

Personal History Statement (Page 31) and Release of Information Form (Last Page), must include your notarized signature, and must be turned in to participate in testing to move forward in the recruitment process of Public Safety Dispatch I. If you are in need of a notary to assist you in completing the forms, please contact our office OR a notary will be available to assist you in completing the form on the day of testing.

Pre-employment typing speed minimum is 30 WPM (words per minute) and CritiCall skill testing minimum passing score of 80 is required to continue in the recruitment process.

Individuals who fail to provide a completed Personal History Statement and Release of Information Form at the time of successfully passing Criticall testing will be removed from the recruitment process. No Personal History Statements or Release of Information forms will be accepted other than the day of passing Criticall pre-employment testing.

High School Transcripts must be submitted directly from the school to the department. To be eligible to complete the hiring process for the Wichita Falls Police Department, you must have your high school transcripts submitted directly from the school to the Public Safety Training Center.

NO TRANSCRIPTS WILL BE ACCEPTED DIRECTLY FROM AN APPLICANT

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

**Public Safety Training Center
Wichita Falls Police Dept.
710 Flood St.
Wichita Falls, TX 76301.**

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

FOR OFFICIAL USE ONLY	
Return Date & Time Stamp	
Name: _____	
Date: _____	
Time: _____	

Applicant Name

**** Personal History Statements must be complete and notarized to be considered. ****

Wichita Falls Police Department

Personal History Statement

WICHITA FALLS POLICE DEPARTMENT
710 FLOOD STREET
WICHITA FALLS, TEXAS 76301
(940) 720-5059

VERIFICATION OF DOCUMENTS

**You will need to provide a copy of these documents with this packet.
You may need to provide more documents at a later date.**

1. Official High School Transcripts Only ~~ Must **Be Mailed Directly to:**
Public Safety Training Center
Wichita Falls Police Dept.
710 Flood St.
Wichita Falls, TX 76301

You will need to provide a copy of the documents below with your completed Personal History Statement.

2. High School Diploma
3. Official College Transcripts
4. College Diploma
5. G.E.D. Certificate
6. Military Discharge Papers (DD214)
7. Proof of U.S. Citizenship
(Passport or Birth Certificate)
8. Current Driver's License or Official ID
9. Marriage License / Divorce Papers

INSTRUCTIONS

(Please Read These Instructions Carefully Before Proceeding)

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

- (1) The applicant shall complete this Personal History Statement in his or her own handwriting.
- (2) The applicant must print the Personal History Statement legibly in black ink.
- (3) If a question is not applicable to you, **enter N/A in the space provided**.
- (4) Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- (5) The individual applicant is responsible for obtaining correct addresses, telephone numbers, dates and any other requested information. If you are not sure of an address, check it by personal verification. Your local library, phone company or the internet may have a directory service that may assist you.
- (6) An accurate and complete form will help expedite your investigation and the review procedure. On the other hand, deliberate omissions or falsifications will result in disqualifications.

PERSONAL HISTORY STATEMENT

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

(1) Full Name: _____

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

(3) Address: _____

(4) City: _____ State: _____ Zip Code: _____

(5) Primary Telephone Number: () _____

(6) Alternate Telephone Number: () _____

(7) E-MAIL Address: _____

(8) Notes for Investigator: _____

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

(10) Place of Birth

City: _____ County: _____ State: _____

(11) Scars or Marks: _____

(12) Tattoos: _____

RESIDENCE HISTORY

List all of the addresses at which you have lived for the past **ten (10) years**, beginning with the most recent.

1.

Address

City, State, Zip

Own or Rent

Time period you live there? (Ex. 1/2010 – 11/2012)

List any roommate(s) or relative(s) with whom you lived at this location. Write on back if necessary.

Name

Current address

Current phone number

Email address

2.

Address

City, State, Zip

Own or Rent

Time period you live there?

List any roommate(s) or relative(s) with whom you lived at this location. Write on back if necessary.

Name

Current address

Current phone number

Email address

3.

Address

City, State, Zip

Own or Rent

Time period you live there?

List any roommate(s) or relative(s) with whom you lived at this location. Write on back if necessary.

Name

Current address

Current phone number

Email address

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

EMPLOYMENT HISTORY

(List all previous employment. Begin with most recent and continue in reverse order.)

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

Employer: _____ Final Salary: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed

Other: _____

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

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

Job Title(s): _____

Duties: _____

Time in each position(s): _____

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

Reason for leaving: _____

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

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

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

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

If yes, explain: _____

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?

Yes No

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

Are you eligible for rehire? Yes No

List at least 2 co-workers:

Name

Phone Number

E-mail Address

1. _____

2. _____

EMPLOYMENT HISTORY (continued)

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

Employer: _____ Final Salary: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed

Other: _____

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

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

Job Title(s): _____

Duties: _____

Time in each position(s): _____

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

Reason for leaving: _____

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

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

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

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

If yes, explain: _____

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?

Yes No

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

Are you eligible for rehire? Yes No

List at least 2 co-workers:

Name

Phone Number

E-mail Address

1. _____

2. _____

EMPLOYMENT HISTORY (continued)

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

Employer: _____ Final Salary: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed

Other: _____

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

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

Job Title(s): _____

Duties: _____

Time in each position(s): _____

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

Reason for leaving: _____

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

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

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

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

If yes, explain: _____

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?

Yes No

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

Are you eligible for rehire? Yes No

List at least 2 co-workers:

Name

Phone Number

E-mail Address

1. _____

2. _____

EMPLOYMENT HISTORY (continued)

(Attach other pages, if necessary)

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

Employer: _____ Final Salary: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone number: _____ Supervisor: _____

Full-time Part-time Temporary Seasonal

Reserve Position Internship Self-employed

Other: _____

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

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

Job Title(s): _____

Duties: _____

Time in each position(s): _____

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

Reason for leaving: _____

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

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

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

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

If yes, explain: _____

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?

Yes No

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

Are you eligible for rehire? Yes No

List at least 2 co-workers:

Name

Phone Number

E-mail Address

1. _____

PERIODS OF UNEMPLOYMENT

Record any period(s) of unemployment since graduating from high school. A period of unemployment is any time you did not have a job.

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

Dates of Unemployment (Start)	Length of Unemployment	Reason for Being Unemployed
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		

Investigator's Notes:

FAMILY INFORMATION

Spouse's Name (include maiden name if applicable) _____

Address _____

Phone number _____

City, State, Zip _____

Email _____

In contact with this relative?

Yes No Deceased

Father's Name _____

Address _____

Phone number _____

City, State, Zip _____

Email _____

In contact with this relative?

Yes No Deceased

Mother's Name (include maiden name) _____

Address _____

Phone number _____

City, State, Zip _____

Email _____

In contact with this relative?

Yes No Deceased

Child's Name _____

Address _____

Phone number _____

City, State, Zip _____

Email _____

In contact with this relative?

Yes No Deceased

Child's Name

Phone number

Email

Address

City, State, Zip

In contact with this relative?

Yes No Deceased

Sibling's Name

Phone number

Email

Address

City, State, Zip

In contact with this relative?

Yes No Deceased

Sibling's Name

Phone number

Email

Address

City, State, Zip

In contact with this relative?

Yes No Deceased

Sibling's Name

Phone number

Address

City, State, Zip

In contact with this relative?

Yes No Deceased

Email

APPLICANT HISTORY WITH OTHER AGENCIES

Have you previously applied with the Wichita Falls Police Dept. or any other law enforcement Agency. If yes, complete the following. Do not fail to list any agency regardless of the status.

Agency / City & State	Date	Disposition
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

- Check this box if you need additional space and continue on the back of the previous page.
- Check this box if you have NEVER applied with another law enforcement Agency.

HAVE YOU EVER BEEN LICENSED BY TCLEOSE AS A PEACE OFFICER, JAILER, OR TELECOMMUNICATOR? Yes No

If yes, what is your PID# _____

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

MILITARY RECORD

1. Have you ever applied to serve in any branch of the armed forces?
Yes No

2. Have you ever served in the armed forces? Yes No
If your answer is yes, complete the following questions in this section.
If your answer is no, proceed to the next page.

If you served multiple enlistments or in different branches, photocopy this page and complete it for each branch.

3. Enlistment date or date applied: _____ Discharge date: _____
Monthly salary at enlistment: _____ Monthly salary at discharge: _____
Branch of Service: _____ Unit Designation: _____
Highest rank held: _____ Nature of Discharge: _____
If you originally received an "Other Than Honorable" discharge, give complete details:

(Attach additional pages, if necessary.)

4. Did you ever receive any of the following, regardless of the final disposition?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Article XV
<input type="checkbox"/>	<input type="checkbox"/>	Court-martial
<input type="checkbox"/>	<input type="checkbox"/>	Captain's Mast
<input type="checkbox"/>	<input type="checkbox"/>	Company Punishment
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Reprimand/Page 11/Other written reprimands
<input type="checkbox"/>	<input type="checkbox"/>	Reduction in rank, or any other disciplinary action
<input type="checkbox"/>	<input type="checkbox"/>	Confinement

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

(Attach additional pages, if necessary.)

Check the appropriate box:

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

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

Check the appropriate box:

I have listed my entire military history, including all reserve duties.

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

EDUCATIONAL HISTORY

High School Attended: _____ Dates: ____/____/____ to ____/____/____

Address: _____ Graduated: Yes No

City: _____ State: _____ Zip Code: _____

High School Attended: _____ Dates: ____/____/____ to ____/____/____

Address: _____ Graduated: Yes No

City: _____ State: _____ Zip Code: _____

List extracurricular activities engaged in while in high school.

List honors and awards received while in high school.

College or University Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Credit Hours Completed: _____ Major/Minor: _____

Degree received, if any, and date: _____

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

THEFT FROM EMPLOYERS

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

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

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

Items Taken	Value	Date	Location
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____

- Check this box if you need additional space and continue on the back of the previous page.
- Check this box if you have NEVER taken any item from any employer.

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

ARREST, DETENTION, AND LITIGATIONS

READ THESE DEFINITIONS THOROUGHLY!!!!

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

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

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

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

Yes No If yes, complete the following:

Offense Charged	Police Agency City & State	Date	Disposition of Case
_____	_____	/_____/____	_____
_____	_____	/_____/____	_____

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

Yes No If yes, give details:

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

CRIMINAL ACTIVITY

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

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

(1) Any act of unlawfully taking the life of another human being.

Yes No

(2) Any act, of assault by physically striking another person, stranger, family member, or others.

Yes No

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

Yes No

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

Yes No

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

Yes No

(6) Any act, involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intent to defraud or harm any person or business.

Yes No

CRIMINAL ACTIVITY (continued)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

CRIMINAL ACTIVITY (continued)

(14) Any sexual act after you were age seventeen (17) with another person who was less than seventeen (17) years of age at the time of the act. (Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts or anus of another person.

Yes No

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

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

Yes No

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

Yes No

(18) Any act involving any participation in any criminal enterprise or organized activity, which seems to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or any other criminal act.

Yes No

(19) Any act of involvement and/or participation in any type activity which resulted in police investigation, arrest, and/or incarceration (other than traffic). This includes any instance where charges were filed, warrants issued and/ or bond posted.

Yes No

(20) Any act involving making or participation in making any lewd, obscene, or harassing phone calls since the age of seventeen (17).

Yes No

(21) Any act of participation or act that resulted in you being in possession of, receiving, buying, or selling any property that was stolen or that you had reason to believe was stolen.

Yes No

CRIMINAL ACTIVITY (continued)

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

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

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

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

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

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

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

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

CRIMINAL ACTIVITY (continued)

(30) Do you currently associate or live with anyone who uses marijuana, drugs or narcotics illegally?

Yes No

(31) Have you or any member of your family (spouse's family) been a member of or associated with:

any criminal organization Yes No

Yes No

any association that has as its purpose the overthrow of the federal government
Yes No

any street gang or paramilitary organization Yes No

When you check yes, explain any involvement on the back of the previous page.

List question number, approximate age, circumstances, and any values.

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

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

CRIMINAL ACTIVITY ILLEGAL DRUG/SALES

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

In the space provided below, list the number of times you sold or purchased the illegal drug(s), the type of illegal drug(s) sold or purchased, the amount of the illegal drug(s) sold or purchased, and your age at the time of the incident.

Number of Times Sold	Type of Drug	Amount of Drug	Date(s)

Number of Times Purchased/ Transported/Cultivated	Type of Drug	Amount of Drug	Date(s)

- Check this box if you need additional space and continue on the back of the previous page.
- Check this box if you have NEVER sold or delivered any drug for any reason at all.

**BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL ILLEGAL DRUG SALES
AND/OR PURCHASES IN WHICH YOU EVER RECALL BEING INVOLVED.**

CRIMINAL ACTIVITY

ILLEGAL DRUG/POSSESSION

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

Let's discuss what we mean by usage. With drugs such as amphetamines/methamphetamines, we are interested in the number of times you have snorted, smoked, injected, or otherwise ingested the drug. With drugs such as cocaine, we are interested in the number of times that you have snorted, smoked, injected or otherwise ingested the drug. With marijuana, we are interested in the number of times you have smoked, inhaled, or ingested marijuana. This may include but is not limited to: a hit, puff, or toke from a joint of marijuana; eating marijuana brownies or other edibles; use of a hand pipe, water pipe, hookah, vaporizer; etc. For example, each separate instance of usage, regardless of quantity used or consumed, constitutes "**ONE TIME USED**".

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

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

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

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

CRIMINAL ACTIVITY
ILLEGAL DRUG USAGE

Type of Drug	Period of Usage		Max. Times Used	Method of Use? Pills / snorted / smoked/ injected / ingested / eaten	Never Used
	1 st Time Month/Year	Last Time Month/Year			
Marijuana					
Hashish					
PCP					
Angel Dust					
THC					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamine					
Biphetamine					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin/PBZ					
Speed					
Inhalants					
Methamphetamine					
Psilocybin (mushrooms)					
Synthetic Cannabinoid (K2/Spice)					
Bath Salts					

CRIMINAL ACTIVITY

ILLEGAL DRUG USAGE (continued)

If there are any other illegal drugs that you used that are not listed on previous page, list below.
If there are any dangerous drugs that you used, to include prescription drugs, of another that was provided to you that is not listed on the previous page, list below.

Type of Drug/ Name	Period of Usage (Month/day/year)	Max. Times Used	How Used?
	____ / ____ / ____ to ____ / ____ / ____		
	____ / ____ / ____ to ____ / ____ / ____		
	____ / ____ / ____ to ____ / ____ / ____		
	____ / ____ / ____ to ____ / ____ / ____		
	____ / ____ / ____ to ____ / ____ / ____		

- Check this box if you need additional space and continue on the back of the previous page.
- Check this box if you have NEVER used any of the above listed drugs or any other drug.

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

CRIMINAL ACTIVITY

ALCOHOL

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

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

Number of Times: _____

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

Number of Times: _____

(3) When was the last time you were intoxicated in public?

Date: ____ / ____ / ____

Location: _____

(4) Has your drinking ever affected your job performance?

Yes No

If yes, please explain below:

SPECIAL QUALIFICATIONS & SKILLS

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

(2) If you are fluent in any foreign language, indicate in each area your degree of fluency.
(E = Excellent, G = Good, F = Fair, P = Poor)

Language	Reading	Speaking	Understanding	Writing

REFERENCES

List three persons who know you well enough to provide current information about you. Do not list relatives, former employers, or others already listed in the packet.

(1) Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home: (____) _____

Cell/Business: (____) _____ Occupation: _____

(2) Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home: (____) _____

Cell/Business: (____) _____ Occupation: _____

(3) Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home: (____) _____

Cell/Business: (____) _____ Occupation: _____

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

PERSONAL DECLARATIONS

(1) Do you have any practice or other belief which would prevent you from fully performing the duties of a dispatcher? Including working on weekends, evenings, night shift, or any holiday?

Yes No

If yes, explain below

(2) Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a dispatcher?

Yes No

If yes, explain below

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

Signature of Applicant

Date

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

Signature of Applicant

Date

READ, SIGN AND DATE

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

Have you deliberately falsified any information on the Personal History Statement?

Yes No

Have you intentionally left any information off of your Personal History Statement?

Yes No

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

Applicant Signature

Date / /

Sworn to and subscribed before me on the _____ of _____, _____
Day Month Year

Notary Public

(SEAL)

******YOUR NOTARIZED SIGNATURE MUST BE INCLUDED ON
THIS PAGE AND ON THE RELEASE OF INFORMATION
AGREEMENT PAGE DIRECTLY FOLLOWING, BEFORE THESE
DOCUMENTS ARE BROUGHT WITH YOU TO YOUR SCHEDULED
CRITICAL TESTING DATE *****

**CITY OF WICHITA FALLS
POLICE DEPARTMENT**

RELEASE OF INFORMATION AGREEMENT

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

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

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

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

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

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

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

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

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

Address: _____
Street _____ City _____ State _____ Zip _____

Signature: _____ Date: _____

THE STATE OF TEXAS)
COUNTY OF WICHITA)

Before me _____ on this date personally appeared _____

Known to me on the oath of _____ of through _____
(Description of identity card or other document)

to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same for the purposes and consideration therein expressed.

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

Signature of Notary