



JIM WELLS COUNTY SHERIFF'S OFFICE

APPLICATION

&

PERSONAL HISTORY STATEMENT FOR TEXAS

NAME _____

DATE ISSUED _____

COMPLETE AND RETURN BY _____

I am applying for:

Peace Officer PID# _____

Jailer PID# _____

Tele Communicator PID# _____

Civilian Employment

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.

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.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLUE INK** by the applicant or typed. Answer all questions truthfully and accurately.
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. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
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 **disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant.*
 - Completed Personal History Statement
 - Copy of your Social Security card
 - Original certified copy of your birth certificate (no photocopy)
 - Copy of your valid Texas driver license or a copy of another State's driver license. (applicant must possess a valid Texas driver license prior to being offered employment)
 - Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty-four months of active service
 - **Sealed original certified** copy of your college transcript. (no photocopy)
 - Photocopy of your college diploma
 - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your DD-214 and/or other military discharge documents (if applicable) Must possess an honorable discharge
 - Original certified copy of your Naturalization papers, if applicable (no photocopy)
 - Copy of current proof of automobile liability insurance
 - Copy of a TCOLE approved Firearms Qualifications within the last 12 months
10. If you have any questions, please contact your assigned background investigator.
11. When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' to your assigned background investigator.

INSTRUCTIONS TO APPLICANT

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

Initial:

- ___ 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, plead 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, plead 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 had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

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 prospective employer.

The 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 **Blue** 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 responses. 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 the U.S. Americans with Disabilities Act, at this stage of the hiring process, applications 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.

SECTION 1: PERSONAL

| | | | |
|---|-------------------|-------------------------|---------|
| Last Name: | First Name: | Middle Name: | Suffix: |
| Other Names, including nicknames, you have used or been known by: | | | |
| Maiden Name: | SSN #: | Date of Birth: | |
| Driver License #: | State: | Exp: | |
| Street Address: | | Apt. No.: | |
| City: | | State & Zip Code: | |
| Mailing Address (if different from residence): | | City, State & Zip Code: | |
| Home Phone #: | Cell: | Work (Ext.): | |
| Fax: | Other Phone #(s): | | |

List ALL Email Addresses:

| |
|--------------|
| |
|--------------|

Are you a US citizen by Birth? Yes ___ No___ Are you a Naturalized Citizen? Yes ___ No___

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

Physical Description:

| |
|--------------|
| |
|--------------|

| | | | |
|--|---------|-------------|------------|
| Height: | Weight: | Hair Color: | Eye Color: |
| Scars, Tattoos (description and location) or other distinguishing marks: | | | |

Have you ever attended a basic licensing course? Yes ___ No___

If yes, provide the PID you were assigned: _____

A. Academy Name: _____ From: _____ To: _____

Location (City, State): _____

Name of Training Coordinator: _____ Contact Number: _____

Did you graduate? Yes ___ No___

B. Academy Name: _____ From: _____ To: _____

Location (City, State): _____

Name of Training Coordinator: _____ Contact Number: _____

Did you graduate? Yes ___ No ___

Have you ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)?

Yes ___ No ___

If yes, list ALL agencies you have applied to, stating 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section number and page this refers to.

| | | | |
|--|----------|-----------------------|--|
| A. Name of Agency: | | Position Applied For: | |
| Date Applied: | Address: | | |
| City: | State: | Zip Code: | |
| Background Investigator's Name (if known): | | | |
| Contact Number (ext): | | Email: | |

Check each step in the process that you completed, and your status:

Steps: ___ Application ___ Written ___ Physical agility ___ Oral ___ Polygraph/ CVSA ___ Background
___ Conditional job offer ___ Psychological examination Date: _____ ___ Medical Date: _____

Status: ___ Hired ___ On List ___ Withdrawn ___ Disqualified

| | | | |
|--|----------|-----------------------|--|
| B. Name of Agency: | | Position Applied For: | |
| Date Applied: | Address: | | |
| City: | State: | Zip Code: | |
| Background Investigator's Name (if known): | | | |
| Contact Number (ext): | | Email: | |

Check each step in the process that you completed, and your status:

Steps: ___ Application ___ Written ___ Physical agility ___ Oral ___ Polygraph/ CVSA ___ Background
___ Conditional job offer ___ Psychological examination Date: _____ ___ Medical Date: _____

Status: ___ Hired ___ On List ___ Withdrawn ___ Disqualified

| | | |
|--|----------|-----------------------|
| C. Name of Agency: | | Position Applied For: |
| Date Applied: | Address: | |
| City: | State: | Zip Code: |
| Background Investigator's Name (if known): | | |
| Contact Number (ext): | Email: | |

Check each step in the process that you completed, and your status:

Steps: ___ Application ___ Written ___ Physical agility ___ Oral ___ Polygraph/ CVSA ___ Background
 ___ Conditional job offer ___ Psychological examination Date: _____ ___ Medical Date: _____
Status: ___ Hired ___ On List ___ Withdrawn ___ Disqualified

SECTION 2: RELATIVES AND REFERENCES

IMMEDIATE FAMILY

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

If you need additional space for your answers, attached additional sheets as needed. Be sure to indicate what section number and page this refers.

___ N/A **A. Father's Name:** _____ **D.O.B.:** _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Work Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

___ N/A **B. Step-Father's Name:** _____ **D.O.B.:** _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Work Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

___ N/A **C. Mother's Name:** _____ **D.O.B.:** _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Work Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

___ N/A **D. Step-Mother's Name:** _____ **D.O.B.:** _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Work Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

___ N/A **E. Spouse/Registered Domestic Partner's Name:** _____ D.O.B.: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Years of Marriage: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes ___ No ___

___ N/A **F. Father-in-Law's Name:** _____ D.O.B.: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **G. Mother-in-Law's Name:** _____ D.O.B.: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **H. Former Spouse/Cohabitant's Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes ___ No ___

___ N/A **I. Former Spouse/Cohabitant's Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Years of Dissolution: _____

Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes ___ No ___

J. BROTHERS AND SISTERS: List all living siblings, including half-siblings, foster siblings, etc.

___ N/A **1. Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **2. Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **3. Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **4. Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **5. Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

___ N/A **6. Name:** _____
D.O.B.: _____ ___ Male ___ Female
Home Address: _____ City: _____ State: _____ Zip Code: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

K. CHILDREN: List all 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.

___ N/A **1. Name:** _____ ___ Male ___ Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email: _____

___ N/A 2. Name: _____ ___ Male ___ Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email: _____

___ N/A 3. Name: _____ ___ Male ___ Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email: _____

___ N/A 4. Name: _____ ___ Male ___ Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email: _____

___ N/A 5. Name: _____ ___ Male ___ Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email: _____

___ N/A 6. Name: _____ ___ Male ___ Female
D.O.B.: _____ Custodial parent or guardian (if other than you): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Number: _____ Email: _____

L. REFERENCES: List 7-10 people who you know well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers, or housemates, or other individuals listed elsewhere.

1. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

2. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

3. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

4. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

5. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

6. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

7. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

8. Name: _____ How long have you known this person? _____
Address: _____ City: _____ State: _____ Zip Code: _____
Company/Work Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
How do you know this person (friend, teacher, family, co-worker)? _____

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims. Check applicable: ___ High School Diploma ___ GED ___ Discharge documents from armed services with 2 years active duty

List high schools attended or where you obtained your GED:

1. Name: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate: Yes ___ No ___

2. Name: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate: Yes ___ No ___

List all colleges or universities attended:

1. Name: _____ City: _____ State: _____
From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

2. Name: _____ City: _____ State: _____

From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

3. Name: _____ City: _____ State: _____

From: _____ To: _____ Type of Degree Earned: _____ Total Units Earned: _____

List any trade, vocational, or business schools/institutes attended:

1. Name: _____ From: _____ To: _____

Type of school or training: _____ City: _____ State: _____

Did you complete the course? Yes ___ No ___

2. Name: _____ From: _____ To: _____

Type of school or training: _____ City: _____ State: _____

Did you complete the course? Yes ___ No ___

3. Name: _____ From: _____ To: _____

Type of school or training: _____ City: _____ State: _____

Did you complete the course? Yes ___ No ___

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes ___ No ___

If yes, describe in detail below. Start 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.

SECTION 4: RESIDENCES

LIST OF 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, attached additional sheets as needed. Be sure to indicate what section number and page this refers to.

1. Current Residence Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

2. Former Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

3. Former Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

4. Former Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

5. Former Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

6. Former Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

7. Former Address: _____

City: _____ State: _____ Zip Code: _____ From: _____ To: _____

If renting; property manager, rent collector, or owner: _____ Contact Number: _____

Address of property mgr, rent collector or owner: _____

City: _____ State: _____ Zip: _____ Email: _____

___ N/A Name(s) of those with whom you live: _____

Reason for moving: _____

Provide contact information for all housemates listed in the above entries for Section 4 that 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. Be sure to include what section number and page this refers to.

1. Housemate Name: _____ Contact Number: _____ Email: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

2. Housemate Name: _____ Contact Number: _____ Email: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

3. Housemate Name: _____ Contact Number: _____ Email: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

4. Housemate Name: _____ Contact Number: _____ Email: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

5. Housemate Name: _____ Contact Number: _____ Email: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

6. Housemate Name: _____ Contact Number: _____ Email: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Nature of relationship (friend, relative, landlord, housemate only): _____

Have you ever been evicted or asked to leave a residence? Yes ___ No ___

Have you ever left a residence owing rent? Yes ___ No ___

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

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?
Yes ___ No ___

If YES, list below.

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

1. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

Would there be a problem if we contact your current employer? Yes ___ No ___

If yes, explain:

2. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

3. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

4. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

5. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

6. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

7. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

8. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

9. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

10. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

11. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

12. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

13. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

14. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

15. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

16. Period of Unemployment From: _____ To: _____

Check if applicable: ___ Student ___ Between jobs ___ Leave of absence ___ Travel ___ Other

17. Name of Employer or Military Unit: _____ From: _____ To: _____

Address or Base: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Contact Number: _____ Email: _____

Job Title: _____ Reason for Leaving: _____

Duties/Assignments: _____

___ Full-Time ___ Part-Time ___ Temporary ___ Self-Employed ___ Unemployed

Names of Co-Worker(s) and their Phone Number(s)

18. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions). Yes ___ No ___

19. Have you ever been fired, released from probation, or asked to resign from any place of employment? Yes ___ No ___

20. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? Yes ___ No ___

21. Have you ever resigned without giving two weeks-notice? Yes ___ No ___

22. Have you ever resigned in lieu of termination? Yes ___ No ___

23. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, and/or customer? Yes ___ No ___

24. Were you ever the subject of a written complaint at work? Yes ___ No ___

25. Have you ever been counseled at work due to lateness or absences? Yes ___ No ___

26. Did you ever receive an unsatisfactory performance review? Yes ___ No ___

27. Have you ever sold, released, or given away legally confidential information? Yes ___ No ___

28. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes ___ No ___

If yes, how many sick days have you used in the past five years which were not due to illness? _____

If you answered "Yes" to any of Questions 18-28 (at the bottom of the previous page and above), explain (include when, where, and circumstances; indicate the corresponding question number):

Has your work performance ever been affected by your use of alcohol or drugs? Yes ___ 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? Yes ___ No ___

When? _____ Name of Employer: _____

SECTION 6: MILITARY EXPERIENCE

(Complete for all branches of the military served. Add pages if necessary).

1. Are you required to register for the Selective Service? Yes ___ No ___

2. If yes, have you registered? Yes ___ No ___

If no, explain: _____

Branch of Service: _____ Dates Served From: _____ To: _____

Type of Discharge: ___ Entry Level ___ Honorable ___ General ___ Other than Honorable

Re-entry Code (1-4) if applicable; refer to your DD-214: _____

3. Are you currently participating in one of the following? ___ Military Reserve ___ National Guard

If checked, date obligation ends: _____

4. Have you ever been the subject of any judicial or non-judiciary disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes ___ No ___

5. 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? Yes ___ No ___

If you answered "Yes" to either of the last two questions (questions 4 and 5), explain. Include dates and circumstances.

SECTION 7: FINANCIAL

INCOME AND EXPENSES

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

1. From your employer(s), what is your monthly income? _____

2. Do you have income other than from your salary or wages? Yes ___ No ___

If yes, fill in amount _____ per month 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 and car maintenance, entertainment, etc., as well as any other obligations you may have). _____

4. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes ___ No ___

5. Have any of your bills ever been turned over to a collection agency? Yes ___ No ___

6. Have you ever had purchased goods repossessed? Yes ___ No ___

7. Have your wages ever been garnished? Yes ___ No ___

8. Have you ever been delinquent on income or other tax payments? Yes ___ No ___

9. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes ___ No ___

10. Have you ever had an employment bond refused? Yes ___ No ___

11. Have you ever avoided paying any lawful debt by moving away? Yes ___ No ___

12. Have you ever defaulted on a loan, including a student loan? Yes ___ No ___

13a. Have you ever borrowed money to pay for a gambling debt? Yes ___ No ___

13b. If "Yes," do you currently have any outstanding debts as a result of gambling? Yes ___ No ___

14. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?
Yes ___ No ___

15. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?
Yes ___ No ___

16. Have you written three or more bad checks in a one-year period? Yes ___ No ___

17. Are you in arrears on court-ordered support? Yes ___ No ___

If you answered "Yes" to any of Questions 4-17, (on the previous page and above), explain. Include when, where, and why; indicate the corresponding question number.

SECTION 8: LEGAL

Disclosure of Citations, Arrests, and Convictions:

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

- ALL detentions or arrests, whether they results in a conviction or not
- ALL convictions
- ALL diversion programs
- ALL citations, excluding traffic tickets (may have been detained and/or received a Class C for disorderly conduct, prostitution, assault, etc., without actual arrest

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what section, question number, and page it refers.

Have you EVER been detained for 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)? Yes ___ No ___

If yes, explain each incident:

1. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

2. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

3. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

4. Approximate Date: _____ Arresting or detaining agency: _____

Charge: _____

Disposition or Penalty: _____

5. Have you ever been placed on court probation as an adult? Yes ___ No ___
6. Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition? Yes ___ No ___
7. Were you ever required to appear before a juvenile court for an act which would have been a crime, if committed as an adult? Yes ___ No ___
8. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes ___ No ___
9. Have the police ever been called to your home for any reason? Yes ___ No ___
10. Have you or your spouse/partner ever been referred to Child Protective Services? Yes ___ No ___
11. Have you ever been the subject of an emergency protective, restraining, or stay-away order? Yes ___ No ___
12. 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? Yes ___ No ___
13. Have you ever fraudulently received welfare, unemployment compensation, compensation, or other state or federal assistance? Yes ___ No ___
14. Have you ever filed a false insurance or workers' compensation claim? Yes ___ No ___

If you answered "Yes" to any of Questions 5-14, (above) explain. Include court case or document, dates, and circumstances. Indicate the corresponding question number:

UNDETECTED ACTS – PART 1

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?

15. Annoying/obscene phone calls Yes ___ No ___
16. Assault (use of force or violence upon another) Yes ___ No ___
17. Assault on a family member (use of force or violence upon a family member) Yes ___ No ___
18. Brandishing a weapon (any type of weapon) Yes ___ No ___
19. Carrying a concealed weapon without a permit Yes ___ No ___
20. Contributing to the delinquency of a minor Yes ___ No ___
21. Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes ___ No ___
22. Driving under the influence of alcohol and/or drugs Yes ___ No ___
23. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes ___ No ___
24. Hit and run collision (no injuries) Yes ___ No ___
25. Hunting or fishing without a license Yes ___ No ___
26. Illegal gambling Yes ___ No ___
27. Impersonating a peace officer Yes ___ No ___
28. Indecent exposure (including flashing or mooning) Yes ___ No ___
29. Joyriding (using a car or other vehicle without owner's permission Yes ___ No ___

UNDETECTED ACTS – PART 2

At any time in your life, have you **ever** committed any of the following?

- 30. Arson (intentionally destroying property by setting a fire) Yes ___ No ___
- 31. Assault with a deadly weapon Yes ___ No ___
- 32. Theft of a vehicle and/or vehicle parts Yes ___ No ___
- 33. Burglary (entering a structure or vehicle to commit theft or other crime) Yes ___ No ___
- 34. Child molestation (performing unlawful acts with a child) Yes ___ No ___
- 35. Accessing, producing, or possessing child pornography Yes ___ No ___
- 36. Injury to a child, elderly, and/or disabled Yes ___ No ___
- 37. Embezzlement (theft of money or other valuables entrusted to you) Yes ___ No ___
- 38. Felony drunk driving (involving injuries) Yes ___ No ___
- 39. Forcible rape or other act of unlawful intercourse/sexual activity Yes ___ No ___
- 40. Forgery (falsifying any type of document, check certificate, license, currency, etc.) Yes ___ No ___
- 41. Hit and run (with injuries) Yes ___ No ___
- 42. Hate crime Yes ___ No ___
- 43. Insurance fraud Yes ___ No ___
- 44. Theft (value of over \$500 and/or any firearm) Yes ___ No ___
- 45. Murder, homicide, or attempted murder Yes ___ No ___
- 46. Perjury (lying under oath) Yes ___ No ___
- 47. Possession of an explosive/destructive device Yes ___ No ___
- 48. Robbery (theft from another person using a weapon, force, or fear) Yes ___ No ___
- 49. Stalking Yes ___ No ___
- 50. Blackmail or extortion Yes ___ No ___
- 51. Any other act amounting to a felony Yes ___ No ___

If you answered “**YES**” to **any** of the Questions 15-51, (on the previous two pages), fully explain circumstances, including dates, names of individuals involved, and resolution. Indicate the corresponding question number for each explanation.

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 | Barbiturates (Downers) | Cocaine/Crack Cocaine |
| Designer Drugs (Ecstasy, Synthetic Heroin, etc.) | GHB (Date Rape Drug) | Glue |
| Hallucinogens (Peyote, LSD, Mushrooms) | Hashish/Hashish Oil | Heroin/Opium |
| Marijuana | Mescaline | Morphine |
| PCP/Angel Dust | Quaaludes | Steroids |
| Tetrahydrocannabinol (THC) | | |

52. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs? Yes ___ No ___

If yes, give details, including drug(s) used and circumstances:

53. Prior to the past three years (check all that apply):

___ I have never used any drug recreationally

___ I have tried or used one or more drugs listed above, but only under limited circumstances (for example: experimentation, at parties, concerts, special events, etc.).

If you have, give details including drug(s) used, most recent date used, and circumstances:

Have you **ever** engaged in any of the activities listed below for drugs, narcotics, or illegal substances – including marijuana?

___ Sold ___ Manufactured ___ Purchased ___ Furnished ___ Cultivated ___ Carried or held for another

If you check any of the items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

Current Driver License #: _____ State of Issue: _____ Expiration Date: _____

Full name under which license was granted: _____

List other states where you have been licensed to operate a motor vehicle:

1. ___ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

2. ___ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

3. ___ N/A State of Issue: _____ Type of License: _____ License Number: _____

Name under which license was granted: _____

Have you ever been refused a driver's license by any state? Yes ___ No ___

If yes, explain (include when, where, and circumstances):

Has your driver's license ever been suspended or revoked? Yes ___ No ___

If yes, explain (include when, where, and circumstances):

List our current liability insurance on your vehicle(s):

4. Type of Coverage Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Number: _____

5. Type of Coverage Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Number: _____

6. Type of Coverage Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Number: _____

7. Type of Coverage Insured Bonded Cash Deposit

Vehicle Make/Model: _____ Year: _____ Vehicle License: _____

Insurance Company: _____ Policy Number: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Number: _____

List all traffic citations, excluding parking citations, that you have received within the past seven years:

8. Nature of Violation: _____

Location (Street, City, State, Zip): _____

Date Violation Occurred: _____ Action Taken: Not Guilty Fined Traffic School Dismissed

9. Nature of Violation: _____

Location (Street, City, State, Zip): _____

Date Violation Occurred: _____ Action Taken: Not Guilty Fined Traffic School Dismissed

10. Nature of Violation: _____

Location (Street, City, State, Zip): _____

Date Violation Occurred: _____ Action Taken: Not Guilty Fined Traffic School Dismissed

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:

Have you ever been involved as the driver in a motor vehicle accident within the past seven years? Yes ___ No ___

If yes, give details:

11. Date: _____ Location (Street, City, State, Zip): _____

Police report? Yes ___ No ___ Injury or Non-Injury? ___ Injury ___ Non-Injury

Law Enforcement Agency: _____

12. Date: _____ Location (Street, City, State, Zip): _____

Police report? Yes ___ No ___ Injury or Non-Injury? ___ Injury ___ Non-Injury

Law Enforcement Agency: _____

13. Date: _____ Location (Street, City, State, Zip): _____

Police report? Yes ___ No ___ Injury or Non-Injury? ___ Injury ___ Non-Injury

Law Enforcement Agency: _____

14. Date: _____ Location (Street, City, State, Zip): _____

Police report? Yes ___ No ___ Injury or Non-Injury? ___ Injury ___ Non-Injury

Law Enforcement Agency: _____

Have you ever driven a vehicle without auto insurance, as required by law? Yes ___ No ___

If yes, give a reason: _____

Date: _____ Location (Street, City, State, Zip): _____

Have you ever been refused automobile liability insurance, or a bond, or had a policy cancelled? Yes ___ No ___

If yes, give a reason: _____

Insurance Company: _____ Date: _____

Location (Street, City, State, Zip): _____

Use this space for additional information you would like to include regarding your driving record.

15. 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? Yes ___ No ___

16. 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? Yes ___ No ___

17. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation, or other violent act? Yes ___ No ___

18. Have you ever hit or physically overpowered a spouse, romantic partner, or family members? Yes ___ No ___

If you answered “**YES**” to any of the questions 15-18 (above), give details, dates, and circumstances. Indicate the corresponding question number.

SECTION 10: SOCIAL MEDIA SITES

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

List all social media sites, blogs, and/or websites you have created. Provide the website URL and your username.

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.).
- Identify the corresponding section, question number, and specific item being referenced.

SECTION 12: CERTIFICATION

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 correct 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.

Signature of applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary public in and for, State of _____.

Printed Name of Notary

Signature of Notary

My Commission Expires: _____

NOTARY SEAL

Residency requirements (Read the following carefully. Sign and date one of the following statements)

A. FOR APPLICANTS LIVING WITHIN THE SPECIFIED AREA:

I understand that, as one of the conditions of my employment with the County of Jim Wells, I shall maintain my residence within the specified area during my employment with the County. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all changes of residence address. I further understand that if I should move outside the specified area, my position will be vacated and I will be deemed to have resigned employment with the County.

Signature

Date

B. FOR APPLICANTS LIVING OUTSIDE THE SPECIFIED AREA:

I understand that, as one of the conditions of my employment with the County of Jim Wells, I must establish residence within the specified area within 60 days after completion of my probationary period. I further understand that if I move outside of the specified area, my position will be vacated and I will be deemed to have resigned employment with the County.

Signature

Date

Read the following carefully before signing

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the Jim Wells County Sheriff's Office shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the Jim Wells County Sheriff's Office any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the Jim Wells County Sheriff's Office including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such including email or electronic transmissions.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, and a psychological assessment prior to appointment to a position with the Jim Wells County Sheriff's Office. Refusal to participate will result in the withdrawal of any offer of employment.

Signature

Date



JIM WELLS COUNTY SHERIFF'S OFFICE
SHERIFF DANIEL J. BUENO
 CHIEF DEPUTY LUIS A. VALADEZ
 300 N. CAMERON STREET, ALICE, TEXAS 78332
 (361) 668-0341 FAX (361) 668-0569



AUTHORITY TO RELEASE INFORMATION

To whom it may concern:

I hereby authorize the Jim Wells County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school., college, university, or other educations institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicants Printed Full Name: _____

Address: _____

Phone Number: _____

Applicants Signature _____

Sworn to and signed before me, on this the ____ day of _____ in and for Jim Wells County, in the State of Texas.

Signature of Notary Public: _____

Notary Seal

Printed Notary Public Name: _____

My Commission Expires: _____