



Central Texas College Police Academy PERSONAL HISTORY STATEMENT Attachments

To all Police Academy Applicants:

The following is a list of items that you must include in your Personnel History Statement packet when you turn it in. Make copies of all documents, except as noted. If you have to send off for one of the following, make a copy of the letter requesting the document and attach it to your packet. This will suffice until you have the document in hand.

- Completed Personal History Statement, in black ink and in your handwriting.
TYPED PHS WILL NOT BE ACCEPTED!
- FAST Fingerprint confirmation
- Copy of your Social Security card.
- Original certified copy of your birth certificate. (No photo copy)
- Copy of your valid Texas driver license or a copy of another State's driver license.
- Copy of your High School diploma or GED certificate.
- Sealed original certified copy of your college transcript. (No photo copy)
- Photocopy of your college diploma.
- Copy of your DD-214 if applicable. Must possess an honorable discharge.
- Original certified copy of your Naturalization papers, if applicable. (No photo copy), we will verify the original, however you will have to bring it in when you drop off your packet.
- Copy of current proof of automobile liability insurance.
- Written disposition of any arrests from the arresting agency*
 - *If you have been convicted of any type of family violence, you will automatically be disqualified from consideration for the position of a Police Academy Cadet.*

All of the above documents are due NLT: June 19, 2020 by 12:00PM
you must make an appointment when turning in your paperwork.



BACKGROUND/PT Test:

Once your packet has been accepted we will review it for completeness. You will then have a Physical Fitness test scheduled where you will be required to row 2000 meters (on a Concept II rower) for time based on your weight, sex and age. You must attain 25% of your VO2 max in order to be accepted into the police academy.

Once your paperwork has been cleared to continue in the process you will then receive the following forms,

- Signed L-2 (Licensee Medical Condition form); signed by a licensed physician in the State of Texas.
- Signed L-3 (Licensee Psychological Condition form); signed by a licensed psychologist or a psychiatrist who is licensed in the State of Texas.

These forms will be required to be completed and returned to the academy staff NLT:

- **June 26, 2020 by 12:00PM**
- If anything else is needed you will be advised to produce them by your background investigator.
- Once everything has been submitted you will be given the paperwork which will allow you to register for the course.
- **DO NOT:**
 - Try to get ahead and get your Psychological or Physical Exam completed prior to receiving the paperwork from the academy.
 - Falsify anything! If you are found to be untruthful or withhold any information you will be removed from the academy process.
- Once you have everything it must be turned in to the Protective Services Department (Police Academy) located at building #122 room #101.



Central Texas College Police Academy PERSONAL HISTORY STATEMENT Costs Associated with Academy Attendance:

- List classes which the student will receive credit hours from passing the academy are:
 - **CJLE 1506** = **5 semester hours**
 - **CJLE 1512** = **5 semester hours**
 - **CJLE 1518** = **5 semester hours**
 - **CJLE 1524** = **5 semester hours**
 - **CJLE 1529** = **3 semester hours**
 - **TOTAL** = **23 semester hours**
- Tuition is based on the current CTC rate per credit hour for each of the above listed courses. Go to the link below for current and future rates:
 - : <http://www.ctcd.edu/students/prospective-students/paying-for-college/tuition-and-fees-summary/>
- This does not cover the cost of books, uniforms, equipment, ammunition....
- Books:
 - Avg cost for Texas Criminal and Traffic Law Manual 2015-2016 = about \$46
 - The Texas Criminal and Traffic Law Manual, made by Lexis Nexus
 - Cost of handout materials from CTC Bookstore = about \$92
- Equipment:
 - Pistol belt
 - Holster for pistol (Glock 22 if not supplying their own pistol)
 - Double Magazine pouch for pistol
 - 1 set of Handcuffs with case and key
 - Flashlight with holster
 - ASP Baton with Scabbard
 - Mouth guard for physical training



- Ammunition:
 - If you are going to use a CTC Academy handgun you will need to purchase 40 caliber ammunition. Each student will require the following:
 1. 1000 rounds (ball ammo) for 40 cal pistol
 2. 25 rounds of rifled slug for 12 gauge shotgun (shotgun will be provided)
 3. 25 rounds of double 00 buck shot for 12 gauge shotgun (shotgun will be provided)

- Uniforms:
 - Daily uniform is:
 - Black 5.11 style short sleeve shirt (moisture wicking) for day academy
 - Charcoal Grey 5.11 style short sleeve for night academy
 - Khaki 5.11 style tactical pants or Propper Khaki pants (go to www.lapolicygear.com for good prices.
 - Black polishable toed boots
 - Black belt
 - PT Uniform:
 - Navy blue shorts or sweat pants
 - Heather Gray PT T-shirt
 - Navy blue sweat shirt

Central Texas College Police Academy

POLICE ACADEMY CADET PERSONAL HISTORY STATEMENT

NAME _____

DATE ISSUED _____

COMPLETE AND RETURN BY March 27, 2020 NLT 12 Noon

You must make an appointment in order to turn your paperwork in!!! Please email Police.Academy@ctcd.edu or call 254-616-3316 to make your appointment

I am applying for:

[] Peace Officer Academy Cadet PID# _____

[] County Jailer Academy Cadet PID# _____

[] Telecommunicator Academy Cadet PID# _____

Personal History Statement Instructions

Cadets are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for placement in the Basic Peace Officer Academy. Although it is an achievement to reach the background phase of the application process, this is still a competitive process and does not, in any way, guaranty selection in the Basic Peace Officer Academy.

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 a Cadet in the Academy.

1. Your application must be printed legibly in **BLACK INK** by the applicant it CANNOT BE TYPED, it must be in your handwriting. 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 an additional sheet or 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 THE ACADEMY.** 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. Hiring agency please check off documents required- modify list as necessary**
 - Completed Personal History Statement
 - FAST Fingerprint check return.
 - Copy of your Social Security card.
 - Original certified copy of your birth certificate. (No photo copy)
 - Copy of your valid Texas driver license or a copy of another State's driver license.
 - Copy of your High School diploma or GED certificate.
 - Sealed original certified copy of your college transcript. (No photo copy)
 - Photocopy of your college diploma.
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified copy of your Naturalization papers, if applicable. (No photo copy)
 - Copy of current proof of automobile liability insurance.
 - Signed L-2 (Licensee Medical Condition form); signed by a licensed physician, **NOT TO BE COMPLETED UNTIL** it is given to you after the due date of your PHS.
 - Signed L-3 (Licensee Psychological Condition form); signed by a licensed psychologist or a psychiatrist, **NOT TO BE COMPLETED UNTIL** it is given to you after the due date of your PHS.
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.

Applicant Qualification Section

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 or jailer in Texas.

Initials: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ 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 bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis 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.

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

Once you begin:

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

SECTION 1: PERSONAL

1. Last Name		First	MI	Suffix
2. Other Names, including nicknames, you have used or been known by.				
3. Street Address, (Apt, Unit)		City	State	Zip
4. Address if different from above.				
5. Phone #. Home	Cell	Work	Ext.	Fax
6. Email: Home		Business		Other
7. Birth Place (City / County / State / Country)			8. DOB	9. Social Security #
10. Driver License #		11. Physical description		
State:	Exp:	HT.	WT.	Hair Color
				Eye Color

12. Have you ever attended a basic licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the PID you were assigned: _____			
A. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number
B. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number

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

A. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if know)	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 Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

B. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators 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 Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

C. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators 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 Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVES AND REFERENCES

14. 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, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	B. Step-Father Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	C. Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	D. Step-Mother Name		DOB	
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	

<input type="checkbox"/> NA	E. Spouse / Registered Domestic Partner	DOB	
Home Address		City	State Zip
Work Address		City	State Zip
Home Phone	Cell	Work Phone	Email
Years of Marriage	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> NA	F. Father-in-Law Name	DOB	
Home Address		City	State Zip
Work Address		City	State Zip
Home Phone	Cell	Work Phone	Email

<input type="checkbox"/> NA	G. Mother-in-Law Name	DOB	
Home Address		City	State Zip
Work Address		City	State Zip
Home Phone	Cell	Work Phone	Email

<input type="checkbox"/> NA	H. Former Spouse(s) Cohabitant	1. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State Zip	
Work Address		City	State Zip	
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> NA	I. Former Spouse(s) Cohabitant	2. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work Phone	Email	
Year of Dissolution	Is there, or has there been a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N A	J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.			
1. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

2. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

3. Name			DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Cell		Email		

4. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

5. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

6. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell		Email			

<input type="checkbox"/> N A	K. CHILDREN 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.				
1. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

: Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
B	Contact Number	Email			

Initial this page to indicate that you have provided complete and accurate information: _____

3. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State	Zip
DOB	Contact Number		Email		

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male Female	Address		City	State	Zip
B	Contact Number		Email		

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male Female	Address		City	State	Zip
B	Contact Number		Email		

Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male Female	Address		City	State	Zip
B	Contact Number		Email		

15. REFERENCES					
List 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.					
A. Name		Address		City	State Zip
Company / Work address			City	State	Zip
Home Phone	Work Phone	Cell	Email		
How do you know this person? (friend, teacher, family, co-worker)				How long have you known this person?	

Initial this page to indicate that you have provided complete and accurate information: _____

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

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

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

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

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

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

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.					
16. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty					
17. List High Schools Attended or where you obtained your GED.					
A. Name		City		State	
From		To		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Name		City		State	
From		To		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

18 List all colleges or universities attended:							
A. Name		City		State			
From		To		Type of Degree Earned		Total Units Earned	

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

19. List any trade, vocational, or business schools / institutes attended.			
A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

SECTION 3: EDUCATION *continued.*

20. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in detail below. Starting with high school, list any and all 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: RESIDENCE

21. 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 name of base in 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. Be sure to indicate what question number and page this refers to.

A. Current residence Street		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you live				

B. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

C. Former Address		City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

D. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

E. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

F. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

G. Former Address		City	State	Zip
From	To	If renting; property manager, rent collector or owner		Contact Number
Address of property mgr., rent collector, owner		City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.			
Reason for moving				

22. Provide contact information for all housemates listed in Question 21 with whom you have resided 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 indicate what question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

CTCPA PHS 4-2-2018
Page 14 of 35

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

23. Have you ever been evicted or asked to leave a residence?	Yes	No
24. Have you ever left a residence owing rent?	Yes	No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- 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 page 33.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

A. Name of employer or military unit.		From	To
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
Duties /Assignments		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.		

B. PERIOD OF UNEMPLOYMENT		From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other			

C. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

D. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

E. Name of employer or military unit.			From	To
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers	Co-workers Phone Number			

F. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

G. Name of employer or military unit.			From	To
Address or Base	City		State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

H. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

I. Name of employer or military unit.			From	To
Address or Base	City		State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

J. PERIOD OF UNEMPLOYMENT			From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other				

K. Name of employer or military unit.			From	To	
Address or Base		City		State	Zip
Supervisor		Contact Number Ext.	Email		
Job Title		Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
Names of co-workers		Co-workers Phone Number			

L. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

M. Name of employer or military unit.			From	To	
Address or Base		City		State	Zip
Supervisor		Contact Number Ext.	Email		
Job Title		Reason for leaving			
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
Names of co-workers		Co-workers Phone Number			

N. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

O. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

P. PERIOD OF UNEMPLOYMENT				From	To
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel					
<input type="checkbox"/> Other					

Q. Name of employer or military unit.			From	To
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
Duties /Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
Names of co-workers		Co-workers Phone Number		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	Yes <input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes <input type="checkbox"/> No
29. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes No
30. Have you ever resigned in lieu of termination?	Yes <input type="checkbox"/> No
31. 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

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	Yes <input type="checkbox"/> No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

38. 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
39. 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

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _____	
41. Branch of Service	Date of Service From To:
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; refer to your DD-214	
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends:
44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. 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	

If you answered YES to questions 44 and or 45, Explain (Include dates and circumstances)

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES

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

A. From your employer(s), what is your take home monthly income? \$ _____

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

If yes, fill in amount: \$ _____ per month Explain: _____

C. 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.

47. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have your wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever failed to file income tax or cheated/lie on an income tax form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling	<input type="checkbox"/> Yes Yes	<input type="checkbox"/> No <input type="checkbox"/> No
57. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?	Yes	<input type="checkbox"/> No
58. Have you ever failed to make or been late on a court-ordered payment e.g., child support, alimony, restitution, etc.)?	Yes	<input type="checkbox"/> No
59. Have you written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

SECTION 8: LEGAL

Disclosure of 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 peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs

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.

61. 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.	
A. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

B. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

C. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

D. Approximate Date	Arresting or detaining agency
Charge	
Disposition or Penalty	

62. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. 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 <input type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes <input type="checkbox"/> No
65. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. 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 <input type="checkbox"/> No
69. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	Yes <input type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of Questions 62–70, explain (include court case or document, dates, and circumstances; indicate corresponding number):

71. 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?

A. Annoying / obscene phone calls	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. 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
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. UNDETECTED ACTS - PART 2 At any time in your life have you ever committed any of the following?		
A. Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Theft of a vehicle and / or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Accessing, producing, or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Hit and run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

M. Hate crime	<input type="checkbox"/>	Yes	No
N. Insurance fraud	<input type="checkbox"/>	Yes	No
O. Theft (value of over \$500, or any firearm)	<input type="checkbox"/>	Yes	No
P. Murder, homicide, or attempted murder	<input type="checkbox"/>	Yes	No
Q. Perjury (lying under oath)	<input type="checkbox"/>	Yes	No
R. Possession of an explosive / destructive device	<input type="checkbox"/>	Yes	No
S. Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/>	Yes	No
T. Stalking	<input type="checkbox"/>	Yes	No
U. Blackmail or extortion	<input type="checkbox"/>	Yes	No
V. Any other act amounting to a felony	<input type="checkbox"/>	Yes	No

If you answered yes to **any** item(s) in **section 71 or 72** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (72-A etc) for each explanation.

73. Describe in your own words the frequency and extent of your use of intoxicating liquors.

Have you ever used, sold, experimented with, or provided another with any of the following illegal drugs?

Illegal Substances	YES or NO	Number of times in life	Last time used	Form(s) of Drug(s)	Used, Sold, Experimented, Provided
Marijuana					
Hashish/Hash Oil					
Speed (Meth)					
Heroin/Opium					
L.S.D.					
Cocaine					
P.C.P./ Angel Dust					
Ecstasy ("XTC")					
Peyote					
Mushroom					
Quaalude					
Tranquilizer					
Any Designer Drug (Ecstasy)					
Steroids					
"Crack" Cocaine					
Inhalants (glue, gasoline..)					
Other Illegal Drugs (Describe)					

Have you ever taken Amphetamines, Barbiturates, or any other Controlled Medication **not** prescribed to you?

Yes No

What	Number of times in life	Last time - Month / Year

Explain your usage of the above listed substances:

SECTION 9: MOTOR VEHICLE OPERATION

74. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
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75. List other states where you have been licensed to operate a motor vehicle.		
State of issue	Type of license	Name under which license was granted and license number

76. Have you ever been refused a driver's license by any state	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain (include when, where and circumstances):	

77. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain (include when, where and circumstances):	

78. List your current liability insurance on your vehicle(s)						
A. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License	
Insurance Company			Policy number		Expires	
Address		City		State	Zip	Contact Number
B. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License	
Insurance Company			Policy Number		Expires	
Address		City		State	Zip	Contact Number
C. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License	
Insurance Company			Policy Number		Expires	
Address		City		State	Zip	Contact Number
D. Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	Vehicle License	
Insurance Company			Policy Number		Expires	
Address		City		State	Zip	Contact Number

79. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

B. Nature of Violation		Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
C. Nature of Violation		Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)		
<input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine		
If checked, explain circumstances:		

80. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.		
Date	Location (Street, City, State, Zip)	
Police Report Yes <input type="checkbox"/> No	Law Enforcement Agency	Injury <input type="checkbox"/> Non Injury
Date	Location (Street, City, State, Zip)	
Police Report Yes <input type="checkbox"/> No	Law Enforcement Agency	Injury <input type="checkbox"/> Non Injury
Date	Location (Street, City, State, Zip)	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	Injury <input type="checkbox"/> Non Injury

81. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes No		
If yes, give reason		
Date	Location Street, City, State, Zip	
82. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes No		
If yes, give reason:		Insurance Company
Date	Location Street, City, State, Zip	

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

84. Are you now, 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

85. 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

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

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

If you answered yes to any of **Questions 84-87**, give details dates and circumstances; indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

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

89. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

SECTION 12: CERTIFICATION

90. 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.

Signature of Applicant

_____/_____/_____

Date

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

Notary public in and for, State of _____

My commission expires _____/_____/_____

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

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 question and specific item being referenced.

Large empty rectangular box for providing additional information.



Central Texas College Police Academy

PEACE OFFICER'S CERTIFICATION

NO CONVICTION OF MISDEMEANOR OR FELONY CRIME OF FAMILY VIOLENCE

(Per Omnibus Consolidated Appropriations Act of September 30, 1996)

I, _____ certify that I have never been convicted of a misdemeanor of any class or felony of any degree assault on a family member.

I understand that "assault" includes the use or attempted use of force, or the threatened use of a deadly weapon.

I also understand that "any class" includes Class A, Class B and Class C misdemeanors and "any degree" includes First Degree, Second Degree, Third Degree and State Jail Felonies.

I further understand that "family member" includes a current or former spouse, a biological or adopted child, a person to whom I am a guardian, a person with whom I share a child in common regardless of marriage, and a person with whom I am cohabitating or have cohabitated as a spouse, parent or guardian.

I also understand that in the event I am arrested for such an offense, I am required to report same the next day to my supervisor. I understand that a conviction will result in termination of my enrolment as a cadet in the Central Texas College Police Academy because I will no longer be legally qualified to carry a firearm.

Applicant Signature

Date

Sworn to subscribed before me this _____ day of _____, 20__

Notary Public In and For _____ County, Texas
My Commission Expires _____



**Central Texas College Police Academy
PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

To: _____

I, _____ - respectfully request and authorize you to furnish the Central Texas College Police Academy staff any and all information that you may have concerning me, my work record, my school record, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature and copies of those records, if requested. This information is to be used to assist the Central Texas College Police Academy in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

PRINTED Name of Applicant

Applicant's SIGNATURE

Date

Applicant's address: Street, City, State, and Zip Code

Witness signature

Witness signature

Address of Witness

Address of Witness

*Central Texas College Police Academy
PO BOX 1800, Killeen TX 76540-1800*



FINGER PRINT INSTRUCTION FORM TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their Identogo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. **You may begin the process now by simply clicking on this link:**
<https://identogo.com>
 - b. Click – Texas
 - c. On-line scheduling
 - d. Service Code: **11G4J8**
 - e. Schedule your appointment accordingly.
 - f. Academy Number: **LE-511261**
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11G4J8**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11G4J8**);
 - c. Schedule your appointment accordingly.
2. Arrive at your scheduled appointment with your photo identification and fee (\$39.75).
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:
<http://www.t1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - Do not throw away the receipt;
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G4J8> and then;
 - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.



Central Texas College
Police Academy and Law Enforcement Training
Declaration of Eligibility



Texas Administrative Code

TITLE 37 PUBLIC SAFETY AND CORRECTIONS
PART 7 TEXAS COMMISSION ON LAW ENFORCEMENT
CHAPTER 217 ENROLLMENT, LICENSING, APPOINTMENT, AND SEPARATION
RULE §217.1 **Minimum Standards for Initial Licensure**

- (a) In order for an individual to enroll in any basic licensing course the provider must have on file documentation that the individual meets eligibility for licensure and:
1. a high school diploma;
 2. a high school equivalency certificate; or
 3. for the basic peace officer training course, an honorable discharge from the armed forces of the United States after at least 24 months of active duty service;
- (b) The commission shall issue a license to an applicant who meets the following standards:
1. age requirement:
 - A. for peace officers and public security officers, is 21 years of age; or 18 years of age if the applicant has received:
 - i. an associate's degree; or 60 semester hours of credit from an accredited college or university; or
 - ii. has received an honorable discharge from the armed forces of the United States after at least two years of active service;
 - B. for jailers and telecommunicators is 18 years of age;
 2. minimum educational requirements:
 - A. has passed a general educational development (GED) test indicating high school graduation level; or
 - B. holds a high school diploma;
 3. is fingerprinted and is subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
 4. has never been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order;
 5. is not currently charged with any criminal offense for which conviction would be a bar to licensure;
 6. has never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
 7. has never been convicted or placed on community supervision in any court of an offense involving family violence as defined under Chapter 71, Texas Family Code;
 8. for peace officers, is not prohibited by state or federal law from operating a motor vehicle;



Central Texas College
Police Academy and Law Enforcement Training
Declaration of Eligibility



9. for peace officers, is not prohibited by state or federal law from possessing firearms or ammunition;
10. has been subjected to a background investigation;
11. examined by a physician, selected by the appointing or employing agency, who is licensed by the Texas Medical Board. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of appointment by the agency to be:
 - A. physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought;
 - B. show no trace of drug dependency or illegal drug use after a blood test or other medical test; and
 - C. for the purpose of meeting the requirements for initial licensure, an individual's satisfactory medical exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;
12. examined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought. The examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face to face interview conducted after the instruments have been scored. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of the appointment by the agency;
 - A. the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; or
 - B. the examination may be conducted by qualified persons identified by Texas Occupations Code §501.004. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and



Central Texas College
Police Academy and Law Enforcement Training
Declaration of Eligibility



- C. for the purpose of meeting the requirements for initial licensure, an individual's satisfactory psychological exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;
- 13. has never received a dishonorable or other discharge based on misconduct which bars future military service;
- 14. has not had a commission license denied by final order or revoked;
- 15. is not currently on suspension, or does not have a surrender of license currently in effect;
- 16. meets the minimum training standards and passes the commission licensing examination for each license sought;
- 17. is a U.S. citizen.
- (c) For the purposes of this section, the commission will construe any court-ordered community supervision, probation or conviction for a criminal offense to be its closest equivalent under the Texas Penal Code classification of offenses if the offense arose from:
 - 1. another penal provision of Texas law; or
 - 2. a penal provision of any other state, federal, military or foreign jurisdiction.
- (d) A classification of an offense as a felony at the time of conviction will never be changed because Texas law has changed or because the offense would not be a felony under current Texas laws.
- (e) A person must meet the training and examination requirements:
 - 1. training for the peace officer license consists of:
 - A. the current basic peace officer course(s);
 - B. a commission recognized, POST developed, basic law enforcement training course, to include:
 - i. out of state licensure or certification; and
 - ii. submission of the current eligibility application and fee; or
 - C. a commission approved academic alternative program, taken through a licensed academic alternative provider and at least an associate's degree.
- (f) The effective date of this section is May 1, 2018.



Central Texas College
Police Academy and Law Enforcement Training
Declaration of Eligibility



The minimum enrollment standards do not preclude the academy from establishing additional requirements or standards for enrollment in law enforcement training programs.

I, _____ the applicant, am fully aware that this application is a government document and, under penalties of perjury, I declare that I meet all eligibility requirements listed above.

Signature of Applicant

Date

Sworn to and subscribed before me, this the _____ day of _____, 20__

Notary Public in and for, State of Texas _____.

My Commission expires ___/___/___

Printed Name of Notary

Notary Seal of Stamp

Signature of Notary