



## GRANDVIEW POLICE DEPARTMENT

1100 McDuff Avenue  
P.O. Box 506  
Grandview, Texas 76050  
(817) 866-3399 – Office

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### APPLICATION/PERSONAL HISTORY STATEMENT

Applicant: \_\_\_\_\_  
                                Last                                First                                Middle

Date Given to Applicant \_\_\_\_\_

Date Returned \_\_\_\_\_

**IMPORTANT**  
**READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

**IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE !!**

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be hand printed in ink
2. Answer all questions completely. If a question does not apply to you, enter "NA" in the space provided. All areas of the Personal History Statement must be filled out "See Attached Resume" will not be accepted in lieu of the requested information.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in 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 the required directories. On phone numbers include the area code.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.
6. All applications must be notarized before returning.

Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Application/Personal History Statement, you are required to submit the following documentation:

1. Valid Drivers License
2. Social Security Card
3. TCLEOSE Certification
4. A copy of your high school diploma (or G.E.D., if applicable).
5. An official college transcript and a copy of the diploma (if applicable).
6. A copy of military Form DD 214 discharge papers showing an Honorable Discharge (if applicable).

7. Marriage Certificate
8. Divorce Decree
9. A copy of your Birth Certificate.

All applicable documents must accompany your Personal History Statement at the time it is submitted. Certified copies can substitute the original copies.

If an applicant is denied there will not be any part of an application returned.



## **PERSONAL HISTORY STATEMENT**

APPLICANT IDENTIFICATION – INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

1. NAME: \_\_\_\_\_  
                                LAST                                FIRST                                MIDDLE
  
2. ADDRESS: \_\_\_\_\_  
  NUMBER  STREET  
  
                                \_\_\_\_\_  
  CITY  STATE                                ZIP CODE
  
3. NICKNAME (S), MAIDEN NAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:  
  
\_\_\_\_\_
  
4. NAME BY WHICH YOU PREFER TO BE ADDRESSED: \_\_\_\_\_
  
5. DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_
  
6. SOCIAL SECURITY NUMBER: \_\_\_\_\_  
U.S. CITIZEN: \_\_\_\_\_ YES \_\_\_\_\_ NO
  
7. PLACE OF BIRTH: \_\_\_\_\_
  
8. DRIVERS LICENSE: \_\_\_\_\_  
  Number                                State of Issue                        Expiration Date
  
9. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_
  
10. IDENTIFYING MARKS:  
  
                                SCARS: \_\_\_\_\_  
  
                                TATTOOS: \_\_\_\_\_
  
11. PHONE NUMBERS and E-MAIL:  
  
                                HOME: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
  
                                WORK: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
  
                                E-MAIL: \_\_\_\_\_

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## RESIDENCES

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List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year. Attach an additional page if necessary.

1. FROM \_\_\_\_\_ TO \_\_\_\_\_ Length of Residency (YRS./MOS.) \_\_\_\_\_  
Address: \_\_\_\_\_

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

2. FROM \_\_\_\_\_ TO \_\_\_\_\_ Length of Residency (YRS./MOS.) \_\_\_\_\_  
Address: \_\_\_\_\_

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

3. FROM \_\_\_\_\_ TO \_\_\_\_\_ Length of Residency (YRS./MOS.) \_\_\_\_\_  
Address: \_\_\_\_\_

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

4. FROM \_\_\_\_\_ TO \_\_\_\_\_ Length of Residency (YRS./MOS.) \_\_\_\_\_  
Address: \_\_\_\_\_

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

5. FROM \_\_\_\_\_ TO \_\_\_\_\_ Length of Residency (YRS./MOS.) \_\_\_\_\_  
Address: \_\_\_\_\_

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

6. FROM \_\_\_\_\_ TO \_\_\_\_\_ Length of Residency (YRS./MOS.) \_\_\_\_\_  
Address: \_\_\_\_\_

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

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## EMPLOYMENT HISTORY

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Beginning with your present or most recent job, list **all** of the jobs you have had since the age of 18. Include all part-time, temporary, reserve, or seasonal positions and all periods of unemployment.

Attach additional pages if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED

1. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]  
REASON FOR LEAVING: \_\_\_\_\_  
STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_ TERMINATION\_\_\_
  
2. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]  
REASON FOR LEAVING: \_\_\_\_\_  
STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_ TERMINATION\_\_\_

3. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]  
REASON FOR LEAVING: \_\_\_\_\_  
STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_TERMINATION\_\_\_

4. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]  
REASON FOR LEAVING: \_\_\_\_\_  
STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_TERMINATION\_\_\_

5. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_



DUTIES: \_\_\_\_\_

DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]

REASON FOR LEAVING: \_\_\_\_\_

STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_TERMINATION\_\_\_

6. FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]

REASON FOR LEAVING: \_\_\_\_\_

STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_TERMINATION\_\_\_

7. FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

START SALARY: \_\_\_\_\_ END SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

DISCIPLINARY ACTION:(VERBAL/WRITTEN/SUSPENSIONS) YES [ ] NO [ ]

REASON FOR LEAVING: \_\_\_\_\_

STATUS OF LEAVING: VOLUNTARY RESIGNATION\_\_\_TERMINATION\_\_\_

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## EDUCATIONAL HISTORY

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List all high schools, colleges, technological or trade schools you have attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and type of school Location	Dates attended From / To	Degree and/or Credit hours earned
1. _____ _____	_____ / _____	_____
2. _____ _____	_____ / _____	_____
3. _____ _____	_____ / _____	_____
4. _____ _____	_____ / _____	_____
5. _____ _____	_____ / _____	_____

6. Have you ever been expelled from any school you have attended?  Yes  No

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been placed on academic probation?  Yes  No

School: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

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**ADDITIONAL EDUCATION AND PERSONAL INFORMATION**

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1. Positions of Leadership: (Indicate position/organization/dates held)

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2. Community Activities:

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3. Awards, Commendations or Items of Special Recognition:

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4. Special Qualifications and Skills; List any special licenses you hold (such as Peace Officer, Pilot, Radio Operator, Scuba, Etc.), showing licensing authority, original date of issuance and date of expiration.

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5. If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair).

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

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**MILITARY SERVICE**

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1. Have you registered with Selective Service? \_\_\_ Yes \_\_\_ No When \_\_\_\_\_
2. Have you ever been rejected by any branch of the armed forces? \_\_\_Yes \_\_\_No
3. Have you ever been a member of any branch of the armed forces?\_\_\_Yes\_\_\_No

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Date of Induction:\_\_\_\_\_ Date of Discharge:\_\_\_\_\_ Type of Discharge:\_\_\_\_\_

- |                   |                |
|-------------------|----------------|
| 4. Awards: (Type) | (Date Awarded) |
| _____             | _____          |
| _____             | _____          |
| _____             | _____          |

- |                              |       |
|------------------------------|-------|
| 5. Special Schools/Training: |       |
| _____                        | _____ |
| _____                        | _____ |
| _____                        | _____ |

6. Last duty station and name of commanding officer: \_\_\_\_\_  
\_\_\_\_\_

7. Are you currently a member of a U.S. Reserve, National or State Guard organization? \_\_\_ Yes \_\_\_ No

Branch of Service \_\_\_\_\_ Grade & Service # \_\_\_\_\_

Are you (circle one):    Active            Inactive            Standby

Organization Station Unit and Location \_\_\_\_\_  
\_\_\_\_\_

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**ARREST OR DETENTION**

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1. Have you ever been arrested by the police? \_\_\_ Yes \_\_\_ No

2. Have you ever been detained (other than a traffic ticket) by the police?  
\_\_\_ Yes \_\_\_ No

If yes, explain each incident in detail (list juvenile as well as adult occurrences)

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4. What was the outcome of the arrest? (Dismissal, Probation, Conviction)

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## DRIVING RECORD

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1. How many moving citations have you received since you began driving? \_\_\_\_\_
2. How many moving citations have you received in the past three years? \_\_\_\_\_
3. Have you ever driven a motor vehicle, since your 17<sup>th</sup> birthday, without a valid drivers license for that vehicle?   \_\_\_ Yes   \_\_\_ No
4. Have you ever driven a motor vehicle without the proper insurance as required by law?   \_\_\_ Yes   \_\_\_ No
5. Have you ever had your drivers license suspended?   \_\_\_ Yes   \_\_\_ No  
  
Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_  
Date Lifted: \_\_\_\_\_
6. Have you ever had your drivers license placed on probation for receiving an excessive number of traffic citations?   \_\_\_ Yes   \_\_\_ No
7. Have you ever had a hearing for probation/suspension, etc.?   \_\_\_ Yes   \_\_\_ No
8. Have you ever been placed as an assigned risk for vehicle insurance?  
  \_\_\_ Yes   \_\_\_ No
9. Have you ever had you insurance revoked due to the number of traffic citations you have received?   \_\_\_ Yes   \_\_\_ No
10. Have you ever knowingly driven a motor vehicle after your drivers license was suspended or after it had been revoked?   \_\_\_ Yes   \_\_\_ No
11. Do you have a valid drivers license in more than one state? If so, list:  
                  \_\_\_\_\_
12. Have you ever been denied a drivers license?   \_\_\_ Yes   \_\_\_ No
13. Have you ever had to appear before a medical advisory board?   \_\_\_ Yes   \_\_\_ No
14. Have you ever been told you might have a medical problem that could interfere with your ability to drive?   \_\_\_ Yes   \_\_\_ No
15. How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_
16. Have you had any reason to believe you might have problems with depth perception?   \_\_\_ Yes   \_\_\_ No
17. Have you ever been involved in an accident and then left the scene without identifying yourself ?   \_\_\_ Yes   \_\_\_ No

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**DRIVING RECORD – continued**

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18. Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? \_\_\_Yes \_\_\_No

19. Have you ever struck an unattended vehicle and then left without leaving a note or identifying yourself? \_\_\_Yes \_\_\_No

20. With what company do you carry automobile insurance? \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

21. List, to the best of your memory, **all driving citations** you have received:

Date Received	Type of Violation	Issuing Agency	Disposition (paid, not guilty, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Do you have any unpaid traffic citations? \_\_\_Yes \_\_\_No

If so, where? \_\_\_\_\_

23. List all accidents in which you have been involved as the driver:

Date	Location	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





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## PERSONAL DECLARATIONS

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Drug use covers all descriptive terms to describe the ingestion of any of the listed types of drugs into a persons system. Example: experimented, tried, etc.

HAVE YOU EVER USED:	# Times in Life	Approximate Last Date	Form Used
Marijuana <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Hashish <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
"Speed" <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Cocaine <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
LSD <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
"XTC" <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
PCP <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Peyote <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Mushrooms <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Quaaludes <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Tranquilizers <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Barbiturates <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Heroin <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Any Designer Drug <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

1. Have you ever sold any of the items specified above?                     Yes  No  
     Which? \_\_\_\_\_                    When? \_\_\_\_\_                    # Times \_\_\_\_\_
  
  2. Have you ever bought any of the items specified above?                     Yes  No  
     Which? \_\_\_\_\_                    When? \_\_\_\_\_                    # Times \_\_\_\_\_
  
  3. Have you ever had an illegal drug injection?  Yes  No    Of What? \_\_\_\_\_
  
  4. Have you ever inhaled paint, glue or any petroleum product?     Yes  No  
     When was the last time? \_\_\_\_\_
  
  5. Have you ever abused any prescribed medication?  Yes  No    Type \_\_\_\_\_  
     How did you abuse (misuse) ? \_\_\_\_\_
  
  6. Have you ever been involved, in anyway, in the manufacturing of an illegal  
     drug?     Yes  No    What Drug? \_\_\_\_\_    How were you involved? \_\_\_\_\_  
     \_\_\_\_\_ Describe your involvement: \_\_\_\_\_  
     \_\_\_\_\_
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**PERSONAL DECLARATIONS CONTINUED**

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7. Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a painkiller, etc.?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

8. Have you ever been addicted to a drug prescribed by a doctor?  Yes  No  
Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have others used drugs in your presence?  Yes  No

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**ALCOHOL USE**

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1. Do you use alcoholic products?  Yes  No  
Describe the use: \_\_\_\_\_

2. How do you describe your drinking? \_\_\_\_\_

3. What is your preferred alcoholic beverage? \_\_\_\_\_

4. How much of your preferred beverage can you drink before becoming "tipsy"? \_\_\_\_\_

5. When was the last time you were "tipsy"? \_\_\_\_\_

6. How many times have you been "tipsy" in the last two years? \_\_\_\_\_

7. Have you ever used cough medicine to get a "high"?  Yes  No

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## PERSONAL REFERENCES

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List five (5) persons who have known you for more than two years and know you well enough to provide current information about you. It is your responsibility to provide correct addresses and phone numbers ! Do not list relatives or past/present employers.

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

Home address: \_\_\_\_\_ Years known: \_\_\_\_\_  
                                street                        city                        state                        zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_  
\_\_\_\_\_

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

Home address: \_\_\_\_\_ Years known: \_\_\_\_\_  
                                street                        city                        state                        zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_  
\_\_\_\_\_

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

Home address: \_\_\_\_\_ Years known: \_\_\_\_\_  
                                street                        city                        state                        zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_  
\_\_\_\_\_

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

Home address: \_\_\_\_\_ Years known: \_\_\_\_\_  
                                street                        city                        state                        zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_  
\_\_\_\_\_



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## MEDICAL HISTORY

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1. Have you consulted a doctor for any serious illness in the last three years?  
\_\_Yes \_\_No

If yes, give details (reason, approximate dates, name of doctor(s):

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2. Have you been hospitalized in the last five years? \_\_Yes \_\_No

If yes, give details (reason, dates, name of hospital): \_\_\_\_\_

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3. Do you have any physical handicaps, chronic diseases or disabilities?  
\_\_Yes \_\_No

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

4. Are you currently taking medication prescribed by your physician?  
\_\_Yes \_\_No

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

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5. Have you ever received workmen's compensation or any other disability insurance payments? \_\_Yes \_\_No If yes, explain: \_\_\_\_\_

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## QUESTIONNAIRE

In the questions that follow, mark each answer with a yes or no response. If your response to any question is yes, estimate the number of times the behavior occurred and place the estimate in the column labeled "FRE" (frequency). Then enter the year in which the behavior first occurred in the column labeled "1<sup>ST</sup>", and the year in which the behavior last occurred in the column labeled "LAST."

		NO	YES	FRE	1 <sup>ST</sup>	LAST
1. Have you ever made application for this type position before?	1.	_____	_____	_____	_____	_____
2. Do you have an application pending elsewhere?	2.	_____	_____	_____	_____	_____
3. Were you ever denied a similar position?	3.	_____	_____	_____	_____	_____
4. Were you ever denied a position because of a psychological?	4.	_____	_____	_____	_____	_____
5. Were you ever denied a position because of a polygraph examination?	5.	_____	_____	_____	_____	_____
6. Have you ever been told that this kind of work is not for you?	6.	_____	_____	_____	_____	_____

Questions 7 thru 20 should be answered as they relate to your personal life and not to any work you may have performed in an official capacity (such as an undercover narcotics operative).

		NO	YES	FRE	1 <sup>ST</sup>	LAST
7. Have you ever used marijuana?	7.	_____	_____	_____	_____	_____
8. Have you ever used cocaine?	8.	_____	_____	_____	_____	_____
9. Have you ever used steroids?	9.	_____	_____	_____	_____	_____
10. Have you ever used speed?	10.	_____	_____	_____	_____	_____
11. Have you ever used designer drugs?	11.	_____	_____	_____	_____	_____
12. Have you ever used hallucinogens?	12.	_____	_____	_____	_____	_____
13. Have you ever used inhalants/glue, etc.?	13.	_____	_____	_____	_____	_____
14. Have you ever used any other illegal substance?	14.	_____	_____	_____	_____	_____
15. Have you ever used tranquilizers or sleeping pills not prescribed to you?	15.	_____	_____	_____	_____	_____
16. Have you ever lied to (or misled) a physician to obtain a prescription?	16.	_____	_____	_____	_____	_____
17. Have you ever purchased illegal drugs?	17.	_____	_____	_____	_____	_____
18. Have you ever sold or traded illegal drugs?	18.	_____	_____	_____	_____	_____
19. Have you ever been present when others sold or purchased illegal drugs?	19.	_____	_____	_____	_____	_____
20. Have others used illegal drugs in your presence?	20.	_____	_____	_____	_____	_____
21. Have you stolen anything since the age of 18?	21.	_____	_____	_____	_____	_____
22. Have you ever purchased stolen property?	22.	_____	_____	_____	_____	_____
23. Have you ever kept/received stolen property?	23.	_____	_____	_____	_____	_____
24. Have you ever sold stolen property?	24.	_____	_____	_____	_____	_____

		NO	YES	FRE	1 <sup>ST</sup>	LAST
25. Have you ever stolen from an employer?	25.	_____	_____	_____	_____	_____
26. Did you ever witness a theft you did not report?	26.	_____	_____	_____	_____	_____
27. Were you ever counseled/reprimanded because of absenteeism?	27.	_____	_____	_____	_____	_____
28. Have you ever had an employer who disliked you?	28.	_____	_____	_____	_____	_____
29. Have you ever had a physical fight with a fellow worker?	29.	_____	_____	_____	_____	_____
30. Have you ever quit a job because of the pressure?	30.	_____	_____	_____	_____	_____
31. Have you ever quit or resigned a position without notice?	31.	_____	_____	_____	_____	_____
32. Have you ever been fired, dismissed or asked to resign a position?	32.	_____	_____	_____	_____	_____
33. Did you quit a position to avoid being fired?	33.	_____	_____	_____	_____	_____
34. Were you ever reprimanded for being late to work?	34.	_____	_____	_____	_____	_____
35. Have you ever used sick leave for other than sickness?	35.	_____	_____	_____	_____	_____
36. Have you ever quit a position because of the way you were treated?	36.	_____	_____	_____	_____	_____
37. Have you ever quit or resigned a position because of co-workers?	37.	_____	_____	_____	_____	_____

Please answer questions 38 thru 42 as they relate to your personal life and not to any work completed in an official capacity (ex. not as a police officer or undercover operative.)

		NO	YES	FRE	1 <sup>ST</sup>	LAST
38. Were you ever issued a warrant, summons or subpoena?	38.	_____	_____	_____	_____	_____
39. Have you ever filed for worker's compensation?	39.	_____	_____	_____	_____	_____
40. Have you ever filed a grievance against an employer?	40.	_____	_____	_____	_____	_____
41. Have you ever had civil litigation filed against you?	41.	_____	_____	_____	_____	_____
42. Have you ever filed civil litigation?	42.	_____	_____	_____	_____	_____
43. Have you ever received a driving citation?	43.	_____	_____	_____	_____	_____
44. Have you had more than three moving violations in any one year?	44.	_____	_____	_____	_____	_____
45. Has your driving license ever been suspended or revoked?	45.	_____	_____	_____	_____	_____
46. Have you ever been in an accident which was your fault?	46.	_____	_____	_____	_____	_____
47. Have you been in an accident resulting in injuries to others?	47.	_____	_____	_____	_____	_____
48. Have you ever caused damage to a vehicle that you did not report?	48.	_____	_____	_____	_____	_____

	NO	YES	FRE	1ST	LAST
49. Have you ever been intoxicated?	49. _____	_____	_____	_____	_____
50. Have you ever given or purchased alcohol for a minor?	50. _____	_____	_____	_____	_____
51. Have you ever been accused of drinking too much?	51. _____	_____	_____	_____	_____
52. Have you ever operated a motor vehicle while under the influence of alcohol or any drug?	52. _____	_____	_____	_____	_____
53. Have you ever had problems in personal relationships because of your drinking?	53. _____	_____	_____	_____	_____
54. Have you ever missed work because of a hangover?	54. _____	_____	_____	_____	_____
55. Have you ever entered property/vehicle without the owners consent?	55. _____	_____	_____	_____	_____
56. Have you ever forcibly entered a home or building?	56. _____	_____	_____	_____	_____
57. Have you ever assaulted anyone since the age of 18?	57. _____	_____	_____	_____	_____
58. Have you ever used the services of a prostitute?	58. _____	_____	_____	_____	_____
59. Have you ever been involved in window peeking?	59. _____	_____	_____	_____	_____
60. Have you ever been involved in immoral behavior?	60. _____	_____	_____	_____	_____
61. Have you ever run from the police (vehicle or foot)?	61. _____	_____	_____	_____	_____
62. Have you ever lost self-control?	62. _____	_____	_____	_____	_____
63. Have you ever been so frustrated that you had to hit something?	63. _____	_____	_____	_____	_____
64. Have you ever been in a physical fight since the age of 18?	64. _____	_____	_____	_____	_____
65. Have you ever been depressed?	65. _____	_____	_____	_____	_____
66. Have you ever experienced a major stress situation?	66. _____	_____	_____	_____	_____
67. Have you ever experienced a crisis?	67. _____	_____	_____	_____	_____
68. Were you ever hospitalized for a physical injury?	68. _____	_____	_____	_____	_____
69. Have you ever had an operation?	69. _____	_____	_____	_____	_____
70. Have you ever worried about your health?	70. _____	_____	_____	_____	_____
71. Have you ever been in fear of losing your life?	71. _____	_____	_____	_____	_____



If you have not had prior police or fire experience, go to question #90.

	NO	YES	FRE	1 <sup>ST</sup>	LAST
72. Did you ever receive a suspension?	72. ___	___	___	___	___
73. Did you ever receive a written reprimand?	73. ___	___	___	___	___
74. Were you ever investigated for wrong doing?	74. ___	___	___	___	___
75. Were you ever involved in wrongdoing?	75. ___	___	___	___	___
76. Have you ever had a civil suit filed against you because of action you took as an officer?	76. ___	___	___	___	___
77. Have you ever witnessed a police/fire officer commit an offense:	77. ___	___	___	___	___
78. Have you ever committed an offense while or since you were a police/fire officer?	78. ___	___	___	___	___
79. Were you ever investigated by internal affairs?	79. ___	___	___	___	___
80. Were you ever involved in a shooting?	80. ___	___	___	___	___
81. Have you ever had a chargeable accident?	81. ___	___	___	___	___
82. Have you ever made a false statement on an official report?	82. ___	___	___	___	___
83. Have you ever taken unauthorized sleep on duty?	83. ___	___	___	___	___
84. Have you ever been involved in any unauthorized physical or sexual contact while on duty?	84. ___	___	___	___	___
85. Have you ever consumed any unauthorized alcoholic beverages while on duty?	85. ___	___	___	___	___
86. Were you ever accused of misconduct?	86. ___	___	___	___	___
87. Have you ever used a controlled substance while on duty?	87. ___	___	___	___	___
88. Have you ever been fired or dismissed from a police or fire position?	88. ___	___	___	___	___
89. Have you ever quit because you were going to be dismissed from a police or fire position?	89. ___	___	___	___	___

Please answer the following questions about yourself with either a yes or no answer.

	YES	NO
90. Ever been treated by a mental health professional?	___	___
91. Ever been hospitalized for a nervous/mental condition?	___	___
92. Ever been advised to seek mental health treatment?	___	___
93. Ever threatened or attempted suicide?	___	___
94. Ever been prescribed tranquilizers or sleeping pills?	___	___
95. Ever been described or diagnosed as being alcoholic?	___	___
96. Ever been in trouble because of alcohol related acts?	___	___
97. Ever been in trouble because of sexual behavior?	___	___
98. Ever been arrested?	___	___
99. Ever been questioned by the police as a suspect?	___	___
100. Ever committed an undetected criminal act?	___	___
101. Ever serve time in prison?	___	___

	YES	NO
102. Ever used illegal drugs?	___	___
103. Ever sold illegal drugs?	___	___
104. Ever been a member of a group/organization that advocated disobedience to civil law?	___	___
105. Ever been treated for hypertension or a heart condition?	___	___
106. Ever filed bankruptcy?	___	___
107. Ever employed in a police/fire position?	___	___
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108. Do you drink alcoholic beverages?	___	___
109. Do you have a drink three or four times a week?	___	___
110. Do you ever drink alone?	___	___
111. Do you often have a drink to unwind?	___	___
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112. Are you under a physicians care at this time?	___	___
113. Are you currently taking any medications?	___	___
114. Do you have any known medical problems?	___	___
115. Are you in need of any medical treatment or surgery?	___	___
116. Have you had any major operations in the last three years?	___	___
117. Have you seen a physician for other than general physicals in the last three years?	___	___
118. Have you ever been told by a physician or psychologist that an illness/problem was related to stress, nerves or emotions?	___	___
119. Are there any health problems that will likely occur in the future?	___	___
120. Are you aware of any vision problems?	___	___
121. Are you aware of any hearing difficulties?	___	___
122. Do you have any color blindness?	___	___
123. Have you exercised regularly during the last six months?	___	___
124. Do you smoke, dip, or chew tobacco?	___	___
125. Do you drink more than six cups of coffee a day?	___	___
126. Do you drink more than three or four soft drinks a day?	___	___
127. Are you actively involved in sports/athletics?	___	___
128. Do you actively diet and watch your weight and health?	___	___
129. Do you believe the drug laws are too strict?	___	___
130. Do you believe the alcohol laws are too strict?	___	___
131. Do you have any unpaid traffic tickets?	___	___
132. Do you have any stolen property in your possession?	___	___
133. Do any of your friends, relatives, or associates use drugs?	___	___
134. Have you ever seriously thought of suicide?	___	___
135. Would you arrest a friend or relative for drug violations	___	___
136. Is your spouse, family, etc. in favor of you performing this type of work?	___	___
137. Have you been coached or told what to say or not to say in order to get this job?	___	___
138. Are you attempting to be hired for any reason other than to be employed by this department?	___	___

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**GENERAL INFORMATION**

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1. What is the most disciplinary action you ever received on a job? \_\_\_\_\_

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3. Are there any significant problems in your life at this time? \_\_\_Yes \_\_\_ No

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

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4. Describe in your own words why you want this position: \_\_\_\_\_

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5. How have you prepared yourself for this position? \_\_\_\_\_

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6. Have you ever associated with persons who advocated the overthrow of the government by force or violence? \_\_\_Yes \_\_\_No

7. Have you ever knowingly attended such a group's meeting? \_\_\_Yes \_\_\_No

8. Have you practiced any deception in your application? \_\_\_Yes \_\_\_No

9. Have you left any required information off of your Application/Personal History Statement on purpose? \_\_\_Yes \_\_\_No

10. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? \_\_\_Yes \_\_\_No

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

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**GRANDVIEW POLICE DEPARTMENT**  
**TERMS AND CONDITIONS**

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT FALSE OR MISLEADING STATEMENTS, OR THE OMISSION OF ANY INFORMATION NECESSARY TO MAKE THIS APPLICATION COMPLETE, MAY RESULT IN THE REJECTION OF MY APPLICATION FOR EMPLOYMENT OR, IF HIRED, IN MY DISMISSAL.

I UNDERSTAND THAT NO EMPLOYMENT IS BEING OFFERED TO ME BY MY COMPLETION OF THIS APPLICATION. I ALSO UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT WITH THE CITY OF GRANDVIEW WILL BE "AT WILL". I UNDERSTAND THE TERM "AT WILL" MEANS THE CITY OF GRANDVIEW IS ALLOWED TO CHANGE THE CONDITIONS OF EMPLOYMENT, UP TO AND INCLUDING TERMINATION, AT ANY TIME FOR ANY REASON, AND THAT SIMILARLY, I MAY RESIGN AT ANY TIME FOR ANY REASON.

I ALSO UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION/PERSONAL HISTORY STATEMENT OR IN GRANTING AN INTERVIEW CREATES A CONTRACT BETWEEN THE CITY OF GRANDVIEW AND MYSELF, EITHER FOR EMPLOYMENT OR FOR THE PROVIDING OF BENEFITS.

IF I AM HIRED, I AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF THE CITY OF GRANDVIEW.

IF I AM HIRED, I AGREE TO RETURN ALL PROPERTY OF THE CITY OF GRANDVIEW, INCLUDING BUT NOT LIMITED TO UNIFORMS, TOOLS, AND EQUIPMENT.

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

\_\_\_\_\_  
Date

STATE OF TEXAS

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

SWORN TO AND SUBSCRIBED BEFORE ME,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Texas

**GRANDVIEW POLICE DEPARTMENT**  
**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized agent of Grandview Police Department whether the said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure and release of the records for criminal history checks, 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 and the records and 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.

I understand that any information obtained by a personal history background investigation, which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my stability for employment by the City of Grandview, Johnson County, Texas. 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 and all liability, which may be incurred as a result of furnishing such information.

I further agree to waive my 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 through the said copy does not contain an original writing of my signature.

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

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED BEFORE ME,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Texas

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number