

THE UNIVERSITY OF TEXAS SYSTEM POLICE

PERSONAL HISTORY STATEMENT



APPLICANT NAME

POSITION

Date Issued: _____ Return By: _____ Received On: _____

CAUTION

ANY INFORMATION REQUESTED IN THIS APPLICATION THAT YOU WILLFULLY MISREPRESENT, OMIT OR FALSIFY CAN BE GROUNDS FOR REJECTION OF YOUR APPLICATION FOR EMPLOYMENT WITH THE UNIVERSITY OF TEXAS SYSTEM POLICE.

Should you have questions regarding completing any portion of this document, please call:

A. APPLICANT IDENTIFICATION - INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY

Name:

LAST

FIRST

MIDDLE

Nickname(s), Maiden Name, or Other Names by which You Have Been Known:

LAST

FIRST

MIDDLE

LAST

FIRST

MIDDLE

Address:

NUMBER

STREET

APT. #

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

OTHER NUMBER

Date of Birth: _____ **Social Security No.*:** _____

MONTH

DAY

YEAR

Place of Birth: _____

CITY

COUNTY

STATE/COUNTRY

Can You Legally Work in the United States? Yes _____ No _____

Driver's License Number: _____ **State of Issue:** _____

*** Disclosure of your social security number (SSN) is requested as part of your application for employment with The University of Texas System. During the employment application process, your SSN will be used as a unique number in order to identify you within The University of Texas System applicant tracking system. Disclosure of your SSN at the time that you apply for employment is voluntary, but disclosure of your SSN is mandatory before you may be employed by The University of Texas System. Federal law requires The University of Texas System to report income and Social Security Numbers for all employees to whom compensation is paid. Employee Social Security Numbers are maintained and used by The University of Texas System for payroll and benefits purposes and are reported to Federal and State agencies on forms required by law for benefits purposes. Further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).**

B. RESIDENCES - LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 10 YEARS BEGINNING WITH PRESENT ADDRESS. LIST DATE BY MONTH AND YEAR ATTACH EXTRA PAGE(S) IF NECESSARY

From	To	Address
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>

(Use additional blank sheets of paper if extra space is needed.)

C. **WORK HISTORY** - BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. LIST ALL EMPLOYMENT SINCE THE AGE OF 18, INCLUDING PART-TIME, TEMPORARY, OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. APPROXIMATELY WHAT TOTAL AMOUNT OF TIME HAVE YOU BEEN ABSENT FROM A JOB IN THE LAST YEAR? ATTACH EXTRA PAGES IF NECESSARY.

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

From: _____ To: _____ Employer: _____
Address: _____
City, State, and Zip Code: _____
Telephone No.: _____ Job Title: _____
Duties: _____

Supervisor: _____ Name of Co-Worker: _____
Did you quit voluntarily, were you asked to resign, were you laid off or were you terminated?

Explain your reasons for quitting, resigning, being laid off, or being fired:

(Use additional blank sheets of paper if extra space is needed.)

D. MILITARY RECORD

Have You Served in the U.S. Armed Forces? Yes: _____ No: _____

Dates of Service: From: _____ To: _____

Branch of Service: _____

Last Unit Served: _____

Military Service Number: _____

Highest Rank Held: _____

Rank Held at Discharge: _____

Type of Discharge: _____

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)?

Yes: _____ No: _____

Charge	Agency	Date	Disposition

If you received a discharge other than honorable, give complete details: _____

Are you registered with the Selective Service? Yes: _____ No: _____

If yes, list your Selective Service Registration Number: _____

E. EDUCATIONAL HISTORY

Do You Have a G.E.D.? Yes: _____ No: _____ Date Earned: _____

Did You Attend High School? Yes: _____ No: _____ List Schools Attended:

High School(s) Attended	Location of School(s): City and State	Dates Attended		Graduate	
		From	To	Yes	No

Did You Attend College? Yes: _____ No: _____ List Colleges Attended:

College or University Attended: _____
City & State: _____ Dates Attended: _____
Hours Completed: _____ Major/Minor: _____
Degree Received (If Any): _____

College or University Attended: _____
City & State: _____ Dates Attended: _____
Hours Completed: _____ Major/Minor: _____
Degree Received (If Any): _____

College or University Attended: _____
City & State: _____ Dates Attended: _____
Hours Completed: _____ Major/Minor: _____
Degree Received (If Any): _____

College or University Attended: _____
City & State: _____ Dates Attended: _____
Hours Completed: _____ Major/Minor: _____
Degree Received (If Any): _____

List other schools attended (trade, vocational, business, etc.); give name and address of school, dates attended, course of study, type of degree or certificate issued, and any other pertinent information.

Name and Address of School	Dates Attended	Course of Study	Type of Certificate	Other Pertinent Information

List any other special skills or qualifications you may possess, such as foreign language, etc.:

F. ARRESTS AND LITIGATION:

Have you ever been arrested, detained and questioned, or issued a citation for a non-traffic criminal offense by a Law Enforcement Agency?

Yes: _____ No: _____

If Yes, complete the following:

Offense	Date	Police Agency	City & State	Final Disposition

**Are you or have you ever been on parole, probation, or community supervision?
(Note: Deferred Adjudication is considered probation)**

Yes: _____ No: _____

If your answer is Yes, give details: _____

Have you ever been a party to any court action, either civil or criminal? (Include divorces)

Yes: _____ No: _____

If your answer is Yes, list type of action, date, reason, and disposition:

G. TRAFFIC RECORD

Has your driver's license ever been suspended, revoked, placed on probation, or petitioned.

Yes: _____ No: _____

If your answer is Yes, explain by giving date, location, and reasons: _____

List all States in which you have been issued a driver's license: _____

List the following information concerning your automobile insurance:

Company Name	Address and Telephone Number	Agent's Name	Policy Number / Expiration Date

H. **FINANCIAL HISTORY**

Sources of Income:

What is your present salary/wages?

Weekly: _____

Monthly: _____

Do you have income from another source other than your principal occupation?

Yes: _____ No: _____

If your answer is Yes, please provide the following information:

Amount of Income	How Often	Source of Income

I. **REFERENCES** - PERSONAL AND PROFESSIONAL INDIVIDUALS WHO CAN PROVIDE INFORMATION ON HOW YOU HANDLE DAILY SITUATIONS AND CONFLICTS (MAY INCLUDE FAMILY MEMBERS, RELATIVES, CO-WORKERS EMPLOYERS, ETC)

Name: _____

Address: _____

City, State, and Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Number of Years Known: _____

Name: _____

Address: _____

City, State, and Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

J. **REFERENCES** - LIST FIVE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

Name: _____
Address: _____
City, State, and Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Number of Years Known: _____

K. PERSONAL DECLARATIONS

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

Have you ever used, tried, experimented with marijuana, any other illegal drug, or controlled substance, or used drugs not prescribed by your physician?

Yes: _____ No: _____

If your answer is Yes, explain the circumstances: _____

Have you ever possessed, purchased, sold, or furnished any drugs or narcotics to anyone?

Yes: _____ No: _____

If your answer is Yes, explain: _____

Have you ever been treated for addiction resulting from the use of intoxicating liquor, illegal drugs, or controlled substances, or drugs prescribed by your physician?

Yes: _____ No: _____

If your answer is Yes, explain: _____

If it became necessary to take a human life while in the course of your duties as a police officer, would any beliefs prevent you from doing so?

Yes: _____ No: _____

If your answer is Yes, explain: _____

Do you have any reasons or beliefs, which would prevent you from performing the duties of a police department employee including working on weekends, evening shifts, or late night shifts?

Yes: _____ No: _____

If your answer is Yes, explain: _____

Have you ever been the subject of a police inquiry into any incidence of family violence?

Yes: _____ No: _____

If your answer is Yes, explain: _____

Have you ever been banned from or asked to leave any business, school, private residence, or other establishment for disturbing the peace or criminal trespass?

Yes: _____ No: _____

If your answer is Yes, explain: _____

I hereby certify that there are no willful omissions, misrepresentations, or falsifications in the foregoing statements and information I provided. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of this application and/or employment.

Signature of Applicant

Date

I understand and agree that my application and resume are public records subject to the Texas Open Records Act, Chapter 552, Government Code. This application and/or resume will be released if a formal request is made by the media or any individual. The University of Texas System Police assumes no responsibility for the confidentiality of the information. I agree to release and discharge The University of Texas System Police from any claims arising from the release and disclosure of such records.

Signature of Applicant

Date

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any police officer or authorized representative of The University of Texas System Police bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, criminal records, civil litigation records, personal financial history, property liens, medical and psychological records, or educational records. This information includes but is not limited to, achievement, attendance, personal history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of The University of Texas System Police. Consent is granted for the third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and employer, educational institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to validity of this release, you may contact me as indicated below.

Full Name: _____
(Typed or printed Name)

Current Address: _____

City, State, and Zip Code: _____

Home Telephone Number: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____

TO BE COMPLETED BY NOTARY PUBLIC:

STATE OF TEXAS

COUNTY OF TARRANT

BEFORE ME, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me, and executed the same for the purposes and consideration therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ DAY OF _____, _____.

NOTARY PUBLIC

SIGNATURE