



TEXAS TECH POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

NAME: _____

DATE ISSUED: _____

I am applying for:

Guard

Civilian

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with this agency.

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING! These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects, so please read all instructions carefully before proceeding. All instructions must be followed exactly. Give complete and accurate answers for each question. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee and proceeding to the interview stage of the hiring process.

1. Your Personal History Statement must be printed legibly in **BLACK INK**, by the applicant or typed. Answer all questions truthfully and accurately. **PRINT SINGLE SIDED EACH ON A SEPARATE PAGE**.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. **YOU ARE RESPONSIBLE** for obtaining all correct and complete names, addresses and phone numbers (INCLUDING zip codes and area codes) where requested. If you are not sure of your information, verify it personally before submitting your Personal History Statement.
5. If there is insufficient space on the form for your answers, attach additional sheet or sheets as needed. Be sure each additional sheet references the section, question number, and page number.
6. An accurate and complete form will help expedite your investigation. **Omissions or Falsifications** will result in your **Automatic Disqualification** from the hiring process.
7. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application will be evaluated on completeness and neatness.
8. An **Authorization to Release Information** form must be read, completed, signed and notarized in order for the Background Investigator to obtain the necessary information needed.
9. All of the following **ORIGINAL** documents must be submitted with the Personal History Statement:
 - A. Original Certified Copy Of Your Birth Certificate.
 - B. Social Security Card
 - C. Valid Class C Texas Driver's License
 - D. Current Vehicle Liability Insurance Policy/Card
 - E. High School Transcripts Or Diploma
 - F. Credit Report – Can be obtained free at www.annualcreditreport.com
 - G. Sealed Original Certified Copy Of Your College Transcripts
 - H. Photo Copy Of Your College Diploma
 - I. Marriage Certificate - If Applicable
 - J. Dissolution Of Marriage Decree - If Applicable
 - K. Military Discharge Papers- DD214 (All Copies Including Member 4)
 - L. Naturalization Papers - If Applicable

When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned Background Investigator.

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Photocopies of the above documents will be made at the time the paperwork is turned in and the originals will be given back to the applicant. If original copies are not available, a letter showing the originals have been ordered will be accepted. The original will need to be shown to the Administrative Captain or the Background Investigator before an interview will be granted.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their perspective employer. It cannot be stressed

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate which section, question number, and page this refers to.
- Be as complete, honest, and specific as possible in your responses.

DISCLOSURE OF MEDICALLY RELATED INFORMATION

In accordance with U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form or to any other inquiry made prior to receiving a conditional offer of employment.

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Applicant Qualification Section

Before you begin to fill out this Personal History Statement, please ensure you have read and understand the following:

Initials

Once you have submitted your documentation, you will no longer have access to it.

I have answered every question completely.

I have provided all required documents or proof of documentation ordered.

I have added supplemental pages where necessary for additional information.

I have contacted the Texas Tech Police Department to clarify any questions I may have.

I have included all names, addresses and phone numbers in my PHS.

I understand any omission, falsification, or any other facts in my Personal History Statement I have intentionally or not intentionally left out is grounds for disqualification.

I am a citizen of the United States of America.

I have never been convicted, pled guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, pled guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never been convicted of any family violence offense.

I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct, which bars future military service.

I have earned a high school diploma, a GED, or an honorable discharge from the Armed Services of the United States after at least two years of active service.

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TTPD APPLICANT - PERSONAL BACKGROUND INFORMATION				
NAME: FIRST	MIDDLE	MAIDEN	LAST	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)		OTHER NAMES AND NICKNAMES
ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP
WORK ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP
HOME PHONE		WORK PHONE		CELL PHONE
DRIVERS LICENSE NUMBER		STATE	CLASS	DATE OF EXPIRATION (MM/DD/YY)
E-MAIL ADDRESS:				

OTHER NAMES USED

List all previous names you have used.

PHYSICAL DESCRIPTION

RACE	SEX	HEIGHT	WEIGHT (LBS)	EYES
HAIR	SCARS	TATTOOS or OTHER MARKINGS		

MARITAL STATUS

List all information below if you are or have been married, divorced, widowed, engaged, separated or living with someone. List all marriages that resulted in separation, divorce, or being widowed. LIST ALL CURRENT AND FORMER SPOUSES. THIS ALSO APPLIES TO YOUR CURRENT STATUS.

CHECK ALL THAT APPLY:				
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> ENGAGED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVING WITH SOMEONE <input type="checkbox"/> WIDOWED				
NAME OF SPOUSE: FIRST		MIDDLE	MAIDEN	LAST
ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP
PLACE OF MARRIAGE:		CITY	STATE	COUNTY
PHONE NUMBER		<input type="checkbox"/> LIVING	<input type="checkbox"/> DECEASED	DATE OF DEATH
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
OCCUPATION		CURRENT OR FORMER EMPLOYER		
DATE OF DIVORCE (MM/DD/YY)		REASON (S) FOR MARRIAGE BEING DISSOLVED		
E-MAIL:		Is there, or has there been, a restraining order or stay-away order in effect for this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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FORMER SPOUSE / COHABITANT'S

CHECK ALL THAT APPLY: SINGLE MARRIED ENGAGED SEPARATED DIVORCED
LIVING WITH SOMEONE WIDOWED

NAME OF SPOUSE: FIRST MIDDLE MAIDEN LAST

ADDRESS: STREET AND NUMBER CITY STATE ZIP

PLACE OF MARRIAGE: CITY STATE COUNTY DATE OF MARRIAGE (MM/DD/YY)

PHONE NUMBER LIVING DECEASED DATE OF DEATH

DATE OF BIRTH PLACE OF BIRTH CITY STATE COUNTRY

OCCUPATION CURRENT OR FORMER EMPLOYER

DATE OF DIVORCE (MM/DD/YY) REASON (S) FOR MARRIAGE BEING DISSOLVED

E-MAIL: Is there, or has there been, a restraining order or stay-away order in effect for this individual? YES NO

CHILDREN OR DEPENDENTS

(Include partial dependents, step-children/adopted)

NAME: FIRST MIDDLE LAST MALE FEMALE RELATIONSHIP DATE OF BIRTH

ADDRESS: STREET AND NUMBER CITY STATE ZIP CONTACT NUMBER

NAME: FIRST MIDDLE LAST MALE FEMALE RELATIONSHIP DATE OF BIRTH

ADDRESS: STREET AND NUMBER CITY STATE ZIP CONTACT NUMBER

NAME: FIRST MIDDLE LAST MALE FEMALE RELATIONSHIP DATE OF BIRTH

ADDRESS: STREET AND NUMBER CITY STATE ZIP CONTACT NUMBER

NAME: FIRST MIDDLE LAST MALE FEMALE RELATIONSHIP DATE OF BIRTH

ADDRESS: STREET AND NUMBER CITY STATE ZIP CONTACT NUMBER

NAME: FIRST MIDDLE LAST MALE FEMALE RELATIONSHIP DATE OF BIRTH

ADDRESS: STREET AND NUMBER CITY STATE ZIP CONTACT NUMBER

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FATHER

NAME: FIRST MIDDLE LAST

LIVING DECEASED

DATE OF DEATH

PHONE NUMBER

ADDRESS: STREET AND NUMBER CITY STATE ZIP

MOTHER

NAME: FIRST MIDDLE LAST

LIVING DECEASED

DATE OF DEATH

PHONE NUMBER

ADDRESS: STREET AND NUMBER CITY STATE ZIP

STEP-FATHER

NAME: FIRST MIDDLE LAST

LIVING DECEASED

DATE OF DEATH

PHONE NUMBER

ADDRESS: STREET AND NUMBER CITY STATE ZIP

STEP-MOTHER

NAME: FIRST MIDDLE LAST

LIVING DECEASED

DATE OF DEATH

PHONE NUMBER

ADDRESS: STREET AND NUMBER CITY STATE ZIP

FATHER-IN-LAW

NAME: FIRST MIDDLE LAST

LIVING DECEASED

DATE OF DEATH

PHONE NUMBER

ADDRESS: STREET AND NUMBER CITY STATE ZIP

MOTHER-IN-LAW

NAME: FIRST MIDDLE LAST

LIVING DECEASED

DATE OF DEATH

PHONE NUMBER

ADDRESS: STREET AND NUMBER CITY STATE ZIP

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BROTHERS AND SISTERS
(Including half, step, and adopted)

NAME: FIRST MIDDLE LAST			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH	
ADDRESS: STREET AND NUMBER CITY STATE ZIP						CELL NUMBER

NAME: FIRST MIDDLE LAST			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH	
ADDRESS: STREET AND NUMBER CITY STATE ZIP						CELL NUMBER

NAME: FIRST MIDDLE LAST			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH	
ADDRESS: STREET AND NUMBER CITY STATE ZIP						CELL NUMBER

NAME: FIRST MIDDLE LAST			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH	
ADDRESS: STREET AND NUMBER CITY STATE ZIP						CELL NUMBER

EDUCATION

CHECK ALL THAT APPLY:		<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> BACHELOR DEGREE	<input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> GED	<input type="checkbox"/> HOME SCHOOL DIPLOMA <input type="checkbox"/> MASTERS DEGREE
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LIST HIGH SCHOOLS ATTENDED OR WHERE YOU OBTAINED YOUR GED

HIGH SCHOOL (S) : Name and Address of School				PHONE NUMBER
HIGH SCHOOL (S) : Name and Address of School				PHONE NUMBER
DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO				

COLLEGE

COLLEGE NAME:		ADDRESS:		PHONE NUMBER
FROM:	TO:	DID YOU GRADUATE?	TOTAL HOURS	DEGREE EARNED

COLLEGE NAME:		ADDRESS:		PHONE NUMBER
FROM:	TO:	DID YOU GRADUATE?	TOTAL HOURS	DEGREE EARNED

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TRADE, VOCATIONAL, OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:			
SCHOOL NAME:		ADDRESS:	PHONE NUMBER
FROM:	TO:	TYPE OF SCHOOL/TRAINING	DID YOU COMPLETE THE COURSE?
SCHOOL NAME:		ADDRESS:	PHONE NUMBER
FROM:	TO:	TYPE OF SCHOOL/TRAINING	DID YOU COMPLETE THE COURSE?
DO YOU HAVE ANY STUDENT LOANS <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN LATE PAYING A STUDENT LOAN OR ARE YOU CURRENTLY LATE ON PAYING A STUDENT LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

DISCIPLINE

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.	

MILITARY

Are you registered for the Selective Service? To check selective service registration go to www.sss.gov . Print a copy and attach to application.	Selective Service Number	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		
BRANCH OF SERVICE	FROM	TO
TYPE OF DISCHARGE <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE	RANK	
ARE YOU CURRENTLY ENLISTED OR HAVE YOU SERVED IN ONE OF THE FOLLOWING?	END OF OBLIGATION:	
If checked, list unit, supervisor name, location, phone number and date obligation ends: <input type="checkbox"/> MILITARY RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> OTHER		
UNIT	SUPERVISOR NAME	
LOCATION	PHONE NUMBER	

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RESIDENCES

List all residences during the past seven (7) years. Provide complete addresses (Include Street, Drive, Road, etc.) Do not use P.O. Boxes. If the residence is a military base, identify the name of the base in the address, nearest city, state, and zip code. DO NOT list military barracks mates, unless you shared individual quarters. If more than six residences, make a copy of this page and fill out.

ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)			FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME			CONTACT NUMBER	
ADDRESS: STREET AND NUMBER CITY STATE ZIP			EMAIL:	
ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)			FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME			CONTACT NUMBER	
ADDRESS: STREET AND NUMBER CITY STATE ZIP	REASON FOR MOVING:		EMAIL:	
ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)			FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME			CONTACT NUMBER	
ADDRESS: STREET AND NUMBER CITY STATE ZIP	REASON FOR MOVING:		EMAIL:	
ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)			FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME			CONTACT NUMBER	
ADDRESS: STREET AND NUMBER CITY STATE ZIP	REASON FOR MOVING:		EMAIL:	
ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)			FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME			CONTACT NUMBER	
ADDRESS: STREET AND NUMBER CITY STATE ZIP	REASON FOR MOVING:		EMAIL:	
ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)			FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME			CONTACT NUMBER	
ADDRESS: STREET AND NUMBER CITY STATE ZIP	REASON FOR MOVING:		EMAIL:	

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HOUSEMATES

Provide contact information for all housemates listed in the section above entries you have resided with during the past seven (7) years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If more than six housemates, make a copy of this page and fill out.

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
NATURE OF RELATIONSHIP (FRIEND, RELATIVE, LANDLORD, HOUSEMATE ONLY):		

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
NATURE OF RELATIONSHIP (FRIEND, RELATIVE, LANDLORD, HOUSEMATE ONLY):		

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
NATURE OF RELATIONSHIP (FRIEND, RELATIVE, LANDLORD, HOUSEMATE ONLY):		

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
NATURE OF RELATIONSHIP (FRIEND, RELATIVE, LANDLORD, HOUSEMATE ONLY):		

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
NATURE OF RELATIONSHIP (FRIEND, RELATIVE, LANDLORD, HOUSEMATE ONLY):		

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
NATURE OF RELATIONSHIP (FRIEND, RELATIVE, LANDLORD, HOUSEMATE ONLY):		

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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WORK HISTORY

Beginning with your present or most recent job, list all employment for the past seven (7) years including part-time, self-employment, volunteer, temporary or seasonal jobs. Include the month and year of the beginning and ending of every job. For periods of self-employment, list the type of work you were engaged in along with the names, addresses and phone numbers of customers and/or suppliers who can verify your self-employment. Indicate anything else you were doing during that time period.

Would there be a problem if we contact your current employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FROM	TO	COMPANY NAME OR EMPLOYER			
ADDRESS: STREET AND NUMBER	CITY	STATE	ZIP		
TELEPHONE NUMBER	STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED				
JOB TITLE	DISCIPLINED AT WORK?		<input type="checkbox"/> COUNSELED <input type="checkbox"/> SUSPENDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LEAVE WITH PAY <input type="checkbox"/> TERMINATED
WHY DID YOU LEAVE THIS JOB?	<input type="checkbox"/> RESIGNED/QUIT <input type="checkbox"/> TERMINATED/FIRED <input type="checkbox"/> RETIRED <input type="checkbox"/> LAID OFF <input type="checkbox"/> OTHER				
REASON FOR LEAVING	SUPERVISOR NAME				
SUPERVISOR'S EMAIL:	SUPERVISOR'S PHONE NUMBER				
CO-WORKER NAME	CO-WORKER'S PHONE NUMBER				

FROM	TO	COMPANY NAME OR EMPLOYER			
ADDRESS: STREET AND NUMBER	CITY	STATE	ZIP		
TELEPHONE NUMBER	STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED				
JOB TITLE	DISCIPLINED AT WORK?		<input type="checkbox"/> COUNSELED <input type="checkbox"/> SUSPENDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LEAVE WITH PAY <input type="checkbox"/> TERMINATED
WHY DID YOU LEAVE THIS JOB?	<input type="checkbox"/> RESIGNED/QUIT <input type="checkbox"/> TERMINATED/FIRED <input type="checkbox"/> RETIRED <input type="checkbox"/> LAID OFF <input type="checkbox"/> OTHER				
REASON FOR LEAVING	SUPERVISOR NAME				
SUPERVISOR'S EMAIL:	SUPERVISOR'S PHONE NUMBER				
CO-WORKER NAME	CO-WORKER'S PHONE NUMBER				

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FROM	TO	COMPANY NAME OR EMPLOYER				
ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP		
TELEPHONE NUMBER		STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED				
JOB TITLE			DISCIPLINED AT WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COUNSELED <input type="checkbox"/> LEAVE WITH PAY	<input type="checkbox"/> SUSPENDED <input type="checkbox"/> TERMINATED
WHY DID YOU LEAVE THIS JOB?		<input type="checkbox"/> RESIGNED/QUIT <input type="checkbox"/> TERMINATED/FIRED <input type="checkbox"/> RETIRED <input type="checkbox"/> LAID OFF <input type="checkbox"/> OTHER				
REASON FOR LEAVING			SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER			
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER			

FROM	TO	COMPANY NAME OR EMPLOYER				
ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP		
TELEPHONE NUMBER		STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED				
JOB TITLE			DISCIPLINED AT WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COUNSELED <input type="checkbox"/> LEAVE WITH PAY	<input type="checkbox"/> SUSPENDED <input type="checkbox"/> TERMINATED
WHY DID YOU LEAVE THIS JOB?		<input type="checkbox"/> RESIGNED/QUIT <input type="checkbox"/> TERMINATED/FIRED <input type="checkbox"/> RETIRED <input type="checkbox"/> LAID OFF <input type="checkbox"/> OTHER				
REASON FOR LEAVING			SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER			
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER			

FROM	TO	COMPANY NAME OR EMPLOYER				
ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP		
TELEPHONE NUMBER		STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED				
JOB TITLE			DISCIPLINED AT WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COUNSELED <input type="checkbox"/> LEAVE WITH PAY	<input type="checkbox"/> SUSPENDED <input type="checkbox"/> TERMINATED
WHY DID YOU LEAVE THIS JOB?		<input type="checkbox"/> RESIGNED/QUIT <input type="checkbox"/> TERMINATED/FIRED <input type="checkbox"/> RETIRED <input type="checkbox"/> LAID OFF <input type="checkbox"/> OTHER				
REASON FOR LEAVING			SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER			
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER			

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UNEMPLOYMENT

LIST ALL PREVIOUS PERIODS OF UNEMPLOYMENT DURING THE PAST SEVEN (7) YEARS IF UNEMPLOYED FOR A PERIOD OF MORE THAN 30DAYS.

FROM	TO	REASON

REFERENCES

List three (3) people who you know you well, such as social and family friends, co-workers, military acquaintances. DO NOT include relatives, employers, or housemates, or other individuals listed elsewhere.

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
WORK ADDRESS: STREET AND NUMBER CITY STATE ZIP	WORK NUMBER	
How do you know this person? (friend, teacher, family, co-worker)?	How long have you known this person?	

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
WORK ADDRESS: STREET AND NUMBER CITY STATE ZIP	WORK NUMBER	
How do you know this person? (Friend, teacher, family, co-worker)?	How long have you known this person?	

NAME: FIRST MIDDLE LAST	CELL PHONE	HOME PHONE
ADDRESS: STREET AND NUMBER CITY STATE ZIP	EMAIL:	
WORK ADDRESS: STREET AND NUMBER CITY STATE ZIP	WORK NUMBER	
How do you know this person? (Friend, teacher, family, co-worker)?	How long have you known this person?	

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LAW ENFORCEMENT APPLICATIONS

Have you applied for employment with this or any other law enforcement or related agency in the last ten years? (city, county, state or federal)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> • If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses). • All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. • If more than three agencies, make a copy of this page and fill out. 		
DATE APPLIED	AGENCY	PHONE NUMBER
POSITION APPLIED FOR:		BACKGROUND INVESTIGATOR'S NAME: (If known)
ADDRESS		STATUS AND REASON IF NOT HIRED
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Interview <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date: _____ <input type="checkbox"/> Medical Date: _____		
STATUS: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Currently In Application Process <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown <input type="checkbox"/> Not Hired <input type="checkbox"/> Hired <input type="checkbox"/> On List		

DATE APPLIED	AGENCY	PHONE NUMBER
POSITION APPLIED FOR:		BACKGROUND INVESTIGATOR'S NAME: (If known)
ADDRESS		STATUS AND REASON IF NOT HIRED
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Interview <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date: _____ <input type="checkbox"/> Medical Date: _____		
STATUS: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Currently In Application Process <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown <input type="checkbox"/> Not Hired <input type="checkbox"/> Hired <input type="checkbox"/> On List		

DATE APPLIED	AGENCY	PHONE NUMBER
POSITION APPLIED FOR:		BACKGROUND INVESTIGATOR'S NAME: (If known)
ADDRESS		STATUS AND REASON IF NOT HIRED
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Interview <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date: _____ <input type="checkbox"/> Medical Date: _____		
STATUS: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Currently In Application Process <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown <input type="checkbox"/> Not Hired <input type="checkbox"/> Hired <input type="checkbox"/> On List		

DATE APPLIED	AGENCY	PHONE NUMBER
POSITION APPLIED FOR:		BACKGROUND INVESTIGATOR'S NAME: (If known)
ADDRESS		STATUS AND REASON IF NOT HIRED
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Interview <input type="checkbox"/> Conditional Job Offer <input type="checkbox"/> Psychological Examination Date: _____ <input type="checkbox"/> Medical Date: _____		
STATUS: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Currently In Application Process <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown <input type="checkbox"/> Not Hired <input type="checkbox"/> Hired <input type="checkbox"/> On List		

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CRIMINAL RECORD

This section requires you to report detentions, arrests, and convictions, including diversion programs and, in some cases, offenses that may have been pardoned. This also applies if you are a suspect in a criminal investigation. As a licensed applicant, you are required to disclose this information, unless specifically exempted by the state or federal law.

- All detentions or arrests, whether they resulted in a conviction or not.
- All citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without an actual arrest.)

Have you ever been detained or a suspect in an investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE	ARRESTING OR DETAINING AGENCY	CITY AND STATE
CHARGES		FINAL DISPOSITION: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED

DATE	ARRESTING OR DETAINING AGENCY	CITY AND STATE
CHARGES		FINAL DISPOSITION: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED

TRAFFIC CITATIONS

List all traffic citations you have received for the past five (5) years.

DATE	AGENCY	CITY AND STATE
CHARGES		FINAL DISPOSITION: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED

DATE	AGENCY	CITY AND STATE
CHARGES		FINAL DISPOSITION: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED

DATE	AGENCY	CITY AND STATE
CHARGES		FINAL DISPOSITION: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED

TRAFFIC ACCIDENTS

List all traffic accidents you were involved in for the past five (5) years.

DATE	AGENCY	CITY AND STATE	WERE YOU AT FAULT <input type="checkbox"/> YES <input type="checkbox"/> NO
CHARGES		FINAL DISPOSITION <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED	REPORTED TO LAW ENFORCEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE	AGENCY	CITY AND STATE	WERE YOU AT FAULT <input type="checkbox"/> YES <input type="checkbox"/> NO
CHARGES		FINAL DISPOSITION <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED	REPORTED TO LAW ENFORCEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO

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DRIVERS LICENSE HELD

List all states and license numbers for states in which you have held a driver license or permit to learn to drive a motor vehicle.

STATE	DRIVER LICENSE NUMBER
STATE	DRIVER LICENSE NUMBER

DRIVERS LICENSE SUSPENSIONS, REVOCATION, DENIALS, PROBATIONS

If your driver license has ever been suspended, revoked, cancelled or denied, or driving privileges probated, list the date, state and reason for such action.

DATE	STATE	REASON
DATE	STATE	REASON

CIVIL SUITS

List all civil suits in which you have been a defendant and include dates and disposition. (e.g., small claims actions, dissolutions, child custody, paternity, support, divorce, etc.)

REASON	DATE	DISPOSITION
REASON	DATE	DISPOSITION

GENERAL QUALIFICATIONS

Are you now or have you ever been a licensed or certified member of any trade or profession, such as a Pilot, Electrician, Radio Operator, Teacher, Peace Officer, etc. If you answered yes, list the certificate or license.

YES NO

CERTIFICATE OR LICENSE	ISSUING AGENCY
CERTIFICATE OR LICENSE	ISSUING AGENCY

OTHER QUALIFICATIONS

List any areas in which you have expertise, such as Foreign Languages, Computer Software, Technical Equipment, etc.

COMPLAINTS & COMMENDATIONS

List any complaints and/or commendations you have received in the past five (5) years. Include date and findings.

COMPLAINT/COMMENDATION	DATE	DISPOSITION

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**FORMER TEXAS TECH UNIVERSITY / TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
EMPLOYEES**

List all employment with the Texas Tech University / Texas Tech University Health Sciences Center to include regional campuses or the TTU System. Complete the following information.

FROM	TO	DEPARTMENT	LOCATION	SUPERVISOR
FROM	TO	DEPARTMENT	LOCATION	SUPERVISOR

SOCIAL MEDIA ACCOUNTS

List all any social media accounts, blogs, and/or websites you have created. Provide the website URL and your username. List by account name: Facebook, Instagram, Twitter, Snapchat, etc.

QUESTIONS: IF ANSWER IS YES, EXPLAIN ON LAST PAGE.

IF YOU ANSWERED YES TO ANY ONE OF THESE QUESTIONS, PLEASE EXPLAIN IN THE NEXT SECTION.

FINANCIAL

For each of the following questions, fill in the amounts to the nearest dollar.

1. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you in arrears on court-ordered child support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support,etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYMENT

4. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been fired, released during probation, or asked to resign from any place of employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you ever quit without giving proper notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever resigned in lieu of termination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a co-worker, superior,subordinate or customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you ever been the subject of a written complaint at work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you ever been counseled at work due to tardiness or absences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Have you ever received an unsatisfactory performance evaluation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Have you ever used sick leave when you were neither sick nor caring for a sick family member? If yes, how much sick leave have you used in the past five years, which was not due to illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast,article 15, letters of reprimand, counseling, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Have you EVER been detained for investigation, held on suspicion, questioned, arrested, indicted, criminally charged, convicted of any misdemeanor or felony offense, or been on probation or parole in this state or in any other legal jurisdiction (Including offenses punishable under the Uniform Code of Military Justice)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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LAW

17. Have you ever been fingerprinted for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Have the police ever been called to your home for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Have you filed a false insurance or workers' compensation claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Have you ever applied for or been denied a handgun permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVERS LICENSE

24. Have you ever driven a vehicle without auto insurance, as required by law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. Has your driver's license ever been placed on probation, suspended, revoked or in danger of suspension or revocation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. Have you held a valid license from any state for more than 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CRIMINAL ACTS

Within the past ten years have you ever committed any of the following misdemeanors?

27. Displaying a weapon or carrying an illegal weapon (illegal knife, club or handgun)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. Theft, Theft of Service, Intentionally Writing a Bad Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. Driving While Under the Influence of Alcohol and/or drugs (DWI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. Hit and Run	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Public Intoxication	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. Impersonating a Peace Officer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. Possession of Falsified or Altered Identification, including use of another person's ID (for any reason)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. Possession of Alcohol by a Minor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. Possession of Stolen Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. Resisting Arrest (including evading or eluding the police)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. Warrant issued for your arrest for any reason.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. Criminal Mischief or Trespassing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. Annoying/obscene phone calls?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41. Assault (use of force or violence upon another)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42. Assault on a family member (use of force or violence upon a family member)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43. Brandishing a weapon (any type of weapon)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44. Carrying a concealed weapon without a permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
45. Contributing to the delinquency of a minor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
46. Illegal gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
47. Indecent Exposure	<input type="checkbox"/> YES	<input type="checkbox"/> NO
48. Joyriding (using a car or other vehicle without the owner's permission)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
49. Any felony	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ALCOHOL AND DRUGS

50. In the past five years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
51. Do you consume alcohol? And if so how frequently.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
52. Are you currently using drugs illegally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

GANG ACTIVITY

53. Are you or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
54. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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DRUG USE

Questions about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs. Your answers should include, but not limited to, your use of any of the following drugs.

Amphetamines/Methamphetamine (Uppers, Speed, Crank, etc.)	Heroin/Opium	
Barbiturates (Downers)	Marijuana	
Cocaine/Crack/Cocaine	Mescaline	
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Morphine	
GHB (Date Rape Drug)	PCP	
Glue	Quaaludes	
Hallucinogens (Peyote, LSD, Mushrooms)	Steroids	
Hashish/Hashish Oil	Tetrahydrocannabinol (THC)	
55. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
56. Prior to the past three years, have you used any drug recreationally?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
57. Prior to the past three years, have you tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
58. Have you ever engaged in any of the activities listed below for drugs, narcotics, or illegal substances-including marijuana? (Check all that apply)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Sold	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Purchased
<input type="checkbox"/> Furnished	<input type="checkbox"/> Cultivated	<input type="checkbox"/> Carried or held for another
59. At any time in your life, have you EVER engaged in selling, cultivating, purchasing, manufacturing, furnishing or possessing drugs, narcotics or illegal substances, including marijuana and steroids?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
60. Have you ever used marijuana or any other drug not prescribed to you by a physician?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
61. Have you ever been arrested or convicted for a drug-related offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ANSWERS TO GENERAL AND OTHER QUESTIONS

If you answered "YES" to any of the questions 1-60 (pages 17-19), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation. Use a separate piece of paper for additional answers.

Question #	Explanation

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PERSONAL DECLARATIONS

Are there any incidents in your life or detail not mentioned herein, which may influence this agency's evaluation of your suitability for employment? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Describe any beliefs or precepts you may have, which would prevent you from performing the duties of a guard including working weekends, evenings, nights, and holidays? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The Texas Tech Police Department is a 24/7 operation and as a trainee, you will work each shift and when released can be assigned to any shift for the department needs. Are you or will you be involved with any activity that will prevent you from training on every shift for the initial training program if you were hired. This includes but is not limited to any school, training or other employment. (Initial training program lasts a minimum of 6 weeks for guard) this includes Saturday, Sunday and holidays. This does not apply to civilian hires. If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HEREBY GRANT AUTHORIZATION TO THE TEXAS TECH POLICE DEPARTMENT TO CONTACT ANY PERSON OR ORGANIZATION FOR INFORMATION AND/OR DOCUMENTS TO VERIFY THE VALIDITY OF ANY PREVIOUS STATEMENT REGARDING MY PREVIOUS EMPLOYMENT, CHARACTER, AND CONDUCT. I ALSO CERTIFY I HAVE READ THE INSTRUCTIONS AND I AM AWARE THAT NOT COMPLETING ALL INFORMATION AND TURNING IN THE REQUIRED DOCUMENTS COULD DISQUALIFY ME FROM THE APPLICATION PROCESS.

SIGNED AT _____
(CITY) _____

DATE _____

(STATE) _____

(SIGNATURE OF APPLICANT)

(WITNESS)

PHS REVIEW SHEET

NAME:			
(Last, First, M)			

APPLICANT INSTRUCTIONS: WRITE NAME ON LINE ABOVE. EVERYTHING BELOW THIS BOX IS TO BE FILLED OUT BY TEXAS TECH DEPARTMENT PERSONNEL ONLY WHEN THE APPLICANT HAS TURNED IN THE PERSONAL HISTORY STATEMENT.

OFFICE USE ONLY

DATE:	REVIEWED BY:	
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INSTRUCTIONS FOR REVIEWER: VERIFY ALL DOCUMENTS ARE ORIGINAL OR A CERTIFIED TRUE COPY. MAKE PHOTOCOPIES OF ALL ORIGINAL DOCUMENTS AND GIVE ORIGINAL DOCUMENTS BACK TO THE APPLICANT. CHECK YES, IF THE PERSON HAS TURNED IN AN ORIGINAL COPY. IF THE PERSON HAS NOT TURNED IN AN ORIGINAL COPY PLEASE CHECK THE ORIGINAL NEEDED BOX. IF THE PERSON DOES NOT HAVE AN ORIGINAL PLEASE CHECK NO AND WRITE A COMMENT IN THE BLOCK STATING THE EXPLANATION FOR NOT HAVING THE DOCUMENT.

DOCUMENT PROVIDED	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
BIRTH CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Original Needed
SOCIAL SECURITY CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Original Needed
DRIVER'S LICENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Original Needed
VEHICLE LIABILITY INSURANCE POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Original Needed
HIGH SCHOOL TRANSCRIPTS OR DIPLOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Original Needed
CREDIT REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Original Needed
COLLEGE TRANSCRIPTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Original Needed
MARRIAGE CERTIFICATE – IF APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Original Needed
DISSOLUTION OF MARRIAGE DECREE– IF APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Original Needed
NATURALIZATION PAPERS – IF APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Original Needed
MILITARY DISCHARGE PAPERS – DD214 (ALL COPIES INCLUDING MEMBER 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Original Needed

All documents required must be original. If the document is not an original, the original must be shown on date of interview to be hired.

HIRING MANAGER USE ONLY:

Background Investigator:			
Date Given:	Return	Date:	