria Police Department.

3. If a question is not applicable to you, enter N/A in the space provided. It is acceptable to place N/A once for an entire section, if the entire section is not applicable (example: Prior Law Enforcement Employment).
4. Avoid errors by reading the directions carefully before making any entries on the form.
5. You are responsible for obtaining correct information (addresses, email accounts, and telephone numbers, etc.) You must supply all requested information to complete your Personal Information and History Packet. The Police Department will not be responsible for acquiring information. However, do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.
6. As you complete your Personal Information and History Packet, carefully consider each question. It is imperative that you answer each question accurately and thoroughly. Certain responses will prompt you for additional information and you will be required to “explain.” When an explanation is requested, a detailed explanation is required for each instance, no matter how insignificant the event was or how long ago it may have occurred.

If there is not enough room for an explanation in the space provided, then all responses should be included on the final two pages of this packet or attached in a separate document. All additional explanations shall be in the same order as addressed in the packet. You must include your name at the top of each additional page which you have added to this packet.

Each response on additional pages must reference the appropriate section of this Personal Information and History Packet, and the corresponding page number and question number before continuing your answer. (Example: Arrest/Litigation – Page 24, Question #5, followed by your detailed explanation).

7. The Document Checklist (page 4 of this packet) is included as a guide for you to gather the documents required for the position for which you are applying. A representative from the City of Victoria Human Resources Office and/or the VPD Training Unit will complete the “For Department Use Only” portion of this form once you have submitted your packet.
8. The following documents must be signed in front of a Notary:
  - Confidential Information Agreement Form (Page 5 of this packet – all applicants)
  - City of Victoria Personal History Statement – Authorization for Release of Personal Information (Page 6 of this packet – all applicants)
  - Texas Commission on Law Enforcement (TCOLE) form – Authority to Release Information (Page 7 of this packet - Police Officer applicants only)

Notaries are available at the Victoria Police Department and City Secretary’s Office. Contact the VPD Training Unit at 361-485-3799 if assistance is needed.

These forms may be filled out and signed on the day you take a written test with the VPD.

For those applicants that pass the written test, please have all other required documents on the Document Checklist ready to turn in on the date of your scheduled VPD Review Board interview. All Victoria Police Department entry level positions require a VPD Review Board. The written test and Review Board may or may not occur on the same day. Your background process will not begin until all of these forms have been completed and turned in.

10. This Personal Information and History Packet is due on or before the date of your scheduled VPD Review Board after passing the written test.

If you have any questions regarding the online application process, contact the City of Victoria, Human Resources Office at 361-485-3500 or by emailing it to [HR@victoriatx.org](mailto:HR@victoriatx.org).

11. Applicants may be disqualified for:
  - Failure to meet established deadlines
  - Not meeting the minimum standards as set out by the City of Victoria
  - Not meeting the minimum standards set out by TCOLE, as applicable
  - Refusal or failure to provide requested documents
  - Willful deceit and/or furnishing false or misleading information in the application, Personal Information and History Packet, or during the hiring process
  - Failure to complete the entire application including the Personal Information and History packet



# Victoria Police Department Training Unit



## Document Checklist for Police Positions

For selected applicants who pass the written test, all other required documents that apply listed on this Document Checklist must be turned in on or before the date of your scheduled VPD Review Board. Your background process will not begin until all of these forms have been turned in.

This form is provided as a guide for applicants to gather the documents required for the position for which they are applying. *This form is to be completed by City of Victoria personnel only.*

| Required Documents   | For Department Use Only   |
|--|---|
| <b>Documents for Human Resources</b>   | <b>Document Submitted</b>   |
| VPD Personal Information and History Packet (This Packet)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>Documents for Background Investigation</b>  | <b>Document Submitted</b>   |
| Confidential Information Agreement Form<br>(Notarized) (Included in the Personal Information and History Packet)   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| City of Victoria Personal History Statement<br>(Notarized) (Included in the Personal Information and History Packet)                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Authority to Release Information – TCOLE form<br>(Police Officer Applicants Only)<br>(Notarized) (Included in the Personal Information and History Packet) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Birth Certificate  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| High School Diploma/GED Certificate  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| High School Transcript   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| College Transcript   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| College Diploma  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| TCOLE License  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| TCOLE Exam Results (if known)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| TCOLE F5-R (Pre-Employment Request)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Training Certificates  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Copy of Driver's License   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Copy of Social Security Card   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Police Academy Diploma   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Military Discharge/DD214   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

# Confidential Information Agreement Form

In order to determine your qualifications for this 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, psychological evaluation, driving history, credit report, other confidential documents and possibly a polygraph examination. In addition, confidential information will be sought from previous employers and other persons with whom you have been associated. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

If you are rejected for cause, you will be notified by the Victoria Police Department. You will also be notified if the reason(s) for your non-acceptance is of a temporary reconcilable nature, or permanent disqualification.

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

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STATE OF TEXAS

COUNTY OF: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.  
Date (Name of person signing)

SEAL

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

**CITY OF VICTORIA  
PERSONAL HISTORY STATEMENT**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, (print full name)\_\_\_\_\_ do hereby authorize a review of full disclosure of all records concerning myself to any duly authorized agent of the City of Victoria, whether the said records are of a Criminal, Public, Private, or Confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records held by any Law Enforcement Agency, authorization to release any record maintained by them, but not limited to Records of Arrest and or conviction, or those relating to traffic violations, records of the U.S. Army, U.S. Air Force, U.S. Navy, U.S. Marine Corps, or the U. S. Coast Guard; educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me that the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Victoria. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

**CONSUMER/CREDIT REPORT AND MOTOR VEHICLE RECORD ACKNOWLEDGEMENT:**

I understand that a copy of my consumer report, credit report and/or my motor vehicle record may be used for consideration in determining my suitability for employment by the City of Victoria.

I understand that by signing this form I am giving a representative of the City of Victoria my authorization to obtain a copy of my consumer report, credit history and/or my motor vehicle record or to use a copy provided by me.

I also understand that if the City of Victoria intends to take adverse employment action based on the consumer report, credit report and/or motor vehicle record, that I will be notified as set out in the Fair Credit Reporting Act.

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

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

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

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.  
(date) (name of person signing acknowledgement)

SEAL \_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

**Victoria Police Department**

(Name of Law Enforcement Agency)

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Victoria Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_ .

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# Personal Information

*The information in this packet is requested for purposes of contacting you, identification, verification and performing criminal history checks as needed.*

Your true and legal name: \_\_\_\_\_  
First – Middle – Last

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

Other Names (including nicknames you have ever used): \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address including City, State, Zip

Mailing Address if different: \_\_\_\_\_

Telephone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen:  Yes  No

Place of Birth (include city and state): \_\_\_\_\_

Drivers License: \_\_\_\_\_  
Driver's License Number, State of Issuance and Expiration

Concealed Handgun License: \_\_\_\_\_  
Concealed Handgun License Number, State of Issuance and Expiration

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars – describe: \_\_\_\_\_

Tattoos – describe: \_\_\_\_\_

Other Identifying Marks: \_\_\_\_\_

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

Any Additional Emails (include active and inactive accounts): \_\_\_\_\_

Do you utilize a social networking site or multiple social networking sites?.....  Yes  No

List all social networking sites you use, including your "User Name": \_\_\_\_\_

Do you currently, or have you ever had any issues with anger management?.....  Yes  No

If yes, explain: \_\_\_\_\_



# Personal Interests

1. If you have ever been a member of social, fraternal, or professional organization, please list below. This should include civic groups, fraternities and sororities.

| Name of Organization | Office(s) Held | Dates of Membership |    |
|----------------------|----------------|---------------------|----|
|                      |                | From                | To |
|                      |                |                     |    |
|                      |                |                     |    |
|                      |                |                     |    |
|                      |                |                     |    |
|                      |                |                     |    |
|                      |                |                     |    |

2. What hobbies do you enjoy?

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3. What computer programs (software) are you familiar with using?

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4. List any foreign languages that you are able to use and describe your degree of proficiency?

| Language | Understand | Speak | Read | Write |
|----------|------------|-------|------|-------|
|          |            |       |      |       |
|          |            |       |      |       |
|          |            |       |      |       |
|          |            |       |      |       |

# Family and Marital History

Check your current status:

Single/Widowed     Dating Relationship     Engaged     Married     Separated/Divorced

**1. If you are Dating, Married or Separated:**

Name of Spouse or person in Dating Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Married or beginning of relationship: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address including City, State, Zip

Telephone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer and Work Address: \_\_\_\_\_

**2. If you are Engaged to be Married:**

Name of Fiancé: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address including City, State, Zip

Telephone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer and Work Address: \_\_\_\_\_

**3. If you are Divorced:**

How many times have you been divorced? \_\_\_\_\_. If more than once, please include all the information below regarding other former spouses on the last two pages of this packet or additional pages.

Former Spouse's Current Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Divorce Decree Issued: \_\_\_\_\_ County/State Decree was Issued: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address including City, State, Zip

Telephone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer and Work Address: \_\_\_\_\_

**4. If you are Widowed:**

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**5. All Applicants:**

a. Have you intentionally left any relatives names out of this packet?.....  Yes  No

If yes, explain: \_\_\_\_\_

b. Are you paying child support? .....  Yes  No

c. Are you behind on any required payments to your former spouse or children? .....  Yes  No

If yes, explain: \_\_\_\_\_

# Family Information

1. List all children related to you or your spouse (Natural / Step / Adopted / Foster):

| Child's Full Name | Birth Date | Relationship to You | Complete Address |
|-------------------|------------|---------------------|------------------|
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |
|                   |            |                     |                  |

2. List other family members including those related by marriage. (If deceased, indicate)  
 Include: Father, Mother, Brothers, Sisters (including step and half); Father-In-Law, Mother-In-Law.

| Name | Relationship to You | Email Address | Complete Address and Phone |
|------|---------------------|---------------|----------------------------|
|      |                     |               |                            |
|      |                     |               |                            |
|      |                     |               |                            |
|      |                     |               |                            |
|      |                     |               |                            |
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|      |                     |               |                            |
|      |                     |               |                            |
|      |                     |               |                            |
|      |                     |               |                            |

3. If you currently reside with any person(s), other than family members, list:

| Name / Date of Birth | Phone / Email | Length of Time Living Together |
|----------------------|---------------|--------------------------------|
|                      |               |                                |
|                      |               |                                |
|                      |               |                                |
|                      |               |                                |
|                      |               |                                |
|                      |               |                                |
|                      |               |                                |
|                      |               |                                |

4. Please list any person with whom you have resided in the past **five years** other than family members:

| Name / Date of Birth | Phone / Email | Length of Time Lived Together |
|----------------------|---------------|-------------------------------|
|                      |               |                               |
|                      |               |                               |
|                      |               |                               |
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|                      |               |                               |
|                      |               |                               |
|                      |               |                               |

# Residence History

List all addresses where you have lived during the past five years (regardless of how brief).  
Begin with your current address.

1.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

2.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

3.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

4.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

5.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

# Residence History Continued

6.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

7.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

8.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

9.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

10.

Address of Residence: \_\_\_\_\_  
Street Address including City, State, Zip

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_  Owned  Rented

If Rented, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street Address including City, State, Zip

# Financial Information

1. Have you ever been turned over to a collection agency for failing to pay a bill?..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever filed for bankruptcy?..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been sued because of unpaid bills?..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any suits or claims pending against any city, state, or federal institution?..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any credit problems/issues that have not previously been addressed? ..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Since the age of 17, have you ever been evicted from a residence? ..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever owned property that was repossessed? ..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. Have your wages ever been garnished? ..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been delinquent on income or other tax payments?..... Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

# Financial Information Continued

| Current Monthly Income                           | Totals    | Current Monthly Expenditures                          | Totals    |
|--|-----------|---|-----------|
| Your Monthly Salary                              |           | Real Estate Payments (Mortgage or Rent)               |           |
| Spouse's Monthly Salary                          |           | Auto Payments   |           |
| Other Sources of Income – List:                  |           | Child Support   |           |
|  |           | Insurance (Home, Auto and Medical)                    |           |
|  |           | Credit Cards – Total Monthly Expenses                 |           |
|  |           | Utilities   |           |
|  |           | Food  |           |
|  |           | Gasoline  |           |
|  |           | Entertainment, etc.                                   |           |
|  |           | Other   |           |
|  |           |   |           |
|  |           |   |           |
| <b>TOTAL MONTHLY INCOME</b>                      | <b>\$</b> | <b>TOTAL MONTHLY EXPENDITURES</b>                     | <b>\$</b> |
| Current Assets                                   | Totals    | Current Liabilities                                   | Totals    |
| Checking Accounts                                |           | Real Estate Indebtedness (Total Amount Owed)          |           |
| Savings Accounts                                 |           | Auto Loans (Total Amount Owed)                        |           |
| Real Estate                                      |           | Long-Term / Personal / Student Loans                  |           |
| Auto   |           | Credit Cards (Total Amount Owed)                      |           |
| Recreational Vehicles (Boats / ATVs / etc)       |           | Charge Accounts<br>(Store Accounts, Rent-to-Own, etc) |           |
| Stocks and Bonds                                 |           | Other Liabilities – Describe Below                    |           |
| Life Insurance (Cash value of whole life policy) |           |   |           |
| Other Assets – Describe Below:                   |           |   |           |
|  |           |   |           |
|  |           |   |           |
|  |           |   |           |
| <b>TOTAL ASSETS</b>                              | <b>\$</b> | <b>TOTAL LIABILITIES</b>                              | <b>\$</b> |





# Military History

1. Have you registered for selective service?.....  Yes  No  N/A
2. Have you ever been in the military service including a reserve component?.....  Yes  No
- If yes, continue answering other items on this page. If no, proceed to the next page.

| Branch of Service | Dates<br>To / From | Pay Grade<br>Highest | Discharge | Job Title | Type of Discharge |
|-------------------|--------------------|----------------------|-----------|-----------|-------------------|
|                   |                    |                      |           |           |                   |
|                   |                    |                      |           |           |                   |
|                   |                    |                      |           |           |                   |
|                   |                    |                      |           |           |                   |

3. Are you eligible for reenlistment? .....  Yes  No
- If no, explain: \_\_\_\_\_

4. Last duty station: \_\_\_\_\_

5. Are you:  Active  Standby  Inactive  IRR
- Organization / Station / Unit and Location: \_\_\_\_\_

6. Have you ever been rejected by any branch of the US Armed Forces?.....  Yes  No
- If yes, explain: \_\_\_\_\_

7. Have you ever been AWOL? .....  Yes  No
- If yes, explain: \_\_\_\_\_

8. Were you discharged prior to the end of your tour of duty?.....  Yes  No
- If yes, explain: \_\_\_\_\_

9. Were you ever disciplined under UCMJ (e.g. Article 15, Capt. Mast, Page 11, N.J.P., Letter of Comment, Letter of Counsel, etc.)?.....  Yes  No
- If yes, explain: \_\_\_\_\_

10. While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court of Summary, Special or General court martial? .....  Yes  No
- If yes, explain: \_\_\_\_\_

# Law Enforcement Training

1. Do you have any specialized training, experience or ability which you think would be of value to law enforcement service? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

2. Do you have a PID number from TCOLE? .....  Yes  No

If yes, provide the number: \_\_\_\_\_

3. If you have attended any other type of Law Enforcement training to include, Police Academy, Telecommunications, Crime Scene Technician training, etc, then complete the remainder of this page.

| Police Academy or other Specialized Law Enforcement Related Training |                           |                              |
|--|---------------------------|------------------------------|
| Name of School<br>City / State                                       | Dates Attended<br>From/To | Diploma / Certificate Earned |
|  |                           |                              |
|  |                           |                              |
|  |                           |                              |
|  |                           |                              |

4. Do you have a certificate of completion from a Police Academy (BPOC)?.....  Yes  No

5. If you are a current Texas peace officer, which certificate do you hold?

Basic     Intermediate     Advanced     Master

6. If you have graduated from a Police Academy, indicate all the certificates you possess:

OC Spray     Taser     Police Driving     SFST     Baton/Defensive Tactics  
 CIT     Radar     NCIC/TCIC Less Than Full Access     Other, please list:

\_\_\_\_\_  
 \_\_\_\_\_

7. Do you have a certificate of completion from a Basic Telecommunicator Course?.....  Yes  No

8. If you have Telecommunicator training, indicate all the certificates you possess:

Basic     Intermediate     Advanced     TLETS     NCIC/TCIC Full Access  
 Other, please list: \_\_\_\_\_

\_\_\_\_\_

# Applications with Law Enforcement Agencies

If you have previously applied with the Victoria Police Department or other law enforcement agencies for any position (including all city, county, state and federal agencies, and any position such as officer, detention officer, dispatcher, etc.), please complete the following. Do not fail to list any, regardless of the status of your application. *(Add additional pages if needed)*

Check this box if you have **NEVER** applied with a law enforcement agency.

**If you checked the above box, proceed to the next section on page 22.**

1. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew

If you were rejected or withdrew, explain: \_\_\_\_\_

\_\_\_\_\_

2. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew

If you were rejected or withdrew, explain: \_\_\_\_\_

\_\_\_\_\_

3. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew

If you were rejected or withdrew, explain: \_\_\_\_\_

\_\_\_\_\_

4. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew

If you were rejected or withdrew, explain: \_\_\_\_\_

\_\_\_\_\_

5. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew

If you were rejected or withdrew, explain: \_\_\_\_\_

\_\_\_\_\_

# Applications with Law Enforcement Agencies Continued

6. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew  
If you were rejected or withdrew, explain: \_\_\_\_\_  
\_\_\_\_\_

7. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew  
If you were rejected or withdrew, explain: \_\_\_\_\_  
\_\_\_\_\_

8. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew  
If you were rejected or withdrew, explain: \_\_\_\_\_  
\_\_\_\_\_

9. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew  
If you were rejected or withdrew, explain: \_\_\_\_\_  
\_\_\_\_\_

10. Agency Name: \_\_\_\_\_ Approximate Date of Application: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Disposition:  Hired  Not Selected  Not Contacted  Rejected  Withdrew  
If you were rejected or withdrew, explain: \_\_\_\_\_  
\_\_\_\_\_

*(Add additional pages if needed)*

# Prior Law Enforcement Employment

If you have **ever** been previously employed with a law enforcement agency, beginning with your present or most recent job, list all jobs you have had at these agencies. This includes all full time, part time, reserve, intern or volunteer work, regardless of the length of employment. Attach additional pages if necessary. **If you have been terminated or asked to resign, or are not eligible for re-hire, explain in detail these circumstances.**

If none, check "Not Applicable" to the right and proceed to page 24.  Not Applicable

1. Agency Name: \_\_\_\_\_ Dates Employed (From/To): \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address including City, State, Zip

Type:  Full Time  Part Time  Reserve  Intern  Volunteer

Position(s) Held with the Agency and Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving:  Resigned  Laid Off  Terminated  Other

Explain: \_\_\_\_\_

2. Agency Name: \_\_\_\_\_ Dates Employed (From/To): \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address including City, State, Zip

Type:  Full Time  Part Time  Reserve  Intern  Volunteer

Position(s) Held with the Agency and Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving:  Resigned  Laid Off  Terminated  Other

Explain: \_\_\_\_\_

3. Agency Name: \_\_\_\_\_ Dates Employed (From/To): \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address including City, State, Zip

Type:  Full Time  Part Time  Reserve  Intern  Volunteer

Position(s) Held with the Agency and Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving:  Resigned  Laid Off  Terminated  Other

Explain: \_\_\_\_\_

# Prior Law Enforcement Employment Continued

4. Agency Name: \_\_\_\_\_ Dates Employed (From/To): \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address including City, State, Zip

Type:  Full Time  Part Time  Reserve  Intern  Volunteer

Position(s) Held with the Agency and Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving:  Resigned  Laid Off  Terminated  Other

Explain: \_\_\_\_\_

5. Agency Name: \_\_\_\_\_ Dates Employed (From/To): \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address including City, State, Zip

Type:  Full Time  Part Time  Reserve  Intern  Volunteer

Position(s) Held with the Agency and Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving:  Resigned  Laid Off  Terminated  Other

Explain: \_\_\_\_\_

6. Agency Name: \_\_\_\_\_ Dates Employed (From/To): \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address including City, State, Zip

Type:  Full Time  Part Time  Reserve  Intern  Volunteer

Position(s) Held with the Agency and Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving:  Resigned  Laid Off  Terminated  Other

Explain: \_\_\_\_\_

*(Add additional pages if needed)*

# Arrest / Litigation

1. Have you ever been arrested? .....  Yes  No

**Note:** If you have only been arrested for charges that were expunged, select “No” above. This includes any arrest (including traffic arrests), as an adult or juvenile, even if the charges were dropped or you received deferred adjudication. However, a noted exception to this question is in the event you have an expunged arrest record, then you would not list those related events.

Explain **any** arrests for which you answered “Yes”:

| Approximate Date | Police Agency | Arrest Charges / Circumstances |
|------------------|---------------|--------------------------------|
|                  |               |                                |
|                  |               |                                |
|                  |               |                                |
|                  |               |                                |

2. Have you been Charged/Filed-on with an offense regardless of the disposition? .....  Yes  No

**Note:** This is regarding charges being filed without an arrest mentioned above (including juvenile charges). However, a noted exception to this question is in the event you have an expunged record, then you would not list those related events.

| Approximate Date | Police Agency | Charges / Circumstances |
|------------------|---------------|-------------------------|
|                  |               |                         |
|                  |               |                         |
|                  |               |                         |
|                  |               |                         |

3. Have you ever been required to appear in civil court, criminal court or court for non-payment of child support? .....  Yes  No

If yes, explain: \_\_\_\_\_

4. Have you ever been a party to a Protective Order?.....  Yes  No

If yes, explain: \_\_\_\_\_

5. Have you ever been a party to a Restraining Order? .....  Yes  No

If yes, explain: \_\_\_\_\_

6. Have you ever been involved in any type of lawsuit? .....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_



# Driving Record

1. Do you possess a valid driver's license?.....  Yes  No

If no, explain: \_\_\_\_\_

2. Have you ever had a driver's license suspended?.....  Yes  No

If yes, explain: \_\_\_\_\_

3. Do you have a valid driver's license in more than one state?.....  Yes  No

If yes, list the State(s) and license number(s): \_\_\_\_\_

4. List **ALL** traffic citations which you have received in the past **five years** (excluding parking citations):

| Approximate Date | Violation | Issuing Law Enforcement Agency | Disposition |
|------------------|-----------|--------------------------------|-------------|
|                  |           |                                |             |
|                  |           |                                |             |
|                  |           |                                |             |
|                  |           |                                |             |
|                  |           |                                |             |
|                  |           |                                |             |
|                  |           |                                |             |
|                  |           |                                |             |

5. List the current liability insurance you have with your motor vehicles.

| Company Name / Address / City/ State/ Zip | Policy Number | Expiration Date |
|---|---------------|-----------------|
|   |               |                 |
|   |               |                 |
|   |               |                 |
|   |               |                 |

6. If you do not currently have motor vehicle liability insurance, are you bonded or have you deposited \$55,000 to meet your motor vehicle financial responsibilities?  Yes  No  N/A

If yes, indicate how you are bonded:  Surety Bond  Deposit of Cash or Securities with Comptroller

Deposit of Cash or Cashier's Check with County Judge  Self-Insurance

# Driving Record Continued

7. List **ALL** traffic accidents in which you have been involved as the driver, in the last **three years**, regardless of whether the accident was reported or placed on your record.

| Date | City / State | Was a Police Report Made?                                | Was the Accident Determined to be Your Fault?            |
|------|--------------|--|--|
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. In any of the accidents listed above, were you driving under the influence of alcohol or drugs? If yes, explain in item 9 below. ....  Yes  No

9. Use the following space to provide any additional comments regarding your driving record or the traffic accidents mentioned above:

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# Criminal Activity

The questions in this section apply to you and to any members of your family, your spouse's family, your current household, and/or your current boyfriend/girlfriend.

1. Have you or any of the persons listed above ever been a member of, or associated with:
  - a. Any criminal organization? .....  Yes  No
  - b. Any group whose purpose is to overthrow the government? .....  Yes  No
  - c. Any street gang? .....  Yes  No
  - d. Any group that advocates racial or sexual discrimination? .....  Yes  No
  - e. Any terrorist cell or organization? .....  Yes  No

**If you answered yes to any of the above questions, explain in detail at the end of this packet.**

2. Have any of the persons listed above (other than you) ever been arrested, charged, convicted, or imprisoned for a crime? .....  Yes  No

If you answered yes to this question, complete the following:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Type of Crime:  Misdemeanor  Felony Charge: \_\_\_\_\_

*(Add additional pages if needed)*

# Involvement with Illegal Drugs

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; the cultivation of illegal drugs for anything of value; manufacturing illegal drug plants or in any other way being involved in a transaction involving illegal drugs.

1. Have you ever been involved in the sale or delivery of any illegal drug(s) to another person with or without a profit to you? .....  Yes  No

If yes, in the space provided below, please list the type of illegal drug sold, the amount of the illegal drug sold, your age at the time, and the number of times you sold the illegal drug.

| Type of Drug Sold | Amount of Drug Sold | Your Age at the Time | Number of Times Sold |
|-------------------|---------------------|----------------------|----------------------|
|                   |                     |                      |                      |
|                   |                     |                      |                      |
|                   |                     |                      |                      |
|                   |                     |                      |                      |

2. Have you ever transported any illegal drugs across a state or United States border?.....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever transported any illegal drug as a favor to someone else, or helped in any manner to deliver any illegal drug(s)? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever participated in the manufacture of any illegal drug(s).....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever cultivated or grown any illegal drug or substance? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

# Illegal Drug Usage

It is important the Department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with **illegal** drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used.”

Regarding **any** of your **illegal** drug usage, in the table below and on the next page, answer to the best of your ability, approximately the first and last time you used the drug. Also give the approximate (maximum) number of times you ever used that particular drug (regardless if the drug had any effect). If you would like to comment, there is space provided on the next page.

**If you have never used the particular drug, then check “No.” If you were prescribed the particular drug by a physician, then also check “No.”**

| DRUG  | Ever Used Without Prescription?                          | Time Frame Used (Approximate Date Range) |                    | Approximate Number of Times Used |
|---|--|--|--------------------|----------------------------------|
|   |  | Date Began Using                         | Date Stopped Using |                                  |
| PCP, Sherm  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Angel Dust  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| THC   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Marijuana   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Hashish   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| LSD, Acid   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Peyote  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Mescaline   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Heroin, Opium                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Cocaine (powder)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Crack Cocaine (rock)                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Quaaludes   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Downers   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Tranquilizers                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Amphetamines, Meth, Methamphetamines /Speed/Crank | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |

| DRUG  | Ever Used Without Prescription?                          | Time Frame Used (Approximate Date Range) |                    | Approximate Number of Times Used |
|---|--|--|--------------------|----------------------------------|
|   |  | Date Began Using                         | Date Stopped Using |                                  |
| Biphphetamine   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Ecstasy/XTC/Ice   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Ketamine (Special K)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| GHB   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Preludin  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Dilaudid  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Talwin/PBZ  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Mushrooms, Psilocybin   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Designer Drugs  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Anabolic Steroids   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Rohypnol (date rape drug)                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Xanax   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |
| Inhalants (glue, paint, freon, gasoline, nitrous oxide, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                                  |

**1. List any additional drug(s) you have used illegally, but have not listed above and explain:**

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**2. Use the following space to provide any comments regarding your illegal drug use:**

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# Personal References

List **five (5)** persons that can provide current information about you. **Do not list relatives, past or present employers, or acquaintances involved in law enforcement.**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

5. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

# Additional Questions

1. Are you acquainted with any past or present employees of the Victoria Police Department? ....  Yes  No  
If yes, whom? \_\_\_\_\_

\_\_\_\_\_

2. Working at the Victoria Police Department may require working irregular hours, i.e. evenings, nights, weekends and holidays. Will this be a problem? .....  Yes  No  
If yes, explain: \_\_\_\_\_

3. Have you deliberately falsified any information in your online application or in this Personal Information and History Packet?.....  Yes  No

4. Have you intentionally left any information out of your online application or in this Personal Information and History Packet?.....  Yes  No  
If yes, explain? \_\_\_\_\_

\_\_\_\_\_



# **Additional Explanations or Comments**

**Use the following two pages to further clarify any items throughout this application packet. You may also use this space to supply any additional information that you feel would be pertinent to your application or helpful to the background investigator. Use additional pages as needed.**

# Additional Explanations or Comments Continued

*(Add additional pages if needed)*

I acknowledge with my signature below that I may be removed from the hiring process for the following reasons:

- Failure to meet established deadlines
- Not meeting the minimum standards as set out by the City of Victoria
- Not meeting the minimum standards set out by TCOLE, as applicable
- Refusal or failure to provide requested documents
- Willful deceit and/or furnishing false or misleading information in the application, Personal Information and History Packet, or during the hiring process
- Failure to complete the entire application form and Personal Information and History packet

I represent and certify that the answers I have made to each and all of the foregoing questions on this Victoria Police Department Personal Information and History Packet are true and correct to the best of my knowledge. I acknowledge that any false statement knowingly made in answering the questions is good cause for removal from the application process; eligibility list; discharge during or after probation; and ineligible for any future applications with the Victoria Police Department.

Fill in the “Applicant Name (Printed)” and “Date Submitted” below. If you are selected to continue in the hiring process, you will then be asked to sign this document in front of a City of Victoria Police Department or Human Resources employee.

---

**Applicant Name (Printed)**

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**Applicant Signature**

---

**Date Submitted**

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**Date Signed**