

SHELBY COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

*******PLEASE KEEP THIS PAGE FOR YOUR RECORDS*******

PERSONAL HISTORY

SHELBY COUNTY SHERIFF'S OFFICE

This is your personal history. Please read it very carefully and complete every question except where it is indicated to be for official use. No further action will be taken on your application until this personal history is returned with ALL requested information completed.

Give complete address, including street number and zip codes, on all address called for on this application. When a question does not apply mark it with N/A. If the space provided is insufficient, attach a separate sheet of paper to this application. **DO NOT MIS-STATE OR OMIT material facts since the statements made herein are subject to verification to determine your qualification for employment.**

NOTE: Make a copy for us of the following and return with your application

Birth Certificate

Copy of current Driver's License

Naturalization papers

Copy of Social Security Card

High School Diploma/GED

10. Military Discharge and form DD-214

11. An original letter (on letter head stationary) from all law enforcement agencies you have been with, stating your local time worked as an OFFICER to include starting and ending date.

KEVIN W. WINDHAM, SHERIFF
SHELBY COUNTY, TEXAS

PERSONAL HISTORY STATEMENT

POSITION APPLIED FOR: _____

APPLICANT NAME: _____

ORIGINAL APPLICATION DATE: _____

DATE AMENDED: _____

NEW INFORMATION ADDED: YES _____ NO _____

APPLICATION RECEIVED BY: _____

DATE: _____

**SHELBY COUNTY SHERIFF OFFICE
100 HURST STREET
CENTER, TEXAS 75935
(936) 598-5600 Fax (936) 598-7893**

**COUNTY OF SHELBY
STATE OF TEXAS**

**AUTHORITY FOR RELEASE OF
INFORMATION AND WAIVER**

KNOW ALL MEN BY THESE PRESENTS:

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Shelby County Sheriff's Office, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Shelby County Sheriff's Office. I also certify that any person(s) who may furnish information giving this information in any way; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (Including Maiden Name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

Phone

Subscribed and Sworn before me this _____ day of _____, 20____.

NOTARY PUBLIC

**IMPORTANT
READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!!!

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be hand printed legibly in ink.
2. Answer all questions completely. If a question does not apply to you, alter 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 correct and in sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory services or copies of the required directories. On the phone numbers include the area code.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and questions before continuing your answer.

Your failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit:

- An official high school transcript and a copy of the diploma or G.E.D., if applicable.
- An official college transcript and a copy of the diploma, if applicable.
- A copy of the applicant's military Form DD214 discharge papers showing an Honorable Discharge, if applicable.
- A copy of the applicant's Birth Certificate
- Letters of recommendations, if applicable
- Copies of any Police related training, if applicable

EMPLOYMENT HISTORY

Beginning with your most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!

Circle appropriate job descriptions (s)

Full-time Part-time Temporary Seasonal

Employer: _____

Employer Address: _____

Street # / Address City/State Zip

Employers Telephone Number: (____) _____

Employment began on: _____ Ended: _____ = Total Time _____

Position(s) held with company/duties and responsibilities

Title: _____

Immediate Supervisor: _____ Phone: _____

Duties/Responsibilities:

Time in position (s): _____

Did you receive a written job performance evaluation(s) while with this company? ___yes___no

Reason for leaving this position: _____

***INVESTIGATORS NOTES: _____

EMPLOYMENT HISTORY

Circle appropriate job descriptions (s)

Full-time Part-time Temporary Seasonal

Employer: _____

Employer Address: _____

Street # / Address City/State Zip

Employers Telephone Number: () _____

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Duties/Responsibilities:

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Circle appropriate job descriptions (s)

Full-time Part-time Temporary Seasonal

Employer: _____

Employer Address: _____

Street # / Address City/State Zip
Employers Telephone Number: (____) _____

Employment began on: _____ Ended: _____ = Total Time _____

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Title: _____

Immediate Supervisor: _____ Phone: _____

Duties/Responsibilities:

Time in position (s): _____

Did you receive a written job performance evaluation(s) while with this company? ___yes ___no

Reason for leaving this position: _____

***INVESTIGATORS NOTES: _____

1. PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduation from high school

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

From (Month/Year)	To (Month/Year)	Length of Unemployment	Reason for being Unemployed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received any verbal and/or written reprimands in the past 4 years? If so, please explain the incidents and the final disposition:

MILITARY SERVICE

Have you registered with selective services? _____ Yes _____ No
When? _____

Have you ever been rejected by any branch of the armed forces? _____ Yes _____ No

Have you ever been a member of any branch of the U.S. Armed Forces? _____ Yes _____ No

Branch of Service: _____ Highest Rank Obtained: _____

Date of Induction: _____ Date of Discharge: _____

Awards: (Type and date awarded)

Mo/Day/Year

_____	_____
_____	_____
_____	_____

Special Schools/Training:

_____	_____
_____	_____
_____	_____
_____	_____

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial: _____ Yes _____ No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident:

Charge: _____ Date: _____

Results: _____

Last duty station and name of commanding officer: _____

MILITARY SERVICE (continued)

Are you currently a member of a U.S. Reserve, National or State Guard organization? _____

Branch: _____ Grade & Service #: _____

Are you: _____ Active _____ Inactive _____ Standby

Organization Station Unit and Location: _____

ARREST AND DETENTION

Have you ever been arrested by the Police? _____ Yes _____ No

Have you ever been detained (other than a traffic ticket) by the Police? _____ Yes _____ No

Have you ever been summoned into court for a criminal offense? _____ Yes _____ No

Have you ever been involved in an incident where the police were called? _____ Yes _____ No

Have you ever been investigated for any crime? _____ Yes _____ No

Have you ever been charged with a criminal offense? _____ Yes _____ No

If yes, explain each incident (list juvenile as well as adult occurrences):

LITIGATION

Have you ever been involved in any type of lawsuit? (Even as a witness) _____ Yes _____ No

Were you sued? _____ Yes _____ No

Have you ever sued anyone? _____ Yes _____ No

Have you ever filed bankruptcy? _____ Yes _____ No

Has anyone ever threatened to take you to court for non-payment of a bill? _____ Yes _____ No

Explain any AYES@ answers:

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc. Have you ever used, (circle yes or no):

			# Times in Life	Approximate Last Date	Forms Used
Marijuana	Yes	No	_____	_____	_____
Hashish	Yes	No	_____	_____	_____
Speed	Yes	No	_____	_____	_____
Cocaine	Yes	No	_____	_____	_____
LSD	Yes	No	_____	_____	_____
Ecstasy	Yes	No	_____	_____	_____
PCP	Yes	No	_____	_____	_____
Peyote	Yes	No	_____	_____	_____
Mushrooms	Yes	No	_____	_____	_____
Quaaludes	Yes	No	_____	_____	_____
Tranquilizers	Yes	No	_____	_____	_____
Barbiturate	Yes	No	_____	_____	_____
Heroin	Yes	No	_____	_____	_____
Designer	Yes	No	_____	_____	_____
Other Drugs Not Listed:			_____	_____	_____

Have you ever sold any of the items specified above? _____ Yes _____ No

Which? _____ When? _____ # of Times: _____

Have you ever bought any of the items specified above? _____ Yes _____ No

Which? _____ When? _____ # of Times: _____

PERSONAL REFERENCES

List four (4) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name: _____ Occupation: _____

Home Address: _____ Years Acquainted: _____

Home Phone #: _____ Work Phone: _____

Briefly describe relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years Acquainted: _____

Home Phone #: _____ Work Phone: _____

Briefly describe relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years Acquainted: _____

Home Phone #: _____ Work Phone: _____

Briefly describe relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____ Years Acquainted: _____

Home Phone #: _____ Work Phone: _____

Briefly describe relationship with this person: _____

CLUB AND ORGANIZATION MEMBERSHIPS

List all clubs and organizations you are a register member of, including internet websites (ex: myspace, facebook). You are not required to include religious affiliations, but may at your own discretion include them. Attach additional pages if necessary.

Name of Organization: _____ Date Joined: _____

Address: _____

Phone: _____

Web address: _____

Your internet screen name: _____

Purpose of organization: _____

Name of Organization: _____ Date Joined: _____

Address: _____

Phone: _____

Web address: _____

Your internet screen name: _____

Purpose of organization: _____

Name of Organization: _____ Date Joined: _____

Address: _____

Phone: _____

Web address: _____

Your internet screen name: _____
Purpose of organization: _____

Name of Organization: _____ Date Joined: _____
Address: _____
Phone: _____
Web address: _____
Your internet screen name: _____
Purpose of organization: _____

MEDICAL HISTORY

Do you have any physical handicaps, chronic disease, or disabilities that would prevent you from doing the job you have applied for? _____ Yes _____ No

If yes, please explain: _____

**Marital and Emergency Contact
Information**

Circle your current marital status

Single Engaged Married Separated Divorced Widowed

EMERGENCY CONTACT

Name _____

Address: _____ Home Phone: _____

Place of employment _____ Work Phone: _____

Relationship: _____

PERSONAL INFORMATION

Full Name: _____

Current Address: _____

Home Phone: _____ **Date of Birth:** _____

Employer: _____ **Wk Phone :** _____

Social Security #: _____ **DL#/State :** _____

Cell Phone #: _____

*****Do Not Write Below Line*****

Investigators Notes: _____

PLEASE READ, SIGN AND DATE

You have now completed the personal history statement. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Review your answers. If you now recall any information that as requested which you did not place in the personal history statement, go back and make the correction.

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT WITHHELD, FALSIFIED, OR MISTREPRESENTED ANY INFORMATION REQUESTED IN THIS PERSONAL HISTORY STATEMENT. I HEREBY GRANT AUTHORIZATION TO THE SHELBY COUNTY SHERIFF'S OFFICE TO CONTACT ANY PERSON OR ORGANIZATION FOR INFORMATION AND/OR DOCUMENTS TO VERIFY THE VALIDITY OF ANY PREVIOUS STATEMENTS. I FURTHER AGREE TO THE ADMINISTRATION OF A POLYGRAPH EXAMINATION FOR THE PURPOSE VALIDATING THE FOREGOING INFORMATION AS WELL.

Signed at _____ (City) _____ (State) _____ (Date)

(Signature of Applicant)

End of personal history statement