Bryan Police Department
Entrance Exam Information

POSITION: Police Officer (Cadet and Certified)

EXAM DATE: Saturday, March 7, 2015

TIME: 9:00 AM (check-in time is between 8am and 8:45am)

LOCATION: Blinn College – Bryan Campus
Student Center – Building E
2423 Blinn Blvd.
Bryan, TX 77803

APPLICATION DEADLINE: Wednesday, February 25, 2015

REQUIREMENTS: Online Application ***and*** Personal History Statement (PHS)

Online Application: If you are interested in applying for the position of Police Officer, you must complete an online City of Bryan Application by the designated deadline. Visit www.bryantxjobs.com and select "Search Positions" to apply. You will receive an online confirmation number upon successfully submitting your application.

Personal History Statement: You must complete a Personal History Statement (PHS) prior to the administration of the written exam on Saturday, March 7, 2015. The completed PHS must be turned in when you check in for the written exam. Failure to do so will result in disqualification from the testing process.

Prior Military Service: If you received an honorable discharge from the armed services of the United States, you must furnish a copy of your DD-214 Form by the application deadline in order to receive an additional five (5) points to your final score, should you pass the written examination. DD-214 Forms will not be accepted at the testing site for the additional points. You may either e-mail a copy of your DD-214 form to mgarner@bryantx.gov, attach a scanned copy to your online application, mail a copy to the Human Resources Department, 300 S. Texas Avenue, Bryan, TX 77803 **or** fax it to 979-209-5059 (please confirm it was received if faxed).

Bryan Police Department Information Sheet

The Bryan Police Department is seeking individuals with integrity who are committed to public service, dedicated and professional, with a willingness and compassion to work together with the citizens of Bryan to maintain a healthy and safe community.

The City of Bryan is conveniently located at the center of the Dallas/Fort Worth, Houston and Austin/San Antonio triangle. With a population of 70,000, and its neighboring city (College-Station), which is similar in size, there are amenities of a large city, but with the sense of a small community. The cost of living in Bryan is lower than most cities in Texas. Bryan is also proud of its diverse culture, quality homes and neighborhoods, exceptional educational facilities and advanced health care facilities.

DEPARTMENT OPPORTUNITIES

The Bryan Police Department has 138 sworn personnel and 12 reserve officers. The Department is organized into three bureaus: Patrol Services Bureau, Administrative Services Bureau, and Investigative Services Bureau. Specialized divisions include:

- Patrol
- Criminal Investigation Division
- Training and Recruiting
- K-9
- Directed Deployment Team
- Neighborhood Enforcement Team
- School Resource Officers
- Crisis Negotiation Team
- Drug Enforcement Team
- Tactical Response Team
- Traffic Safety Unit

HIRING PROCESS

Each applicant must successfully complete the following:

- Employment Application
- Personal History Statement
- Written Exam
- Physical Fitness Test (sit-ups, pushups and 1.5 mile run)
- Preliminary Interview
- Background Investigation
- Polygraph Exam
- Oral Interview Board
- Psychological Exam
- Medical Exam – Drug Screen
- Police Chief Interview

Duration of Entire Application Process can be from 4 – 12 months

BASIC QUALIFICATIONS

- U.S. Citizen between the ages of 21 and 44.
- High school diploma; OR a high school equivalency certificate or GED and has 12 hours college credit with at least a 2.0 grade point average; OR an honorable discharge from the armed forces after at least 24 months of active duty service.
- Valid driver's license with good driving record.
- If applicable, military service discharge must be under honorable conditions as stipulated on DD-214 form.
- No felony or Class A misdemeanor convictions; no Class B misdemeanor convictions within the past (10) years.
- Good moral character, stable employment record and no history of any conduct which may affect suitability for law enforcement work.

BENEFITS

- Health plan including dental coverage – co-pay plan
- Flexible spending accounts
- Life insurance with option to purchase additional coverage for self and/or dependents
- Long-term disability
- Retirement plan – automatic participation (7% employee contribution – City matches 2-1)
- Optional 457 deferred compensation plan
- Paid sick leave with unlimited accumulation
- Paid vacation leave with unlimited accumulation and holidays
- Employee Assistance Program
- College tuition reimbursement program
- Uniforms provided and cleaned
- Equipment furnished, including regulation weapon
- Longevity pay - $4/month for each year of service to a maximum of $1200/year
- 12-hours shift schedule for Patrol division – 3 day weekend approx. twice/month
- Mobile data computers in police vehicles
- TCLEOSE Certificate Pay

Note: Reapplication for the position of Police Officer can occur at the next posted examination for any applicant not accepted for a position.

FOR MORE INFORMATION

City of Bryan Human Resources (979) 209-5060
Bryan Police Department
Recruiting Officer Lori Berndt (979) 209-5323
www.bryantx.gov

The City of Bryan is an Equal Opportunity Employer

CAUSE FOR REJECTION FOR FIRE FIGHTERS AND POLICE OFFICERS

The City may reject an applicant for one or more of the following reasons listed below. Time calculations for an action that constitutes rejection for a specified period of time shall be calculated from the date the application for employment is submitted by an applicant.

(a) Applicant fails to pass any part of the entrance examinations;

(b) Applicant fails to make application in the manner prescribed in the notice of examination, and/or fails to file the application with the Director within the time limits prescribed in the notice of examination;

(c) Applicant fails to meet Minimum Standards for Initial Licensure as set forth by Texas Commission on Law Enforcement Officer Standards and Education for peace officer candidates or fails to meet any of the minimum requirements expressed in the rules of the Texas Commission on Fire Protection and the Texas Department of Health for fire fighter candidates;

(d) Applicant is not a citizen of the United States of America by birth or naturalization. The applicant shall be considered disqualified until citizenship is obtained in compliance with federal laws;

(e) Applicant fails to demonstrate his/her ability to read, write, and fluently speak the English language. The applicant shall be disqualified until the deficiency is corrected;

(f) Applicant is unable to perform the essential functions of the position to which he/she seeks appointment, with or without reasonable accommodation;

(g) Applicant has engaged in, received deferred adjudication or pre-trial diversion for, or has been convicted of: conduct that constitutes a Class A Misdemeanor under the Penal Code or equivalent under federal law, to include the Uniform Code of Military Justice (UCMJ), or a Class B Misdemeanor within the past ten (10) years, or any other conduct that may be unsuitable for employment with the City of Bryan Fire or Police Department. Crimes involving moral turpitude may result in permanent disqualification and shall be considered on a case-by-case basis with appropriate consideration of circumstances and recency.

Applicant has engaged in, received deferred adjudication or pre-trial diversion for, or has been convicted of conduct which constitutes a felony under state or federal law, to include the UCMJ. Conviction of or engaging in conduct that constitutes a felony shall result in permanent disqualification. An applicant shall not be considered for employment while charges are pending for any criminal offense or while he/she is currently on probation for any offense;

(h) Applicant has made any false statement in any material fact; withheld information, practiced or attempted to practice any deception or fraud in his/her application, examination or appointment. Depending on the variables involved, rejection may be either permanent or temporary;

(i) Applicant fails to complete or satisfactorily meet the employment process requirement of the respective Department, including missed appointments, failure to return necessary paperwork, failure to notify Department of changes in address or telephone numbers, failure to properly complete any or all application materials, or who otherwise fails to complete application process;

(j) Applicant fails to satisfactorily complete the oral interview process, including but not limited to B-PAD (Behavioral Personnel Assessment Device). An applicant shall be disqualified for failure to verbally communicate effectively and appropriately; failure to demonstrate an understanding of the roles and responsibilities of a fire fighter or police officer; failure to present the maturity expected of a fire fighter or police officer; or failure to accurately and precisely respond to the questions of the interviewers;

(k) An applicant may be temporarily or permanently disqualified if it has been determined by the City that, or he/she has engaged in, conduct which constitutes excessive and/or recent use of intoxicants, including alcohol. Conduct involving recent use of illicit substance or excessive use of intoxicants shall be considered on a case-by-case basis with consideration given to circumstances and recency.

Applicant has not used illicit substances as indicated by the following guidelines:

- No unlawful consumption of marijuana within the last three (3) years.
- No unlawful consumption of paints, gases or other abusable chemicals.
- No unlawful consumption of any Texas Health and Safety Code Penalty Groups I and II drugs (excluding marijuana).
- No unlawful consumption of any Texas Health and Safety Code Penalty Groups III or IV drugs within the last ten (10) years.

An applicant may be temporarily or permanently disqualified if it has been determined by the City, or he/she has engaged in conduct which constitutes abuse of legally obtained prescription medication(s), or illegal use of the prescription medication(s) of another person. Conduct involving the abuse and/or misuse of prescription medication(s) shall be considered on a case-by-case basis with consideration given to circumstances and recency.

An applicant shall be permanently disqualified if it has been determined by the City that, or he/she has engaged in, conduct which constitutes illegal use of felony grade substances as defined in the Texas Penal Code;

(l) Applicant has engaged in, received deferred adjudication or pre-trial diversion for, or has been convicted of DWI/BWI/FWI/DUI within the past five (5) years or violations exceeding four (4) events (moving violations or preventable accidents) within the past three (3) years. An applicant shall be temporarily disqualified until he/she can meet the above standards.

Lesser, but more severe, violations which tend to indicate driving habits that are not compatible with the operation of emergency vehicles and present potential liabilities to the City shall be temporary disqualifications. Reapplication shall be permitted when the applicant can meet the above standards;

(m) Applicant has been dismissed or resigned in lieu of dismissal from any employment for inefficiency, delinquency, or misconduct. Said dismissal or termination shall be considered on a case-by-case basis, with final approval by the Department Head. Rejection under this provision shall be considered permanent;

(n) Applicant has demonstrated a failure to pay just debts. Due to the variables involved, each situation shall be considered on a case-by-case basis. Factors which shall be considered include, but are not limited to: type and number of debts, reasons for the bad credit, extenuating circumstances, and the potential for the credit-related problems impacting the applicant's judgment and integrity. Resolution of bad credit may result in re-qualification. A credit report will not be a sole disqualifier. If used as a disqualifier, the applicant will be notified in accordance with the Fair Credit Reporting Act;

(o) Applicant has exercised poor judgment skills within the past five (5) years. The applicant has demonstrated either immaturity or poor judgment in the applicant's decision-making process. Examples of such conduct would include, but is not limited to: attendance at a party or social function at which controlled substances or dangerous drugs are consumed, and such activity is known or should have been known by the applicant; silent acceptance of known illegal conduct by others in his/her presence; workplace behavior/decisions that adversely affect the business or associates, with little or no objectively justifiable need for such behavior. Rejection for this cause shall be temporary until the applicant can demonstrate that his/her judgment skills have developed;

(p) Applicant has a history of unstable work, i.e., as evidenced by frequent changing of jobs for no apparent reason excluding seasonal, student, part-time or contract work. Rejection under this provision shall be temporary in nature and an applicant shall be eligible for reapplication after a five (5) year period. Due to the variables involved, each situation shall be considered on a case-by-case basis. Rejection for employment in an illegal occupation shall be permanent in nature;

(q) Applicant has failed to meet all legal requirements necessary for future licensing and certification as required by the Texas Commission on Law Enforcement Officer Standards and Education or the Texas Commission on Fire Protection. Rejection for this cause shall be temporary until applicant can meet those standards;

(r) Applicant has been discharged from any military service under less than honorable conditions. This may include:

- Under other than honorable conditions;
- Bad conduct;
- Dishonorable;
- General;
- Uncharacterized; or
- Any other characterization of service indicating bad character or conduct, even when coincides with an honorable discharge.

If there is a question about the honorable conditions of discharge at the time of the candidate's application, the applicant may sit for the civil service exam and the discharge will be further assessed during a background investigation, if applicable."

BRYAN POLICE DEPARTMENT
PHYSICAL FITNESS ASSESSMENT

FITNESS ASSESSMENT

All applicants will be expected to successfully complete the following activities relating to physical fitness:

A. CARDIORESPIRATORY ENDURANCE

A timed 1.5 mile run without any assistance.

1.5 MILE RUN			
Age	**21-29**	**30-39**	**40-44**
Male	**13.06**	**13.45**	**14.24**
Female	**15.25**	**15.56**	**16.53**

B. UPPER BODY STRENGTH

Push-up test (Place hands comfortably on the ground shoulder width apart. Place feet 0-12" apart. The body should be in a straight line from shoulders to ankles throughout the exercise.)

PUSH-UPS			
Age	**21-29**	**30-39**	**40-44**
Males	**26**	**20**	**15**
Females	**20**	**15**	**10**

C. ABDOMINAL STRENGTH

One minute sit-up test (Lie on back with knees at a 90 degree angle and heels on the ground. Feet may be together or apart. Fingers must stay cupped behind ears throughout the exercise. A partner may help hold heels to the ground.)

SIT-UPS			
Age	**21-29**	**30-39**	**40-44**
Males	**35**	**32**	**27**
Females	**30**	**22**	**17**

D. WEAPON TEST

A strength test for firing a weapon will be administered along with the above fitness assessment. The applicant must hold an unloaded police service pistol at arms length parallel to the ground and pull the trigger 6 times with each hand. This test may be administered, at the Police Department's discretion, by using a trigger-pull simulator.

CITY OF BRYAN
CIVIL SERVICE POLICE PAY SCHEDULE
EFFECTIVE 10/01/14

OCCP CODE	RANK	GRADE/ STEP	HOURLY RATE	ANNUAL RATE	REQUIREMENT
601P	Police Cadet	PO2-1	$21.65	$45,032	Enrollment in Basic Peace Officer Academy/ Start of Probationary Period
602P	Police Officer	PO3-1	$23.20	$48,256	Basic Certificate
		PO3-2	$23.81	$49,525	1 year at PO3-1
		PO3-3	$24.43	$50,814	1 year at PO3-2
		PO3-4	$25.04	$52,083	1 year at PO3-3
		PO3-5	$25.44	$52,915	Intermediate Certificate
		PO3-6	$26.09	$54,267	1 year at PO3-5
		PO3-7	$26.75	$55,640	1 year at PO3-6
		PO3-8	$27.47	$57,138	1 year at PO3-7
		PO3-9	$28.21	$58,677	Advanced Certificate
		PO3-10	$28.94	$60,195	1 year at PO3-9
		PO3-11	$29.71	$61,797	1 year at PO3-10
		PO3-12	$30.49	$63,419	1 year at PO3-11
		PO3-13	$32.00	$66,560	Master Certificate
		PO3-14	$32.80	$68,224	1 year at PO3-13
603P	Police Sergeant	PO4-1	$30.57	$63,586	Promotion to Sergeant; Intermediate Certificate
		PO4-2	$31.19	$64,875	1 year at PO4-1
		PO4-3	$31.82	$66,186	1 year at PO4-2
		PO4-4	$34.28	$71,302	Promotion to Sergeant; Advanced Certificate
		PO4-5	$34.95	$72,696	1 year at PO4-4
		PO4-6	$35.66	$74,173	1 year at PO4-5
		PO4-7	$37.60	$78,208	Promotion to Sergeant; Master Certificate
		PO4-8	$38.36	$79,789	1 year at PO4-7
604P	Police Lieutenant	PO5-1	$38.45	$79,976	Promotion to Lieutenant; Advanced Certificate
		PO5-2	$39.33	$81,806	1 year at PO5-1
		PO5-3	$40.12	$83,450	1 year at PO5-2
		PO5-4	$42.18	$87,734	Promotion to Lieutenant; Master Certificate
		PO5-5	$43.00	$89,440	1 year at PO5-4

CITY OF BRYAN
CLASSIFIED POLICE CERTIFICATION PAY

As of 10/1/14

CERTIFICATE	MONTHLY RATE
Basic	$0
Intermediate	$75
Advanced	$100
Master	$150

Original Effective Date: 10/1/05

Driving Directions-Blinn Campus in Bryan

From the west:	(Austin is 100 miles)	• Enter Bryan from Highway 21 East • South (right) on Highway 47 approximately 4 miles • East (left) on Villa Maria Rd. • Follow Villa Maria past Texas Ave. (Business Hwy 6) • At fork, stay to the left to continue on Villa Maria • Blinn is on the left two lights past E. 29th St.
From the east:	(Madisonville is 35 miles)	• Enter Bryan from Highway 21 West • South (left) on Highway 6 in Bryan • Exit west (right) onto William J. Bryan Parkway • At first light, turn left on Villa Maria • Blinn is on the right at the next light (approximately ½ mile
From the north or south:	(Waco is 90 miles; Dallas is 175) (Houston is 90 miles)	• Enter Bryan from Highway 6 • Exit west onto William J. Bryan Parkway • At first light, turn left on Villa Maria • Blinn is on the right at the next light (approximately ½ mile)
From Brenham:	(50 miles)	• FM 50 North to FM 60 East (right) • FM 60 into College Station where it becomes University Ave • Continue on east on University Ave • North (left) on E. 29th St. • East (right) on Villa Maria Rd. • Blinn is on the left at the 2nd light

IMPORTANT:

Please be sure to park in <u>Lot E & the exam will be held in Building E</u>.

Bryan Police Department

Personal History Statement
Probationary Police Officer

For questions about the process or filling out the Personal History Statement:
E-mail: LBerndt@bryantx.gov or phone (979) 209-5323 Officer Lori Berndt

NAME: _____ ***DATE:***_____

This document must be turned in
***WHEN YOU CHECK IN ON THE DESIGNATED TESTING DAY*.**
Failure to promptly submit this document will result in disqualification from the process!

POLICE OFFICER SELECTION PROCESS

The selection process is a key factor in the operational effectiveness of the City. Its purpose is to select those individuals best qualified to help maintain a police department that is responsive to the needs of the total community.

The actual time involved in the selection process is determined by the applicant's availability for processing, testing, background investigations and the number of applicants under consideration.

Throughout the selection process you may be required to submit additional information. If your application is placed in an inactive status, you will be informed if you are eligible to reapply.

IMPORTANT

Once having submitted your application for employment, it is important you keep the Department informed of circumstances that could effect your application, such as changes of address, telephone number, employment, martial status, arrest record, traffic record status or loss of interest in becoming a probationary police officer. Please notify the recruiting officer as soon as possible to new information or this could result in your disqualification.

The background investigation normally takes several months and is conducted by a background investigator. The background investigation will include the following areas:

Personal and Family History	Employment History	Criminal Records
Residence History	Education	Personal References
Driving History	Financial Status	Military

INSTRUCTIONS

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position of probationary police officer. Please read these instructions carefully before proceeding. You are responsible for ensuring that the information in your Personal History Statement is accurate. Any incomplete information or inaccuracies could result in your disqualification from the Eligibility List.

1. Your Personal History Statement should be hand printed legibly in black ink. ***(This MUST BE your own hand writing.)***

2. Answer all questions completely. **If a question does not apply 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 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. The internet has many resources that can assist you getting complete addresses. Include area codes with all phone numbers.

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.

YOUR FAILURE TO PROPERLY AND THOROUGHLY COMPLETE THIS DOCUMENT MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND/OR REMOVAL FROM THE ELIGIBILITY LIST.

Deliberate omissions of required information are grounds for rejection. A deliberate misrepresentation of required information is grounds for rejection.

If you have any questions regarding the required information, contact the Bryan Police Training/Recruitment Division prior to returning the document. You may reach Officer Berndt at (979) 209-5323 from 8 a.m. - 5 p.m., Monday - Friday.

Police Applicant's Name:_____

The documents below **MUST** be turned in at the time your Personal History Statement is due at testing, unless you indicate that it was ordered.

Circle the appropriate answer for each item and fill in the appropriate blanks. Indicate the date ordered, if the document is not attached.

1. Certified High School Transcript from _____ High School
(sent directly from the school or attached in a sealed official envelope from the school)

Attached Yes or No (if No, then indicate Date ordered)

Date Ordered _____

2. Original or Certified Copy of Birth Certificate

Attached Yes or No (if No, then indicate Date ordered)

Date Ordered _____

3. Copy of High School Diploma or GED Certificate

Attached Yes or No (if No, then indicate Date ordered)

Date Ordered _____

4. Certified College Transcript from _____ College
(sent directly from the school or attached in a sealed official envelope from the school)

Attached Yes or No (if No, then indicate Date ordered)

Date Ordered _____

Certified College Transcript from _____ College
(sent directly from the school or attached in a sealed official envelope from the school)

Attached Yes or No (if No, then indicate Date ordered)

Date Ordered _____

5. Copy of Military DD214

Attached Yes or N/A

6. Copy of Valid Driver's License

Attached Yes

7. Copy of Current Auto Insurance Card

Attached Yes

8. Copy of Social Security Card

Attached Yes

9. Copy of all Marriage Licenses

Attached Yes or N/A

10. Copy of all Divorce Decrees

Attached Yes or N/A

11. Copy of Credit Report
(can be obtained one time per year for free from www.annualcreditreport.com)

Attached Yes

12. Copies of any certificates or specialized training in law enforcement

Attached Yes or N/A

13. Full Length Photograph (digital photographs are accepted)

Attached Yes

Any document, once submitted, will <u>not</u> be returned.

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APPLICANT IDENTIFICATION

Name: _____
Last First Middle

Other names used: Maiden, Adoption, Nicknames, Etc._____

Home Address: _____
No. Street Name Apt. # City State Zip

Home Telephone Number: _____Work Telephone Number: _____

Alternate Telephone Number: _____ E-mail Address: _____

Social Networking Website:_____Personal Website:_____

Date of Birth: _____ SS#: _____ U.S. Citizen? ☐ Yes ☐ No

Place of Birth (City, County, State):_____

Current Driver's License: _____
Number State of Issue Date of Expiration

Past Driver's License:_____
(if applicable) Number State of Issue Date of Expiration

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifying Marks:

Scars: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Telephone number where you can be reached between 8 a.m. and 5 p.m. M-F: _____

Telephone number where you can be reached after 5 p.m. or on the weekends:

_____

Have you ever attended a basic peace officer licensing course: ☐ Yes ☐ No

If yes, then provide the following:

PID _____

Academy Name _____

Academy Location _____

Dates Attended _____

Did you graduate? ☐ Yes ☐ No

Name and contact number for your Academy Training Coordinator _____

_____

Are you currently employed as a Texas Peace Officer? ☐ Yes ☐ No

If Yes, then with which Department? _____

RESIDENCES

Beginning with your present address, list all addresses where you have lived during the past **ten** years. List date by month and year. Include apartment complex names and the office telephone numbers. Attach additional pages if necessary.

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

RESIDENCES (continued)

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? _ Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

From	To	Address(Street, City, ST ZIP)	Apartment Complex Name	Office Phone Number

☐ Yes ☐ No Was a lease signed? Names on lease: _____

RESIDENCES (continued)

Please list neighbors' names, addresses and phone numbers.

Present Neighbors

Name	Address	Phone Home	Phone Work

Past Neighbors

Name	Address	Phone Home	Phone Work

☐ Yes ☐ No Have you ever shared a residence with someone other than family members? If **Yes**, give the following:
(use additional sheets, if necessary, for other people you have shared a residence with (non-familial))

1.) Name/Address/Phone Number: _____

When and Where? _____

2.) Name/Address/Phone Number: _____

When and Where? _____

Who do you consider to be your best friend?

Name/Address/Current Phone Number: _____

If you have a boyfriend/girlfriend or significant other; then list their name, telephone number and length of relationship?

Name/Address/Current Phone Number and Length of Relationship

_____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list **all** of the jobs you have had since age 17. Include all part time, temporary, seasonal and voluntary positions. Include military service in proper time sequence. Attach additional pages if necessary.

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

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

_____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire? _____

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐Yes ☐ No Are you eligible for rehire?

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire?

EMPLOYMENT HISTORY (continued)

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire? _____

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire? _____

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire?

EMPLOYMENT HISTORY (continued)

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer:_____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire?

☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Voluntary

Starting Date: _____ Ending Date: _____ Employer: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Duties/Responsibilities: _____

Name of Co-Worker(s): _____

Reason for Leaving: _____

☐ Yes ☐ No Are you eligible for rehire?

☐ Yes ☐ No Were you ever discharged, terminated, fired or forced to resign any job because of misconduct or unsatisfactory service (except military)?

If Yes, explain and give name and address of employer, date and reasons in each case.

_____

_____

_____

☐ Yes ☐ No Have your employers always treated you fairly?

If No, explain: _____

_____

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from high school.

(A period of unemployment is <u>any</u> time you did not have a job.)

From: (Mo/Yr)	To: (Mo/Yr)	Length of Unemployment	Reason for being Unemployed

MILITARY SERVICE

If male, when did you register with Selective Service? When?_____

☐ Yes ☐ No Have you been rejected by any branch of the armed forces?

☐ Yes ☐ No Have you ever been a member of any branch of the U.S. Armed Forces?

If **Yes**, attach copy of DD214

Branch of Service: _____Highest rank obtained: _____

Date of Induction: _____ Date of Discharge: _____ Type of Discharge: _____

If other than Honorable Discharge, please explain:_____

_____

If discharged early, please explain: _____

_____

Awards: (Type and date awarded)

_____ _____

_____ _____

Special Schools/Training

_____ _____

_____ _____

Last duty station and name of commanding officer: _____

_____

☐ Yes ☐ No Are you currently a member of a U.S. Reserve or National or State Guard organization?

Branch of Service: _____Grade & Service #: _____

Are you? ☐ Active ☐ Inactive ☐ On Standby

Organization/Station/Unit and Location: _____

_____

☐ Yes ☐ No While in the military service were you ever arrested for an offense which resulted in a trial by deck or by summary, special or general court-martial?

If Yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken.

Charge: _____ Date: _____

Results: _____

MILITARY SERVICE (continued)

If you answer Yes to any of the following questions, explain your answer in the space provided.

☐ Yes ☐ No Have you ever been accused on any charges not previously listed in this section?

☐ Yes ☐ No Were you ever counseled or reprimanded (written or verbal), by a First-Line Supervisor or Commanding Officer?

☐ Yes ☐ No Were you ever AWOL?

☐ Yes ☐ No Did you ever sell anything on the Black Market?

☐ Yes ☐ No Have you ever had any Statement of Charges brought up against you?

☐ Yes ☐ No Have you ever taken or used military equipment without proper authorization?

☐ Yes ☐ No While in the military, have you committed an act on duty, which if discovered, would have resulted in disciplinary action? (i.e. use of alcohol or drugs, larceny, etc.)

EDUCATIONAL HISTORY

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

If listing colleges/universities and you did not graduate, indicate the total number of credit hours obtained.

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 (City & State)	Dates Attended		Diploma, Degree and/or Credit Hours Earned and Minor/Major
	From	To	

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

School: _____ Dates: _____ Reason: _____

School: _____ Dates: _____ Reason: _____

☐ Yes ☐ No Have you ever been placed on academic probation?

School: _____ Dates: _____ Reason: _____

School: _____ Dates: _____ Reason: _____

SPECIAL ACTIVITIES, QUALIFICATIONS AND SKILLS

School Activities:
(Clubs, Sports, Etc.)

_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.

_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.

_____ 9th 10th 11th 12th Frshmn. Soph. Jr. Sr.

Community/Civic Activities:

_____

_____

Awards, Commendations or Items of Special Recognition:

_____

_____

List any special licenses you hold (pilot, first aid, scuba, etc.), give licensing authority, date of issue/expiration.

_____

_____

List any specialized skills or training you have received.

_____

_____

If you know a foreign language, indicate in each area your degree of fluency, i.e. excellent, good, fair.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

If you are a certified peace officer, list certificates and training hours for each course successfully attended. Attach copy of each diploma if applicable or provide training record from former department.

_____

_____ _____

List any other special qualifications or skills:

_____

ARREST, DETENTION, ILLEGAL ACTIVITIES AND LITIGATION

☐ Yes ☐ No Other than traffic violations have you ever been convicted of any criminal offense?

☐ Yes ☐ No Other than traffic violations have you ever been detained by any law enforcement agency?

☐ Yes ☐ No Have you ever been summoned into any court for a criminal offense?

If yes, explain each incident listing juvenile as well as adult occurrences. Attach additional sheets if necessary.

Offense Charged: _____ Arresting Agency: _____

Location of Arrest: _____ Date of Arrest: _____

Disposition: _____ Brief Explanation: _____

_____

Offense Charged: _____ Arresting Agency: _____

Location of Arrest: _____ Date of Arrest: _____

Disposition: _____ Brief Explanation: _____

_____

☐ Yes ☐ No Have you ever been placed on probation? (Including Unadjudicated Probation)

Offense Charged: _____ Offense Convicted: _____

Terms of Probation _____

Location: _____ Prob. Offcr.: _____
City County ST

☐ Yes ☐ No Has any member of your immediate family ever been convicted of a criminal offense? If Yes, give details. Attach additional sheets if necessary:

Name: _____Date of Birth:_____

Address: _____ Relationship: _____

Offense: _____ Date: _____

Arresting Agency: _____ Disposition: _____

Name: _____Date of Birth:_____

Address: _____ Relationship: _____

Offense: _____ Date: _____

Arresting Agency: _____ Disposition: _____

ARREST, DETENTION, ILLEGAL ACTIVITIES AND LITIGATION (continued)

Drug use covers **all** descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried one or more times, etc.

Have you ever used:

			How Many Times	Approximate Last Date	How was it used?
Anabolic Steroids/HGH	☐ Yes	☐ No	_____	_____	_____
Barbiturates	☐ Yes	☐ No	_____	_____	_____
Cocaine	☐ Yes	☐ No	_____	_____	_____
Crack	☐ Yes	☐ No	_____	_____	_____
Ecstasy	☐ Yes	☐ No	_____	_____	_____
Hashish	☐ Yes	☐ No	_____	_____	_____
Heroin	☐ Yes	☐ No	_____	_____	_____
Ice	☐ Yes	☐ No	_____	_____	_____
LSD/Acid	☐ Yes	☐ No	_____	_____	_____
Marijuana	☐ Yes	☐ No	_____	_____	_____
Methamphetamine	☐ Yes	☐ No	_____	_____	_____
Mushrooms	☐ Yes	☐ No	_____	_____	_____
Opium	☐ Yes	☐ No	_____	_____	_____
PCP	☐ Yes	☐ No	_____	_____	_____
Peyote	☐ Yes	☐ No	_____	_____	_____
Quaaludes	☐ Yes	☐ No	_____	_____	_____
Speed	☐ Yes	☐ No	_____	_____	_____
Ritalin/Adderall	☐ Yes	☐ No	_____	_____	_____
Tranquilizers	☐ Yes	☐ No	_____	_____	_____
Rohypnol	☐ Yes	☐ No	_____	_____	_____
GHB	☐ Yes	☐ No	_____	_____	_____
Other illegal drug/ Prescription Painkillers	☐ Yes	☐ No	_____	_____	_____

☐ Yes ☐ No Have you ever sold, possessed, manufactured, made available or delivered any of the specified items?

Which? _____ When? _____ # times? _____

Which? _____ When? _____ # times? _____

ARREST, DETENTION, ILLEGAL ACTIVITIES AND LITIGATION (continued)

☐ Yes ☐ No Have you ever bought any of the specified items?

Which? _____ When? _____ No. times? _____

Which? _____ When? _____ No. times? _____

☐ Yes ☐ No Have you ever had an illegal drug injection? What? _____

☐ Yes ☐ No Have you ever intentionally inhaled <u>any</u> substance to get a "high?" If Yes, list substance, frequency of use and approximate dates:

_____

_____

☐ Yes ☐ No Have you ever abused any prescribed medication, including cough medicine?

How did you abuse (misuse)? _____

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

☐ Yes ☐ No Have you ever been involved, in any way, in the manufacturing of an illegal drug?

What drug? _____ How were you involved? _____

Describe your involvement. _____

☐ Yes ☐ No Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc?

If yes, explain. _____

LITIGATION

☐ Yes ☐ No Have you ever been involved (even as a witness) in any type of law suit?

☐ Yes ☐ No Have you or your spouse ever been sued?

☐ Yes ☐ No Have you or your spouse ever sued anyone?

☐ Yes ☐ No Have you or your spouse ever filed bankruptcy?

☐ Yes ☐ No Has anyone ever threatened to take you or your spouse to court for non-payment of a debt?

(Explain any yes answers):

_____

_____

DRIVING RECORD

*With what company do you carry automobile insurance? _____

Company Address: _____

Policy Number: _____ Effective Dates: _____

☐ Yes ☐ No Do you possess a valid Texas driver's license? D.L. #: _____

☐ Yes ☐ No Do you possess a valid driver's license from another state? D.L# & State:_____

☐ Yes ☐ No Do you possess a valid driver's license for more than one state?

If Yes, list all driver's licenses: _____

_____How many total traffic citations have you received since you began driving?

_____ How many moving citations have you received in the past three years?

☐ Yes ☐ No Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle?

☐ Yes ☐ No Have you driven a motor vehicle, within the past three years, without proper insurance?

☐ Yes ☐ No Have you ever had your driver's license suspended?

Date of Suspension: _____ Type of Suspension: _____ Date Lifted: _____

☐ Yes ☐ No Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?

☐ Yes ☐ No Have you ever had a hearing for probation/suspension, etc.?

☐ Yes ☐ No Have you ever been placed as an assigned risk for vehicle insurance?

☐ Yes ☐ No Have you ever had your insurance revoked due to the number of traffic citations you have received?

☐ Yes ☐ No Have you ever knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked?

☐ Yes ☐ No Have you ever been denied a driver's license for any reason?

_____ How many motor vehicle accidents have you been involved in which you were the driver?

☐ Yes ☐ No Have you ever been involved in an accident and then left the accident scene without identifying yourself?

☐ Yes ☐ No Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage?

☐ Yes ☐ No Have you ever struck an unattended vehicle and then left without leaving identification?

DRIVING RECORD (continued)

List **all traffic citations** you have received. Include issuing agency, disposition, and court of disposition information.

Date Received	Type of Violation	Issuing Agency City / County / DPS	Disposition (Paid, Not Guilty, Etc.)

List all accidents in which you have been involved **as a driver**.

Date	Location	Brief Description

MARITAL AND FAMILY HISTORY

Current marital status.

☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If you are engaged: Wedding Date: _____

Name of Fiancée: _____ Date of birth: _____

Address: _____ Home #: _____ Bus. #: _____

If you are married (including Common-law): Date of marriage: _____

*Spouse's Name: _____ Date of birth: _____

Address: _____ Home #: _____ Bus. #: _____

*Include maiden or former name.

If you are separated: Date of separation: _____

Spouse's Name: _____ Date of birth: _____

Current address: _____ Home #: _____ Bus. #: _____

If you are divorced:* Date of marriage: _____ Date of divorce: _____

Court & State where issued:

Former Spouse's Name: _____ Date of birth: _____

Current address: _____ Home #: _____ Bus. #: _____

**If you have more than one divorce, list those on a separate sheet of paper and attach.*

If you are widowed: Date of marriage: _____ Date of death: _____

Former spouse's name: _____ Date of birth: _____

☐ Yes ☐ No Have you ever been married to more than one person at one time?

☐ Yes ☐ No Are you delinquent on any child support payments?

MARITAL AND FAMILY HISTORY (continued)

List all children related to you and/or to your spouse (Natural, Step-Children, Adopted or Foster).

Child's Full Name	Date of Birth	Relationship	Home Address (If different than your own)

☐ Yes ☐ No Are you now supporting all children born to you, adopted by you, and step-children? If No, explain:

_____

_____

OTHER DEPENDENTS

☐ Yes ☐ No Do you claim income tax exemptions for support of dependents other than your spouse and children? If Yes, complete the following:

Dependent's Full Name	Date of Birth	Relationship	Home Address (If different than your own)

MARITAL AND FAMILY HISTORY (continued)

List other immediate family members (father, mother, siblings) of both you and your spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Relationship	Date of Birth	Occupation/ Wrk. Ph. #	Home Address City, ST Zip Home Ph. #

List all person(s) you currently share a residence with that is not an immediate family member.

Full Name	Date of Birth	Relationship	Occupation Work Number	Length of time together

FINANCIAL STATUS

In the following blanks report all sources of income. Include any rental property, reimbursements on loans, part-time jobs, your primary job, etc. Also include your spouse's income. All amounts should be reported as monthly-gross amount (before deductions.) If you receive any income other than monthly, compute the amount as if it were on a monthly basis.

Monthly Income	Source
	TOTAL

Applicant's Spouse:

Spouse's Employer: _____ Job Title: _____

Business Address: _____

Business Phone #: _____ Hours/Days Worked: _____

☐ Yes ☐ No Do you own any real estate? __Value $_____

Location: _____

☐ Yes ☐ No Do you own any bonds, IRAs, government or other? Value $_____

☐ Yes ☐ No Do you own any corporate stocks? Value $_____

Banks:

Bank: _____ Phone #: _____ Type of Account:_____

Address: _____ Average Balance: _____

Bank: _____ Phone #: _____ Type of Account:_____

Address: _____ Average Balance: _____

Bank: _____ Phone #: _____ Type of Account:_____

Address: _____ Average Balance: _____

FINANCIAL STATUS (continued)

Give the **names, addresses and phone numbers** of all individuals, companies, and others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, utilities, cable, phone, day care, insurance and any other debts and payments. Do not include cash expenses such as groceries, gasoline, etc. If you pay on a debt other than monthly, compute the amount as if it were on a monthly basis. Include all debts owed by your spouse. Attach additional sheets if necessary.

Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:

FINANCIAL STATUS (continued)

Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:
Balance Due	Monthly Payment	Amount Past Due	Reason for Debt:
			Creditor:
			Account No.:

Total Balance Due	Total Monthly Payment	Total Amount Past Due

FINANCIAL STATUS (continued)

List all vehicles you own or drive.

Make	Model	Year	License Plate
Make	Model	Year	License Plate
Make	Model	Year	License Plate
Make	Model	Year	License Plate
Make	Model	Year	License Plate

☐ Yes ☐ No Have you ever had any accounts placed in the hands of a collection agency? If Yes, explain:

☐ Yes ☐ No Has anyone ever threatened to take you or your spouse to court for non-payment of a debt? If Yes, explain:

PERSONAL REFERENCES

List 5 persons who know you well enough to provide current information about you. **Do not list relatives or past/present employers.**

Name: _____ Occupation: _____

Home Address: _____ Years known: ____

Home Phone:_____ Work Phone: _____

What is your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____

Home Phone:_____ Work Phone: _____

What is your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____

Home Phone:_____ Work Phone: _____

What is your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____

Home Phone:_____ Work Phone: _____

What is your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____

Home Phone:_____ Work Phone: _____

What is your relationship with this person: _____

List all Law Enforcement Officers or Reserve Law Enforcement Officers you are acquainted with:

Name	Phone Number (work, home, and/or cell)	Agency

LAW ENFORCEMENT EXPERIENCE

☐ Yes ☐ No Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement related agency? List any additional agencies on a separate sheet of paper.

Name and Phone Number of Agency	Date of Application	Status of Application (rejected, pending, not pursued, etc.)

If you are currently employed or have ever worked for (full-time, part-time or reserve) any law enforcement agency, complete the following starting with the most recent:

Department/Agency: _____ Dates From-To: _____

Address: _____ Phone: _____

Department/Agency: _____ Dates From-To: _____

Address: _____ Phone: _____

Department/Agency: _____ Dates From-To: _____

Address: _____ Phone: _____

Department/Agency: _____ Dates From-To: _____

Address: _____ Phone: _____

LAW ENFORCEMENT EXPERIENCE (continued)

If you have ever served in law enforcement, either as full-time, part-time or reserve, complete the following. If you answer Yes to any of the questions, explain your answer in the space provided. Attach additional sheets if necessary.

☐ Yes ☐ No Have you ever been the subject of an Internal Investigation by your department/agency?

☐ Yes ☐ No Have you ever been reprimanded by a supervisor for actions which occurred on or off duty?

☐ Yes ☐ No Have you ever been investigated for any Federal violation (Tort claims, Civil Rights Violations, causing injuries, etc.)?

☐ Yes ☐ No Have you ever filed a lawsuit against any department/agency, a supervisor or co-worker where you currently work, or have worked in the past? Include any class action lawsuit.

☐ Yes ☐ No Have you ever been involved in any traffic accidents on duty whether they were reported or not?

☐ Yes ☐ No Have you ever been terminated from any law enforcement agency?

☐ Yes ☐ No Do you have any prior or pending Civil Rights actions filed against you as a law enforcement officer?

PERSONAL DECLARATIONS

Alcohol Use

☐ Yes ☐ No Do you use any alcoholic or tobacco products? If Yes, describe the frequency and extent of your use.

_____

_____

_____

_____

List all organizations you have been a member of, either past or present.

Name and Address	Type of Organization	Dates

☐ Yes ☐ No If it became necessary to take a human life in the course of your duties as a police officer, would any personal beliefs prevent you from doing so? If Yes, explain.

_____

_____

☐ Yes ☐ No Do you have any personal beliefs which would prevent you from fully performing the duties of a police, including working on weekends, evenings, night shift or holidays?

☐ Yes ☐ No Do you or your spouse have a relative currently employed with the City of Bryan?

If yes, give name, relationship, and position with the City. _____

_____

PERSONAL DECLARATIONS (continued)

☐ Yes ☐ No 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 or which might require further explanation? Is there anything else you have not acknowledged in this Personal History Statement which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain. _____

_____

_____

_____

_____

_____

_____

_____

_____

I HEREBY CERTIFY THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN ANY OF MY PREVIOUS STATEMENTS AND ANSWERS TO QUESTIONS.

I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OF MY APPLICATION, OR IF HIRED, TERMINATION OF MY EMPLOYMENT.

_____ _____

Signature of Applicant Date of Preparation