



SHERIFF BRIAN THOMAS
TELEPHONE (806) 379-2900



608 S. PIERCE
AMARILLO, TX 79101

APPLICANT MINIMUM REQUIREMENTS

Prior to being considered for employment by the potter county sheriff’s department, an applicant must meet the following requirements.

- Must be 18 years of age.
- U.S. citizen and a resident of the contiguous United States for a period of time sufficient to conduct a comprehensive background investigation. Consideration given for military, overseas assignments.
- Must have a High School Diploma or G.E.D.
- Pass all phases of the applicant testing process.
- Valid Texas driver’s license and proof of liability insurance.
- No more than (3) three moving traffic violations with an (12) twelve month period preceding the date of application.
- No felony or class A misdemeanor convictions. No class B misdemeanor convictions within the past ten years preceding the date of application.
- Previous military personnel must not have been convicted of any court-martial higher than a summary. Applicants with previous military service must submit a DD214 copy.
- Stable credit history
- Must provide copy of driver’s license, social security card, and certified copy of birth certificate.
- Pass a medical evaluation to include psychological testing.
- Pass a pre-employment drug test, and be drug free as part of condition of employment.

Attachments and release forms must be notarized where specified before return. Failure to do so may result in application being disqualified from further consideration.

This sheet is to be attached to the front of your application when you turn it in.

Applicant Name: _____

Attached to the last page of the application are the following:

Copy of Drivers License: _____

Copy of Social Security Card: _____

Copy of Auto Insurance Card: _____

Copy of High School Diploma or GED: _____

Copy of Birth Certificate (original at time of employment): _____

Copy of DD214: _____

Applicant Signature: _____ **Date:** _____

POTTER COUNTY SHERIFF'S DEPARTMENT

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. **Answer all questions honestly & fully.**
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.
4. You are responsible for obtaining correct addresses, including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will expedite your investigation. **On the other hand, deliberate omissions or falsifications will result in disqualification.**
7. This Personal History Statement must be filled out completely and returned with the complete application and all additional forms, including notarized documents if applicable.
8. As part of your employment process, you may be asked questions about any of the information sought or provided by this Personal History Statement.

Bring or send your:

1. Birth certificate (certified copy)
2. High school diploma or college transcript (certified copy)
3. DD-214 Member 4 & Punishment page if you have been in the military (Certified copy)



SHERIFF BRIAN THOMAS
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608 S. PIERCE
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**Potter County Sheriff's Office
Employment Application**

Authorization for Release of Personal Information

To Whom It May Concern:

I _____, do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning my self to any duly authorized agent of the Potter County Sheriff's Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against 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 Potter County Sheriff's Department. 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 do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Signature

Applicant's Address

Date of Birth

Social Security Number

State of _____ Applicant's

County of _____

Sworn and Subscribed Before Me,

This ___ day of ____, 20____.

Notary Public



SHERIFF BRIAN THOMAS
TELEPHONE (806) 379-2900



State of Texas



608 S. PIERCE
AMARILLO, TX 79101

POTTER COUNTY SHERIFF'S DEPARTMENT

AUTHORIZATION FOR RELEASE OF FINANCIAL AND CREDIT INFORMATION

Potter County Sheriff's Department Applicant:

The Federal Fair Credit Reporting Act requires us to inform you that your financial and credit history will be the subject of a background check and evaluated as part of our investigative process in determining your fitness to be employed by the Potter County Sheriff's Department.

I understand that my financial and credit history will be examined as part of the background investigation conducted in connection with my application for employment with the Potter County Sheriff's Department. I grant the Potter County Sheriff's Department permission to examine my financial and credit history as part of the background investigation in determining my fitness to be employed by the Potter County Sheriff's Department.

Applicant's Printed Name

Applicant's Signature

Applicant's Address

Date

**POTTER COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS OFFICER APPLICANTS**

The physical agility test listed below must be successfully completed to qualify for the position of Corrections Officer for the Potter County Sheriff's Department.

1. Run a zig-zag course.
2. Walk a balance beam.
3. Climb stairs to a platform; descend the stairs on opposite side.
4. Run one-quarter mile.
5. Complete the aforementioned tasks (1 through 4) in 5 minutes.

I, _____, understand I must successfully complete the physical agility test to qualify for the position of Corrections Officer. I also understand, should I require reasonable accommodations to complete any part of the test, I must notify the Potter County Sheriff's Department Training and Personnel Division, 608 S. Pierce, Amarillo, Texas, in writing, at least 48 hours prior to the scheduled tests.

Signature

WAIVER OF LIABILITY

IN CONSIDERATION OF MY BEING PERMITTED TO TAKE THE PHYSICAL AGILITY TEST FOR THE POTTER COUNTY SHERIFF'S DEPARTMENT, I AGREE THAT I SHALL NOT HOLD THE COUNTY OF POTTER, POTTER COUNTY SHERIFF'S DEPARTMENT, OR ANY OF ITS EMPLOYEES RESPONSIBLE FOR ANY INJURY OR DAMAGE I MAY RECEIVE OR CAUSE TO MYSELF DURING OR AS A RESULT OF THE EXAMINATION. I ALSO UNDERSTAND THAT IF I SHOULD FAIL TO PERFORM ANY PORTION OF THIS PHYSICAL AGILITY TEST, I WILL BE DISQUALIFIED.

Signature

THE STATE OF _____

COUNTY OF _____

Sworn and Subscribed Before me

This _____ day of _____, 20____.

Notary Public Signature

Domestic Violence Qualification Inquiry

Federal law requires all applicants for the Potter County Sheriff's Department to complete this Qualification Inquiry.

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 "a 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 who 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 and submit it with your application.

I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, and 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: _____
(print or type)

Date: _____

Signature: _____



SHERIFF BRIAN THOMAS
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APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION: THE REQUIRED PERSONAL INFORMATION IS NECESSARY TO DETERMINE IF YOU MEET THE MINIMUM STATE STANDARDS FOR APPOINTMENT AS A PEACE OFFICER

Date of Application: _____

NAME _____
(Last) (First) (Middle)

ADDRESS (CURRENT) _____
(Street) (City) (State) (Zip) (Phone)

(PERMANENT) _____
(Street) (City) (State) (Zip) (Phone)

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____
(The disclosure of your Social Security No. is for identification purposes and is required for all applicants)

DRIVER'S LICENSE _____
(State) (Type) (Number)

Citizen of the United States? YES NO Place of Birth _____ Date of Birth _____
(City) (County) (State)

MARITAL STATUS: Single Married SEX: Male Female

List Name & Department of all relatives, including spouse, already employed by Potter County _____

TYPE OF POSITION DESIRED _____ DATE AVAILABLE _____

ARE YOU WILLING TO WORK: Full-Time Part-Time Seasonal

ARE YOU WILLING TO WORK HOURS OTHER THAN 8-5? YES NO

DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH PRECLUDE YOU FROM PREFORMING CERTAIN KINDS OF WORK?

YES NO IF YES, DESCRIBE _____

ARE YOU A LICENSED PEACE OFFICER? YES NO

ARE YOU A LICENSED JAILER? YES NO

HAVE YOU COMPLETED A BASIC OR RECRUIT POLICE TRAINING COURSE?

YES NO

IF YES, GIVE NAME

OF SCHOOL OR ACADEMY AND DATE ATTENDED _____

OTHER PROFESSIONAL LICENSES/CERTIFICATIONS (Indicate types and dates received) _____

SPECIAL SKILLS/QUALIFICATIONS:

(List all special law enforcement skills you possess such as crime prevention, criminal investigation, Et cetera)
(Include all office skills such as typing words per minute (WPM), shorthand, data entry, et cetera)

PRIOR MILITARY SERVICE:

(A copy of a report of separation from the Armed Forces is REQUIRED, if applicable, prior to employment)

BRANCH _____

DATES: FROM _____

TO _____

CRIMINAL RECORD:

(A fingerprint search of Local, State and National fingerprint files will be conducted prior to employment. Include all convictions and probations received, if applicable)

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

IF YES, LIST CHARGE, PLACE AND DATE OF

CONVICTION _____

HAVE YOU EVER BEEN CONVICTED OF DWI , DUI OR DUID ?

YES NO

IF YES, LIST CHARGE,

PLACE AND DATE OF CONVICTION _____

HAVE YOU EVER BEEN CONVICTED OF A CLASS A OR B MISDEMEANOR?

YES NO

IF YES, LIST

CHARGE(S) AND DATE OF CONVICTION _____

ARE YOU ON PROBATION FOR A CRIMINAL OFFENSE?

YES NO

IF YES, LIST CHARGE, DATE, PLACE,

COURT AND PROBATION OFFICER _____

ARE YOU UNDER INDICTMENT FOR A CRIMINAL OFFENSE?

YES NO

IF YES, LIST CHARGE AND DATE OF

INDICTMENT _____

HAVE YOU EVER CONFESSED TO A FELONY OFFENSE, SUCH CONFESSION BEING ADMISSIBLE AS EVIDENCE AGAINST YOU
IN ANY CRIMINAL PROCEEDING IN ANY STATE OR FEDERAL COURTS?

YES NO

IF YES, LIST PLACE, DATE

AND SUBJECT OF CONFESSION _____

D. REFERENCES-LIST THREE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

NAME: _____ **ADDRESS:** _____

RESIDENCE PHONE: _____ **BUSINESS PHONE:** _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

NAME: _____ **ADDRESS:** _____

RESIDENCE PHONE: _____ **BUSINESS PHONE:** _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

NAME: _____ **ADDRESS:** _____

RESIDENCE PHONE: _____ **BUSINESS PHONE:** _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

E. MARITAL & FAMILY HISTORY

1. ARE YOU CURRENTLY?
 SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

2. IF ENGAGED OR LIVING WITH SOMEONE:

NAME OF FIANCEE/ROOMMATE: _____

ADDRESS: _____

PHONE: _____

WHERE EMPLOYED: _____ **PHONE NUMBER:** _____

3. IF MARRIED:

SPOUSE'S MAIDEN NAME: _____

DATE OF MARRIAGE: _____ **CITY & STATE :** _____

4. IF EVER SEPARATED, DIVORCED OR WIDOWED:

DATE OF MARRIAGE: _____ **CITY & STATE:** _____

SPOUSE'S NAME: _____ **DOB:** _____ **PHONE NUMBER:** _____

PRESENT ADDRESS: _____

SEPARATED, DIVORCED OR ANNULLED (STATE WHICH): _____

DATE OF ORDER OR DECREE: _____

COURT & STATE WHERE ISSUED: _____

MARITAL & FAMILY HISTORY, CONTINUED

DATE OF MARRIAGE: _____ CITY & STATE: _____
SPOUSE'S NAME: _____ DOB: _____ PHONE NUMBER: _____
PRESENT ADDRESS: _____
SEPARATED, DIVORCED OR ANNULLED (STATE WHICH): _____
DATE OF ORDER OR DECREE: _____
COURT & STATE WHERE ISSUED: _____

DATE OF MARRIAGE: _____ CITY & STATE: _____
SPOUSE'S NAME: _____ DOB: _____ PHONE NUMBER: _____
PRESENT ADDRESS: _____
SEPARATED, DIVORCED OR ANNULLED (STATE WHICH): _____
DATE OF ORDER OR DECREE: _____
COURT & STATE WHERE ISSUED: _____

F. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED & FOSTER CHILDREN):

<u>NAME</u>	<u>RELATION</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SUPPORTED BY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. LIST RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER, (INCLUDE MAIDEN NAME), BROTHERS & SISTERS. IF DECEASED, SO INDICATE:

<u>NAME & DATE OF BIRTH</u>	<u>ADDRESS & PHONE NUMBER</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. FINANCIAL HISTORY

SOURCES OF INCOME:

- 1. WHAT IS YOUR PRESENT MONTHLY SALARY OR WAGE? _____
- 2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? YES NO
IF YES, HOW MUCH? _____ HOW OFTEN? _____
THE SOURCE? _____

3. FINANCIAL OBLIGATIONS:

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU ARE INDEBTED, AND THE EXTENT OF YOUR DEBT. INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS.

<u>NAME OF CREDITOR</u>	<u>REASON FOR DEBT</u>	<u>MONTHLY PAYMENTS</u>	<u>TOTAL BAL.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTALS:</u>		_____	_____

I. ARRESTS, DETENTIONS AND LITIGATIONS

HAVE YOU EVER BEEN ARRESTED? INCLUDE ARRESTS RESULTING IN PROBATION OR DEFERRED ADJUDICATION:

- YES
- NO

IF YES, COMPLETE THE FOLLOWING:

<u>OFFENSE CHARGED</u>	<u>POLICE AGENCY, CITY & STATE</u>	<u>DATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN QUESTIONED BY THE POLICE FOR ANY REASON OTHER THAN A TRAFFIC CITATION?

- YES
- NO

IF YES, COMPLETE THE FOLLOWING:

<u>REASON QUESTIONED</u>	<u>CITY, COUNTY & STATE</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER ENGAGED IN ANY TYPE OF CRIMINAL ACTIVITY, OR ANY BEHAVIOR THAT MIGHT EMBARRASS THE POLICE DEPARTMENT?

HAVE YOU EVER BEEN SUMMONED INTO COURT REFERENCE CRIMINAL OR CIVIL LITIGATION?

YES NO

IF YES, COMPLETE THE FOLLOWING:

<u>NATURE OF CASE</u>	<u>CITY, COUNTY & STATE</u>	<u>DATE</u>	<u>DISPOSITION</u>
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J. TRAFFIC RECORD:

1. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? Yes No

IF YES, GIVE DATE, LOCATION AND REASONS: _____

2. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:

<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
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3. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS:

K. EDUCATIONAL HISTORY:

HIGH SCHOOL ATTENDED: _____ CITY & STATE: _____

DATES ATTENDED: FROM: _____ TO: _____ GRADUATED, YES NO

HIGH SCHOOL ATTENDED: _____ CITY & STATE: _____

DATES ATTENDED: FROM: _____ TO: _____ GRADUATED, YES NO

IF YOU RECEIVED A GED, INDICATE THE DATE AND THE STATE WHICH AWARDED THE GED:

COLLEGE OR UNIVERSITY ATTENDED: _____

CITY & STATE: _____ DATES ATTENDED, FROM: _____ TO: _____

HOURS COMPLETED: _____ DEGREE RECEIVED & DATE: _____

MAJOR: _____

COLLEGE OR UNIVERSITY ATTENDED: _____

CITY & STATE: _____ DATES ATTENDED, FROM: _____ TO: _____

HOURS COMPLETED: _____ DEGREE RECEIVED & DATE: _____

MAJOR: _____

LIST ANY OTHER SCHOOLS COMPLETED AND ANY SPECIAL LICENSES YOU HOLD (TRADE, VOCATIONAL, BUSINESS, PILOT, RADIO OPERATOR, SCUBA, ETC.) GIVE NAME AND ADDRESS OF SCHOOL AND DATES ATTENDED:

L. MILITARY RECORD

1. HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO

2. DATE OF SERVICE: FROM: _____ TO: _____ BRANCH OF SERVICE: _____

3. RANK HELD ON DAY OF SEPARATION: _____

4. JOB TITLE: (RIFLEMAN, SECURITY POLICE, COOK, ETC.) _____

5. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ARTICLE 15's ETC.)?

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

M. HOBBIES AND/OR OUTSIDE ACTIVITIES, SOCIAL MEDIA

1. LIST ANY HOBBIES, SPORTS ACTIVITIES, ETC. THAT YOU ACTIVELY PARTICIPATE IN: (HUNTING, FISHING, ETC.)

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE:

3. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS:

4. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR):

LANGUAGE READING SPEAKING UNDERSTANDING WRITING

5. MEMBERSHIPS IN ORGANIZATIONS (PAST AND/OR PRESENT):

<u>NAME & ADDRESS</u>	<u>TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)</u>	<u>FROM</u>	<u>TO</u>
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N. PERSONAL DECLARATIONS:

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS:

2. HAVE YOU **EVER USED** MARIJUANA?

YES NO IF YES, AT WHAT **AGES** DID YOU USE IT? _____

HOW MANY TIMES (FOR EACH AGE)? _____

EXPLAIN IN DETAIL: _____

3. HAVE YOU **EVER USED** ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN?

YES NO IF YES, AT WHAT **AGES** DID YOU USE IT? _____

HOW MANY TIMES (FOR EACH AGE)? _____

EXPLAIN IN DETAIL: _____

4. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

5. HAVE YOU ASSOCIATED WITH ANYONE WHO HAS EVER BEEN IN POSSESSION OF, SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

6. HAVE YOU EVER STOLEN OR TAKEN ANYTHING WITHOUT THE OWNER'S PERMISSION?

YES NO

IF YES, EXPLAIN IN DETAIL: _____

(THIS QUESTION IS FOR OFFICER APPLICANTS ONLY.)

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO?

YES

NO

IF YES, EXPLAIN: _____

DO YOU HAVE ANY RELIGIOUS OR OTHER BELIEFS WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF THIS POSITION, INCLUDING WORKING ON WEEKENDS, EVENING OR NIGHT SHIFTS?

YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY?

YES NO

IF SO, GIVE AGENCY, DATE (S), AND STATUS OF APPLICATION: _____

ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT?

YES NO

IF YES, EXPLAIN: _____

LIST OUR EMPLOYEE WHO ENCOURAGED YOU TO APPLY FOR THIS JOB: _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE