



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.
- Type 3A Driver's Record
- 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.*

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:

- **The Monday before Class starts by 5:00pm**
- 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 #541 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 1429 = 4 semester hours**
 - **TOTAL = 24 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....

- Equipment
 - 1 Laptop or iPad (a laptop can be provided for classroom use if the student does not have access to one.)
 - 1 Flash Drive
 - 1 Police-Style Duty Belt
 - 1 black Holster for pistol, Level 2 or higher (Glock 22 if not supplying their own pistol)
 - 1 Double Magazine pouch for pistol
 - 1 set of Handcuffs with case and key, chained not hinged
 - 4 black pistol belt keepers (if needed)
 - 1 Flashlight with Holster
 - 1 ASP Baton with Scabbard
 - 1 Red Gun
 - 1 mouth guard for physical training
 - 1 set of hearing protectors or earplugs
 - 1 set of clear safety glasses
 - 1 Firearm (semi-automatic recommended) 9mm, .40, or .45



- Ammunition:

- Each Cadet will require the following:

1. 1000 rounds (ball ammo) for duty weapon, or .40 caliber Pistol if using a CTC Police Academy Pistol
2. 25 rounds of rifled slug for 12 gauge Shotgun (Shotgun will be provided)
3. 25 rounds of 9 Pellet (not #9 shot) Double 00 Buck Shot for 12 gauge Shotgun (Shotgun will be provided)
4. 500 rounds .223 or 5.56 mm for Patrol Rifle (Patrol Rifle will be available if needed)

- Uniforms:

- Daily uniform is:

- Black 5.11 style short sleeve shirt (moisture wicking) for day academy
- Black undershirt
 - Charcoal Grey 5.11 style short sleeve for night academy
 - Grey undershirt
- 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

IMPORTANT INFORMATION

TCOLE Personal History Statement Template Instructions

The attached Personal History Statement (PHS) is intended as a sample of what TCOLE considers to be the minimum information necessary to meet the required background investigation (BI) for any law enforcement licensee appointed to an agency, as defined under TCOLE Rule 211.1(a)(8).

Agency administrators may add additional information or agency identifiers without deletion or elimination of any information in this document. They may also decide at which stage in the pre-appointment process the PHS/BI will be completed as long as it is done before the applicant is appointed. The objective is to help the agency's chief administrator to make an informed decision based on factual and verifiable information.

The PHS/BI is an auditable document which must be retained along with all other required TCOLE appointment documents through the licensee's employment and five (5) years after he or she leaves the agency. For training academies, the record must be retained for five (5) years from the last date at the academy.

TEXAS COMMISSION ON LAW ENFORCEMENT

TCOLE

AGENCY NAME:

APPLICANT'S PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT FOR TEXAS

Appointment/Employment

Name:

Date Issued:

Complete and Return By:

I am applying for:

Peace Officer

PID #:

County Jailer

PID #:

Telecommunicator

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 **BLACK 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. Hiring agency please check off documents required– modify list as necessary.*

Completed Personal History Statement

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 (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 photo copy)

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 & all training certificates awarded to you (Peace Officer Applicants Only)

Copy of your DD-214 and/or other military discharge documents (if applicable)

Original certified copy of your Naturalization papers, if applicable (no photo copy)

Copy of current proof of automobile liability insurance

Copy of a TCOLE approved Firearms Qualifications within the last 12 months

10. If you have 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 the 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.

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.

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

Once you begin:

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

Disclosure of Medically Related Information

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

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.

SECTION 1: PERSONAL

Last Name: First Name: Middle Name: Suffix:

Other Names, including nicknames, you have used or been known by:

Maiden: SSN #: Date of Birth:

Driver License #: State: Exp:

Street Address, (Apt/Unit):

City: State: Zip Code:

Mailing Address (if different than above):

City: State: Zip Code:

Home Phone #: Cell: Work (Ext.):

Fax: Other Phone #(s):

List ALL Email Addresses:

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

Physical Description:

Height: Weight: Hair Color: Eye Color:

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 Training Coordinator: Contact Number:

Did you graduate? Yes No

B. Academy Name: From: To:

Location (City, State):

Name 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, 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 section number and page this refers to.

A. Name of Agency: _____ **Position Applied For:** _____

Date Applied: _____ Address: _____

City: _____ State: _____ Zip: _____

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: _____

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: _____

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, attach 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: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **B. Step-Father's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **C. Mother's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **D. Step-Mother's Name:** _____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

N/A **E. Spouse/Registered Domestic Partner's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

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:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **G. Mother-in-Law's Name:**

D.O.B.:

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A **H. Former Spouse/Cohabitant's Name(s):**

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

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(s):

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

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:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 2. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 3. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 4. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 5. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

N/A 6. Name:

D.O.B.: Male Female

Home Address:

City: State: Zip:

Work Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email:

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

N/A 1. Name: Male Female

D.O.B.: Custodial parent or guardian (if other than you):

Address:

City: State: Zip:

Contact Number: Email:

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

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

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

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

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

L. 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.

1. Name: Address:
City: State: Zip:
Company/Work Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone: Email:

How do you know this person (friend, teacher, family, co-worker)?

How long have you known this person?

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

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

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

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

6. Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)? _____
 How long have you known this person? _____

7. Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

How do you know this person (friend, teacher, family, co-worker)? _____
 How long have you known this person? _____

8. Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Company/Work Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ 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.

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. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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

1. Current Residence Address:

City: _____ State: _____ Zip: _____

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

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

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

2. Former Address:

City: _____ State: _____ Zip: _____

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

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

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

Reason for moving: _____

3. Former Address:

City: _____ State: _____ Zip: _____

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

Address of property mgr., rent collector, or owner: _____ Email: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

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

Reason for moving: _____

4. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

5. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

6. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
N/A Name(s) of those with whom you live: _____
Reason for moving: _____

7. Former Address:

City: _____ State: _____ Zip: _____
If renting; property manager, rent collector, or owner: _____ Contact Number: _____
Address of property mgr., rent collector, or owner: _____ Email: _____
City: _____ State: _____ Zip: _____
From: _____ To: _____
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 indicate what section number and page this refers to.

1. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

2. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

3. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

4. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

5. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

6. Housemate Name: Contact Number: Email:

Current Street Address:

City: State: Zip:

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

3. Name of Employer or Military Unit:

From:

To:

Address or Base:

City:

State:

Zip:

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:

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:

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:

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:

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:

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:

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:

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/lie 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

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 1

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

List your 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 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:

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.

SECTION 11: 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 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

Signature of Notary

Notary Seal or Stamp:



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

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*



Central Texas College
Police Academy and Law Enforcement Training
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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;



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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



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- 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.



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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