



Texas Tech

Police Department

Personal History Statement



**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

**COMPLETE AND RETURN BY:** \_\_\_\_\_

**I am applying for:**

**Police Officer - PID#** \_\_\_\_\_

**Telecommunicator (Communications Operator) - PID#** \_\_\_\_\_

*County Jailer (Not Applicable)*

**Civilian Employment**

- **Unit Manager**
- **Support Staff (Senior Technician, Evidence Technician, Administration or Other)**

*Texas Commission on Law Enforcement (TCOLE) Personal History Statement (TCOLE rule 211.1(a) (8)*

*Personal History Statement for Texas / Applicant's Personal History Statement*

## **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 the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

**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 (application) must be printed legibly in **BLACK INK**, by the applicant or typed. Answer all questions truthfully and accurately. **PRINT SINGLE SIDED**.
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 correct and full addresses. Enter complete names, addresses and phone numbers (INCLUDING zip codes and area codes) where requested. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
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. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
9. 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. The Texas Commission on Law Enforcement requires this form.

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10. All document requested must be submitted with the Personal History Statement (Application). Original documents will be provided by the applicant for review. Once verified, photo copies, where acceptable, will be made and retained. Otherwise the original document(s) will remain with the Personal History Statement (Application). 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. *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required – modify list as necessary.* The following list of documents is required by the Texas Tech Police Department:
- A. Original Certified Copy of Your Birth Certificate.
  - B. Social Security Card
  - C. Valid Class C Texas Driver’s License (applicant must possess a valid Texas driver license prior to being offered employment)
  - D. Current Vehicle Liability Insurance Policy/Card
  - E. High School Transcripts Or Diploma
  - F. Credit Report - Can be obtained free at [www.annualcreditreport.com](http://www.annualcreditreport.com)
  - G. Sealed Original Certified Copy Of Your College Transcripts. (No photo copy)
  - 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
  - M. Copy of Your Peace Officer Certificate from Your Police Academy. (Police Officer Applicants Only)
  - N. Copy of A TCOLE Approved Firearms Qualifications within the Last 12 Months.
  - O. Copy of your Texas peace officer license & all training certificates awarded to you (Peace Officer Applicants Only)
11. If you have questions, please contact your assigned background investigator or the individual who sent this document or for regional campuses direct questions to the regional campus listed in the e-mail.
12. When submitting the completed documents, please place them in a sealed envelope marked ‘Personal and Confidential’ to your assigned Background Investigator.
13. 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, Lieutenant, 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.

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.

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- 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.

*If an applicant fails to turn in this document, they are disqualified for a period of six months.*

*If an applicant fails the background, failure to meet liability insurance requirements for driving, credit/financial, or does not get one recommendation from the interview board, they will be disqualified for two years.*

**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**

### **Instructions to the Applicant**

Before you begin to fill out this Personal History Statement, please ensure you have read and understand the following: (place initials on line indicating you understand)

\_\_\_\_\_ 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.

## **POLICE OFFICER AND COMMUNICATIONS OPERATOR QUALIFICATIONS**

### **Instructions to the Applicant**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all of these requirements to qualify for licensure as a peace officer, jailer, or telecommunicator in Texas.

\_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ 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 (2) years of active service

\_\_\_\_\_ 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.

\_\_\_\_\_ If previously worked for a law enforcement agency, I am eligible for rehire. (**Automatic Disqualifier If Not Initialed**).

\_\_\_\_\_ 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	SUFFIX
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)		OTHER NAMES AND NICKNAMES	
ADDRESS: STREET AND NUMBER				CITY	STATE
				ZIP	HOME PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE): STREET AND NUMBER					
CITY					
STATE					
ZIP					
WORK ADDRESS: STREET AND NUMBER				CITY	STATE
				ZIP	WORK PHONE NUMBER
CELL PHONE NUMBER		OTHER PHONE #'S		FAX	
DRIVERS LICENSE NUMBER			STATE	CLASS	DATE OF EXPIRATION (MM/DD/YY)
PLACE OF BIRTH: (City, County, State, Country)					
EMAIL ADDRESS: (List ALL e-mail addresses)					

PHYSICAL DESCRIPTION				
RACE	SEX	HEIGHT	WEIGHT (LBS)	EYE COLOR
HAIR COLOR	SCARS	TATTOOS or OTHER MARKINGS		

TCOLE CERTIFICATION		
CHECK ALL THAT APPLY: HAVE YOU EVER ATTENDED A BASIC LICENSING COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE LICENSED FROM TCOLE
<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> MASTER <input type="checkbox"/> INSTRUCTOR		
POLICE ACADEMY ATTENDED	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF ATTENDANCE
ADDRESS		
CITY		
STATE		
ZIP		
NAME OF ACADEMY COORDINATOR	PHONE NUMBER	
TCOLE Personal Identification Number (PID #)		

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**RELATIVES AND REFERENCES**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.

**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	<input type="checkbox"/> REGISTERED DOMESTIC PARTNER					
NAME OF SPOUSE / REGISTERD DOMESTIC PARTNER:								FIRST	MIDDLE	MAIDEN	LAST	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS: STREET AND NUMBER				CITY		STATE		ZIP					
PLACE OF MARRIAGE:			CITY		STATE		COUNTY		DATE OF MARRIAGE (MM/DD/YY)				
PLACE OF BIRTH			CITY		STATE		COUNTRY		DATE OF BIRTH		YEARS OF MARRIAGE		
PHONE NUMBER		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								
OCCUPATION			WORK ADDRESS										
DATE OF DIVORCE (MM/DD/YY)			REASON (S) FOR MARRIAGE BEING DISSOLVED										

**FORMER SPOUSE / COHABITANT'S**

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	<input type="checkbox"/> REGISTERED DOMESTIC PARTNER					
NAME OF SPOUSE / REGISTERD DOMESTIC PARTNER:								FIRST	MIDDLE	MAIDEN	LAST	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS: STREET AND NUMBER				CITY		STATE		ZIP					
PLACE OF MARRIAGE:			CITY		STATE		COUNTY		DATE OF MARRIAGE (MM/DD/YY)				
PLACE OF BIRTH			CITY		STATE		COUNTRY		DATE OF BIRTH		YEARS OF DISSOLUTION		
PHONE NUMBER		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								
OCCUPATION			WORK ADDRESS										
DATE OF DIVORCE (MM/DD/YY)			REASON (S) FOR MARRIAGE BEING DISSOLVED										

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**CHILDREN OR DEPENDENTS**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you.

Provide the name and contact information of the custodial parent or guardian, if other than you

NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CONTACT NUMBER
CUSTODIAL PARENT OR GUARDIAN (If other than you)		EMAIL:	

NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CONTACT NUMBER
CUSTODIAL PARENT OR GUARDIAN (If other than you)		EMAIL:	

NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CONTACT NUMBER
CUSTODIAL PARENT OR GUARDIAN (If other than you)		EMAIL:	

NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CONTACT NUMBER
CUSTODIAL PARENT OR GUARDIAN (If other than you)		EMAIL:	

NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CONTACT NUMBER
CUSTODIAL PARENT OR GUARDIAN (If other than you)		EMAIL:	

NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CONTACT NUMBER
CUSTODIAL PARENT OR GUARDIAN (If other than you)		EMAIL:	

DO YOU PAY CHILD SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**FATHER**

NAME: FIRST            MIDDLE            LAST			
DATE OF BIRTH	DATE OF DEATH	CELL PHONE NUMBER	
HOME ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			HOME PHONE NUMBER
OCCUPATION		CURRENT OR FORMER EMPLOYER	
WORK ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			WORK PHONE NUMBER
E-MAIL:			

**MOTHER**

NAME: FIRST            MIDDLE            LAST			
DATE OF BIRTH	DATE OF DEATH	CELL PHONE NUMBER	
HOME ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			HOME PHONE NUMBER
OCCUPATION		CURRENT OR FORMER EMPLOYER	
WORK ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			WORK PHONE NUMBER
E-MAIL:			

**STEP-FATHER**

NAME: FIRST            MIDDLE            LAST			
DATE OF BIRTH	DATE OF DEATH	CELL PHONE NUMBER	
HOME ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			HOME PHONE NUMBER
OCCUPATION		CURRENT OR FORMER EMPLOYER	
WORK ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			WORK PHONE NUMBER
E-MAIL:			

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**STEP-MOTHER**

NAME: FIRST            MIDDLE            LAST			
DATE OF BIRTH	DATE OF DEATH	CELL PHONE NUMBER	
HOME ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			HOME PHONE NUMBER
OCCUPATION		CURRENT OR FORMER EMPLOYER	
WORK ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			WORK PHONE NUMBER
E-MAIL:			

**FATHER-IN-LAW**

NAME: FIRST            MIDDLE            LAST			
DATE OF BIRTH	DATE OF DEATH	CELL PHONE NUMBER	
HOME ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			HOME PHONE NUMBER
OCCUPATION		CURRENT OR FORMER EMPLOYER	
WORK ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			WORK PHONE NUMBER
E-MAIL:			

**MOTHER-IN-LAW**

NAME: FIRST            MIDDLE            LAST			
DATE OF BIRTH	DATE OF DEATH	CELL PHONE NUMBER	
HOME ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			HOME PHONE NUMBER
OCCUPATION		CURRENT OR FORMER EMPLOYER	
WORK ADDRESS: STREET AND NUMBER    CITY            STATE            ZIP			WORK PHONE NUMBER
E-MAIL:			

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<b>BROTHERS AND SISTERS</b>			
List all living siblings, including half-siblings, foster siblings, etc.			
NAME: FIRST      MIDDLE      LAST	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP	DATE OF BIRTH
HOME ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			CELL PHONE NUMBER
WORK ADDRESS: STREET AND NUMBER    CITY    STATE    ZIP			WORK PHONE NUMBER
EMAIL:			HOME PHONE NUMBER

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

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

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

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

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**EDUCATION**

You will be required to furnish transcripts or other proof to support all of your educational claims.

CHECK ALL THAT APPLY:     HIGH SCHOOL DIPLOMA     ASSOCIATES DEGREE     HOME SCHOOL DIPLOMA  
 BACHELOR DEGREE     GED     MASTERS DEGREE

**LIST HIGH SCHOOLS ATTENDED OR WHERE YOU OBTAINED YOUR GED**

HIGH SCHOOL NAME	ADDRESS	PHONE NUMBER
DATES ATTENDED:	FROM	TO
		DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
HIGH SCHOOL NAME	ADDRESS	PHONE NUMBER
DATES ATTENDED:	FROM	TO
		DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

**COLLEGE**

List all colleges or universities attended:

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

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

**TRADE, VOCATIONAL, OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:**

List any 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**

<p>Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school?</p> <p>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.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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**MILITARY**

Are you registered for the Selective Service? To check selective service registration go to <a href="http://www.sss.gov">www.sss.gov</a> . <b>Print a copy and attach to application.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	Selective Service Number
---	--------------------------

If no, explain:

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"/> ENTRY LEVEL <input type="checkbox"/> DISHONORABLE	RANK
---	------

Re-entry Code (1 – 4) if applicable; refer to your DD-214:	
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ARE YOU CURRENTLY ENLISTED OR HAVE YOU SERVED IN ONE OF THE FOLLOWING?  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	END OF OBLIGATION:
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UNIT	SUPERVISOR NAME
------	-----------------

LOCATION	PHONE NUMBER
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If you have not registered, please explain.

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**RESIDENCES**

List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). 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 you need additional space for your answers, attach additional sheets as needed and indicate what section number and page this refers to.

CURRENT RESIDENCE ADDRESS: STREET AND NUMBER CITY STATE ZIP (APT#)		FROM:	TO:
IF RENTING; PROPERTY MANAGER, RENT COLLECTOR, OR OWNER: NAME		CONTACT NUMBER	
ADDRESS OF PROP MGR, RENT COLLECTOR, OR OWENR: STREET AND NUMBER CITY STATE ZIP		EMAIL:	
Name(s) of those with whom you live: <input type="checkbox"/> N/A			

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:	
Name(s) of those with whom you live: <input type="checkbox"/> N/A			

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:	
Name(s) of those with whom you live: <input type="checkbox"/> N/A			

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:	
Name(s) of those with whom you live: <input type="checkbox"/> N/A			

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:	
Name(s) of those with whom you live: <input type="checkbox"/> N/A			

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**HOUSEMATES**

Provide contact information for all housemates listed in the section above entries you have resided with during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed and indicate what section number and page this refers to.

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

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

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

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

NAME: FIRST      MIDDLE      LAST	CELL PHONE NUMBER	HOME PHONE NUMBER
CURRENT STREET 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER LEFT A RESIDENCE OWING RENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "Yes" to either of the two questions above, explain (include when, where, and circumstances):
---

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**WORK HISTORY**

Beginning with your present or most recent job, list all employment for the past ten (10) 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. If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.

Have you ever served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Would there be a problem if we contact your current employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain: _____		
Has your work performance ever been affected by your use of alcohol or drugs?		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN?	NAME OF EMPLOYER	
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
WHEN?	NAME OF EMPLOYER	

FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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		DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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		DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					



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FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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 <input type="checkbox"/> DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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 <input type="checkbox"/> DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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 <input type="checkbox"/> DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

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FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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		DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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		DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

FROM	TO	COMPANY NAME OR EMPLOYER OR MILITARY UNIT			
ADDRESS (INCLUDE MILITARY BASE):		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		DID YOU LEAVE ON GOOD TERMS OR BAD TERMS? <input type="checkbox"/> GOOD TERMS <input type="checkbox"/> BAD TERMS			
REASON FOR LEAVING		SUPERVISOR NAME			
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER		
CO-WORKER NAME			CO-WORKER'S PHONE NUMBER		
DUTIES/ASSIGNMENTS					

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**UNEMPLOYMENT**

LIST ALL PREVIOUS PERIODS OF UNEMPLOYMENT DURING THE PAST TEN (10) YEARS IF UNEMPLOYED FOR A PERIOD OF MORE THAN 30DAYS.

FROM	TO	REASON: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (Explain)
FROM	TO	REASON: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (Explain)
FROM	TO	REASON: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (Explain)
FROM	TO	REASON: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (Explain)
FROM	TO	REASON: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (Explain)
FROM	TO	REASON: <input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (Explain)

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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)

YES       NO

- 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)	E-MAIL:
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)	E-MAIL:
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)	E-MAIL:
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)	E-MAIL:
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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**PREVIOUS LAW ENFORCEMENT AGENCIES**  
LIST ALL PREVIOUS LAW ENFORCEMENT AGENCIES WHERE YOU HAVE WORKED.

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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"/> RESERVE <input type="checkbox"/> TEMP <input type="checkbox"/> RETIRED			

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**REFERENCES**

List seven-ten (7-10) people who 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. Provide all applicable information in the spaces below.

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

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

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**NEIGHBORS**

List three (3) neighbors at your current (last) residence. If you have lived in your current residence for less than 1 month list neighbors from previous residence.

NAME: FIRST          MIDDLE          LAST	CELL PHONE NUMBER	OFFICE PHONE NUMBER
ADDRESS: STREET AND NUMBER      CITY          STATE          ZIP	HOME PHONE NUMBER	
EMAIL:		

NAME: FIRST          MIDDLE          LAST	CELL PHONE NUMBER	OFFICE PHONE NUMBER
ADDRESS: STREET AND NUMBER      CITY          STATE          ZIP	HOME PHONE NUMBER	
EMAIL:		

NAME: FIRST          MIDDLE          LAST	CELL PHONE NUMBER	OFFICE PHONE NUMBER
ADDRESS: STREET AND NUMBER      CITY          STATE          ZIP	HOME PHONE NUMBER	
EMAIL:		

**PROFESSIONAL SOCIETIES AND ORGANIZATIONS**

NAME	ADDRESS- STREET ADDRESS, CITY, STATE AND ZIP CODE	DATES OF MEMBERSHIP
NAME	ADDRESS- STREET ADDRESS, CITY, STATE AND ZIP CODE	DATES OF MEMBERSHIP
NAME	ADDRESS- STREET ADDRESS, CITY, STATE AND ZIP CODE	DATES OF MEMBERSHIP



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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, convictions, and diversion programs
- 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 been 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"/> DEFERRED <input type="checkbox"/> DISMISSED <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED	DISPOSITION, PENALTY OR FINE AMOUNT

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

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

**TRAFFIC CITATIONS**

List all traffic citations, excluding parking citations, that you have received for the past seven (7) years.

DATE VIOLATION OCCURRED	AGENCY	LOCATION: STREET, CITY, STATE, ZIP
NATURE OF VIOLATION	FINAL DISPOSITION:	<input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED <input type="checkbox"/> TRAFFIC SCHOOL

DATE VIOLATION OCCURRED	AGENCY	LOCATION: STREET, CITY, STATE, ZIP
NATURE OF VIOLATION	FINAL DISPOSITION:	<input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED <input type="checkbox"/> TRAFFIC SCHOOL

DATE VIOLATION OCCURRED	AGENCY	LOCATION: STREET, CITY, STATE, ZIP
NATURE OF VIOLATION	FINAL DISPOSITION:	<input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED <input type="checkbox"/> TRAFFIC SCHOOL

DATE VIOLATION OCCURRED	AGENCY	LOCATION: STREET, CITY, STATE, ZIP
NATURE OF VIOLATION	FINAL DISPOSITION:	<input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISMISSED <input type="checkbox"/> TRAFFIC SCHOOL

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to any of the following? (Check all that apply).  FAILED TO APPEAR    FAILED TO COMPLETE TRAFFIC SCHOOL    FAILED TO PAY THE REQUIRED FINE

If checked, explain circumstances.

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**TRAFFIC ACCIDENTS**

Have you been involved as the driver in a motor vehicle accident within the past seven (7) years? If yes, fill out below.

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

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

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

**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.

CURRENT DRIVER LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	FULL NAME UNDER WHICH LICENSE WAS GRANTED
DRIVER LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	FULL NAME UNDER WHICH LICENSE WAS GRANTED
DRIVER LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	FULL NAME UNDER WHICH LICENSE WAS GRANTED

**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

**LIABILITY INSURANCE**

List your current liability insurance on your vehicle(s).      Type of Coverage  Insured     Bonded     Cash Deposit

VEHICLE MAKE/MODEL:	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER	EXPIRES
ADDRESS: ADDRESS, CITY, STATE, ZIP		CONTACT NUMBER:

VEHICLE MAKE/MODEL:	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER	EXPIRES
ADDRESS: ADDRESS, CITY, STATE, ZIP		CONTACT NUMBER:

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**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
CERTIFICATE OR LICENSE	ISSUING AGENCY

**OTHER QUALIFICATIONS**

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

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**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
COMPLAINT/COMMENDATION	DATE	DISPOSITION
COMPLAINT/COMMENDATION	DATE	DISPOSITION
COMPLAINT/COMMENDATION	DATE	DISPOSITION

**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

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**SOCIAL MEDIA ACCOUNTS**

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat etc.)?  YES  NO

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 PAGE 29.**

Indicate yes answers with the corresponding question number on the explanation sheet:

**FINANCIAL**

For each of the following questions, fill in the amounts to the nearest dollar. If you answer “Yes” to any of Questions 4-17 (below), explain. Include any documents, dates, and circumstances. Indicate the corresponding question number on the explanation sheet:

1. What is your monthly income?	\$
2. Do you have income other than from your salary or wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, fill in amount.	\$
Explain:	
3. Approximately how much do you spend each month? (Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas, car maintenance, entertainment, etc., as well as other obligation you may have).	\$
4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever had purchased goods repossessed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have your wages ever been garnished?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever failed to file income tax or cheated/lied on an income tax form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever had an employment bond refused?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If “Yes”, do you currently have any outstanding debts as a result of gambling.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Are you in arrears on court-ordered child support?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DRIVERS LICENSE**

If you answer “Yes” to any of Questions 18-21 (below), explain. Include any documents, dates, and circumstances.

18. Have you ever driven a vehicle without auto insurance, as required by law? If yes, in the explanation field put the date, and location (Street, City, State, Zip)	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. 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
20. Have you ever been refused a driver’s license by any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? If yes, in the explanation field put the date, reason, Insurance Company, and location (Street, City, State, Zip).	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Have you held a valid license from any state for more than 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Texas Tech Police Department  
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**EMPLOYMENT**

If you answer "Yes" to any of Questions 22-34 (below), explain. Include any documents, dates, and circumstances.

23. 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
24. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. 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
26. Have you ever quit without giving two-weeks or proper notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Have you ever resigned in lieu of termination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. Have you ever been the subject of a written complaint at work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Have you ever received an unsatisfactory performance review/evaluation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. Have you ever used sick leave when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how much sick leave have you used in the past five years, which was not due to illness?		
34. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, article 15, office hours, company punishment, letters of reprimand, counseling, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. 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)? If yes, in the explanation field put the approximate date, arresting or detaining agency, charge, and disposition or penalty.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**LAW**

If you answer "Yes" to any of Questions 35-45 (below), explain. Include any documents, dates, and circumstances.

36. Have you ever been fingerprinted for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. 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
39. Were you ever required to appear before a juvenile court for an act, which would have been a crime, if committed as an adult?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. 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
41. Have the police ever been called to your home or on you for any reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
45. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
46. Have you filed a false insurance or workers' compensation claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**LAW ENFORCEMENT QUESTIONS**

If you answer "Yes" to any of Questions 46-47 (below), explain. Include any reason and circumstances.

47. If it became necessary to take a human life in the course of your duties as a police officer, would any beliefs prevent you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
48. Is there anything, which would prevent you from fully performing your duties including working weekends, evenings, nights, and holidays?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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**UNDETECTED ACTS**

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? If you answer “**YES**” to **any** of Questions 48 – 62 (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

49. Annoying/obscene phone calls?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
50. Assault (use of force or violence upon another)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
51. Assault on a family member (use of force or violence upon a family member)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
52. Brandishing a weapon (any type of weapon)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
53. Carrying a concealed weapon without a permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
54. Contributing to the delinquency of a minor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
55. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
56. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
57. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
58. Hit and run collision (no injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
59. Hunting or fishing without a license	<input type="checkbox"/> YES	<input type="checkbox"/> NO
60. Illegal gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
61. Impersonating a Peace Officer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
62. Indecent Exposure	<input type="checkbox"/> YES	<input type="checkbox"/> NO
63. Joyriding (using a car or other vehicle without the owner's permission)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**UNDETECTED ACTS**

At any time in your life, have you ever committed any of the following? If you answer “**YES**” to **any** of Questions 63-86, fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

64. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
65. Assault with a deadly weapon	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66. Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
67. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
68. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
69. Accessing, producing, or possessing child pornography	<input type="checkbox"/> YES	<input type="checkbox"/> NO
70. Injury to a child, elderly, and/or disabled	<input type="checkbox"/> YES	<input type="checkbox"/> NO
71. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
72. Felony drunk driving (involving injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
73. Forcible rape or other act of unlawful intercourse/sexual activity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
74. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75. Hit and run (with injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76. Hate crime	<input type="checkbox"/> YES	<input type="checkbox"/> NO
77. Insurance fraud	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78. Theft (value over \$500 and/or any firearm)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79. Murder, homicide, or attempted murder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
80. Perjury (lying under oath)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
81. Possession of an explosive/destructive device	<input type="checkbox"/> YES	<input type="checkbox"/> NO
82. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
83. Stalking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
84. Blackmail or extortion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
85. Any other act amounting to a felony	<input type="checkbox"/> YES	<input type="checkbox"/> NO
86. Since the age of 17, have you ever been involved in an anger—provoked physical fight, confrontation, or other violent act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
87. Have you ever hit or physically overpowered a spouse, romantic partner, or family members?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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**CRIMINAL ACTS**

Within the past ten years OR at any time after you were employed in law enforcement, have you ever committed any of the following misdemeanors? If you answer "YES" to **any** of the questions 87 – 97 (below), give details, dates, and circumstances.

88. Displaying a weapon or carrying an illegal weapon (illegal knife, club or handgun)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
89. Theft , Theft of Service, Intentionally Writing a Bad Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
90. Driving While Under the Influence of Alcohol and/or drugs (DWI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
91. Hit and Run	<input type="checkbox"/> YES	<input type="checkbox"/> NO
92. Public Intoxication	<input type="checkbox"/> YES	<input type="checkbox"/> NO
93. Possession of Falsified or Altered Identification, including use of another person's ID (for any reason)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
94. Possession of Alcohol by a Minor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
95. Possession of Stolen Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO
96. Resisting Arrest (including evading or eluding the police)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
97. Warrant issued for your arrest for any reason.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
98. Criminal Mischief or Trespassing	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**GANG ACTIVITY**

If you answer "YES" to **any** of the questions 98-99 (below), give details, dates, and circumstances.

99. 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
100. 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

**OTHER**

If you answer "YES" to **any** of the questions 98-99 (below), give details, dates, and circumstances.

101. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded either military or any other federal, state, or municipal clearance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
102. Have you ever applied for or been denied a handgun permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**ALCOHOL AND 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. If you answer "YES" to **any** of the questions 102 – 111 (below), give details, including drug(s) used and circumstances.

Amphetamines/Methamphetamine (Uppers, Speed, Crank, etc.)	Hallucinogens (Peyote, LSD, Mushrooms)	Morphine
Barbiturates (Downers)	Hashish/Hashish Oil	PCP
Cocaine/Crack/Cocaine	Heroin/Opium	Qualaludes
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Marijuana	Steroids
GHB (Date Rape Drug)	Mescaline	Tetrahydrocannabinol (THC)
Glue		

103. 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
104. Prior to the past three years, have you used any drug recreationally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
105. 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
106. 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"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
107. 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
108. Have you ever used marijuana or any other drug not prescribed to you by a physician?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
109. Have you ever been arrested or convicted for a drug-related offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
110. 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
111. Do you consume alcohol? And if so how frequently.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
112. Are you currently using drugs illegally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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**ANSWERS TO GENERAL AND OTHER QUESTIONS**

If you answered "YES" to any of the questions 4-111 (pages 28-31), 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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**ANSWERS TO GENERAL AND OTHER QUESTIONS**

If you answered "YES" to any of the questions 4-111 (pages 28-31), 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

**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 law enforcement officer or communications operator including working weekends, evenings, nights, and holidays? Civilian employment only includes working football games. 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 15 weeks for police officers/communications operators) 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

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I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

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.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
DATE

Sworn and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[Notary Seal/Stamp]

Notary Public in and for the State of Texas.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF NOTARY

\_\_\_\_\_  
SIGNATURE OF NOTARY



## PHS REVIEW SHEET

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