

Waller County Sheriff's Office

Employment Application and Personal History

This Personal History and other requested information and/or documentation must be completed and returned to the Waller County Sheriff's Office. Failure to do so can result in the rejection of the application.

Person:	
Date:	
Γime: _	

Position Desired

- □ Deputy
- □ Reserve Deputy
 - **Detention Officer/Jailer**
 - **Dispatcher**
- □ Clerical

We prefer this packet be returned in person. However, the packet, and all supporting documentation, may be mailed to the person noted above at this address:

Waller County Sheriff's Office 100 Sheriff R. Glenn Smith Dr. Hempstead, TX 77445

Application Personal History Statement

Read the Following Instruction Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all aspects. It will be used as a basis for a background investigation that will determine your eligibility for employment. The manner in which this form is completed is as important as the information provided. The ability to understand and follow these instructions will be examined.

- 1) Your Personal History Statement should be printed legibly in black ink or typed. Answer all questions to the best of your ability. Do not allow anyone else to complete this form for you.
- 2) If a question is not applicable to you, enter N/A in the space provided. Upon completion there should be no blank spaces.
- 3) You are responsible for obtaining correct addresses and phone numbers. If you are unsure of an address or phone number, check it by personal verification.
- 4) Should the space provided on the form be insufficient, you may attach extra sheets to the Personal History Statement. Reference the relevant information by section name before continuing your answers.
- 5) Deliberate omissions or falsifications may result in disqualification. Answers such as "will explain..." are not acceptable.
- 6) If your personal information changes after the time you submit your Personal History Statement, it is your responsibility to update the information by contacting the person listed on the cover page of this packet.

In addi	ition to this Personal History Statement, you are require	d to subm	it copies of the following documentation:
	High School Diploma/GED Certification		Texas Driver License
	College Transcripts		Social Security Card
	Police Academy Diploma		Birth Certificate
	Any TCLEOSE License/Certificates		Proof of Current Liability Insurance
	Military Status: Form DD214 or other documentation s	tating you	ır Military Status.

Age:

For police officer applicants – at least 21 years of age on the date of employment. Any non-police applicants must be at least 18 years of age on the date of employment. There are not maximum age requirements.

Physical Condition:

Police officer applicants must be examined by a licensed physician and be declared in writing to the physical sound and free from any defect, which may adversely affect the performance of the duty of a peace officer. Additionally, eyesight must be correctable to 20/20 and the applicant must have normal hearing. Non-police applicants fall under the same requirements as police officer applicants.

Psychological Evaluation:

Police officer applicants must be examined by a licensed psychologist or psychiatrist and be declared in writing to be in satisfactory psychological and emotional health to be a peace officer. All certified police officers are required to complete an exam prior to employment.

Education:

All applicants must have a high school diploma, G.E.D. Certificate or transcript stating you have completed at least twelve (12) semester hours of college credit.

Residency:

Only citizens of the United States may apply for jobs requiring a TCOLE license. Applicants must be able to demonstrate proof of citizenship.

Texas Driver License:

Applicants must hold a current and valid Class A, B or C Texas driver license.

Military:

If a military veteran, the applicant must have an honorable discharge. A general discharge under honorable conditions may be considered on case by case bases. While in the military, applicants must not have been convicted of an offense, the facts of which would have been a felony, family violence, or crime of moral turpitude.

Oral Interview:

Personnel of the Waller County Sheriff's Office will interview all candidates who meet qualifications.

Past Employment:

Past employment history, including the number of jobs and reasons for leaving as well as employment references, etc. will be considered. An unfavorable record may be ground for rejection.

Background Investigation:

A thorough background investigation is conducted on each applicant. Evidence of good moral character and reputation is mandatory. Evidence of any of the following can result in rejection:

- 1. Conviction of a felony offense, or Class A misdemeanor after March 1, 2001;
- 2. Conviction of a misdemeanor offense grade of Class B or equivalent within the past 10 years;
- 3. Conviction of any offense involving family violence;
- 4. Conviction of any offense involving Moral Turpitude;
- 5. Being on probation or parole for a criminal offense;
- 6. Being under an indictment for/or awaiting trial;
- 7. A record of excessive traffic convictions or collisions;
- 8. An unfavorable drug use history;
- 9. Execution of any time of a confession to a felony offense, such confession being admissible as evidence against the person in any criminal proceeding in any state or federal court:
- 10. Revocation of previous Peace Officer License by the Texas Commission on Law Enforcement (TCOLE):
- 11. Being involved in any current, unsettled litigation may result in rejection or suspension of your application;
- 12. A military discharge under less than honorable conditions;
- 13. A history of bad credit or failure to meet financial obligations;
- 14. Evidence of mental or emotional instability;
- 15. Membership in a subversive or extremist organization; and/or
- 16. Any false statement, fraud, or deception in your application.

Qualification:	Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet <u>ALL</u> six of these requirements to qualify for licensure as a peace as a peace officer or jailer in Texas.
	Initial: I am a citizen of the United States of America.
	I have earned a high school diploma or a GED.
	I have never been convicted, pled guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or felony.
	During the last ten (10) years, I have not been convicted, pled guilty (nolo contendere), been on community service/probation of deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
	I have never been convicted of any offense involving family violence.
	I have never had a military court martial that resulted in a dishonorable of bad conduct discharge.
Assignment:	Applicants must be willing to accept any assignment or shift within the Waller County Sheriff Office, including nights, weekends and holidays.
Certification:	Police officer applicants must be eligible for licensing by the Texas Commission on Law Enforcement (TCOLE).
DISQUALIFICATION:	

There are a very few <u>automatic</u> bases for rejection. Even issues of prior misconduct, employment terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, <u>deliberate misstatements or omissions</u> can and often will result in our application being rejected, regardless of the nature or reason for the misstatement/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.

If you do not meet any of the above listed requirements for the position in which you are seeking, please do not apply.

Applicant Identification Information Provided in this Section is Used for Identification Purposes Only

Last Name:	First Name:		Middle Name:		Maiden N	lame:			Suffix:
Nicknames or Other N	 Names You Have Used or Kn	nown As:							
Physical Home Addres	SS:			City:			State:	Zip	Code:
Mailing Address (if diff	ferent from above):			City:			State:	Zip (Code:
Home Phone:	ome Phone: Work Phone:				Cell Phone:				
Pager:		Alternate Contact	Number:		Email Addres				
Place of Birth (City, Co	ounty, State or Country if Ou	tside of the United S	States)	Date of Birth:		Soc	cial Securit	ty Num	ıber:
Texas Driver License	Number:	Texas Identificatio	on Card Number:		PID Number:	<u> </u>			
Other States in which	you have held a Driver's Lice	ense, Identification (Card or Law Enfe	orcement Comr	l nission (Include	e Numbe	ers):		
Height:	Weight:		Eye Cold	or:		Hair Col	lor:		
Scars, Marks, and Tat	 ttoos (Include Location and D	Description):							
Name: Name: Name:	Provider: Provider: Provider: Provider:		Name: Name: Name: Name:		Pr Pr	rovider: rovider: rovider: rovider:			
	iends or relatives (oth]Yes □ No			c for the Wa	aller County	y Sher	riff Office	e:	
yes, state name,	, relationship and loca		ent: 'Department				Relatio	nshi	n
							- Norwan		<u> </u>

Educational Information

	City and State			Attended From	Attended To	Graduated
						□Yes □No
						□Yes
						□No □Yes
						□No
						□No
						□Yes □No
s Schools						
5 00.100.0	City and State		Attended			Certificate
			From	То	Study	Diploma
						☐ Certificate ☐Diploma ☐Other
						☐ Certificate ☐ Diploma ☐ Other
						☐ Certificate ☐Diploma ☐Other
						☐ Certificate ☐Diploma ☐Other
						☐ Certificate ☐ Diploma ☐ Other
						—
City a	and State	Attended From	Attended To	Total Hours	Major/ Minor	Degree Received
nded from	any high school,	college, unive	rsity busine	ess trade o	or vocational	
Yes	No					
r	nded from a	City and State City and State City and State	City and State City and State Attended From And State Attended From State Attended From State State Attended From State Sta	City and State Attended From City and State Attended From To City and State Attended To Attended From Indicate To Attended From Indicate To Attended From Indicate To City and State Attended To City and State Attended To City and State Attended From Indicate To City and State Attended From Indicate To City and State Indicate To	City and State Attended From City and State Attended From City and State Attended From Attended To Att	S Schools City and State

Special Qualifications and/or Skills

List any other special skill(s) or qualification(s) you may possess. List any special licenses you hold such as pilot, radio operator, scuba, concealed handgun, etc.

Licensing Authority	Original		Description
Licensing Authority	Original Date of	Expiration Date	Description
	Date of	Date	
	Issuance		

Foreign Language Skills

If you are fluent in a foreign language, indicate in each, your degree of fluency (E-excellent, G-good or F-Fair)

you are mark in a reversit language, mareate in each, your degree or marries (2 excesses							(= 0,100,101,11)	<u> </u>	π ι απ
Language:		Language:		Language:		Language:		Language:	
☐ Read	□E □G □F □E □G □F	☐ Read ☐ Write	□E □G □F □E □G □F	☐ Read ☐ Write	□E □G □F □E □G □F	☐ Read ☐ Write	□E □G □F □E □G □F	☐ Read ☐ Write	□E □G □F □E □G □F
☐ Spea	k │ □E □G □F	☐ Speak		☐ Speak	□E □G □F	☐ Speak	□E □G □F	☐ Speak	

Employment History

Beginning with your current or most recent job, list all employment, including part-time, temporary, seasonal and volunteer employment. Include all periods of unemployment. List date by month and year. Failure to list any jobs may terminate your application. If needed, attach extra copies of this sheet.

-	arry			necaca, attach extra copies of this sheet.
Start Date:	End Date:	Comp	any Name:	
Start Salary:	End Salary:	Comp	any Address:	
Company Phone	Number (Include Are	ea Code)	Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:			Reason for Leaving:	
Duties Included:				
Start Date:	End Date:	Comp	any Name:	
Start Salary:	End Salary:	Comp	any Address:	
Company Phone	Number (Include Are	a Code)	Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:			Reason for Leaving:	
Duties Included:				
Start Date:	End Date:	Comp	any Name:	
Start Salary:	End Salary:	Comp	any Address:	
Company Phone	Number (Include Are	a Code)	Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:			Reason for Leaving:	
Duties Included:				
Start Date:	End Date:	Comp	any Name:	
Start Salary:	End Salary:	Comp	any Address:	
Company Phone	Number (Include Are	a Code)	Immediate Supervisor's Name:	Co-Worker's Name:
Your Job Title:			Reason for Leaving:	I
Duties Included:			<u> </u>	

Military History

oid you serv ne military, o	continue to the next	Section.	<u></u>		
Branch of Ser			Beginning Da	ate of Service:	Ending Date of Service:
Unit Designat	ion:		Job Title:		
Military Service	Military Service Number: Highest Rank Held Type of Discharge: Last Duty Station:			Rank at Discha	arge:
Type of Disch					
		serve Unit (including State M			No If, you <u>are not</u>
	rving in Reserve Unit (including State Military Fo Branch of Service:			ate of Service:	Ending Date of Service:
Unit Designat	ion:		Job Title:		
Current Rank	Held:	Highest Rank Held:		Rank at Discha	arge:
Type of Disch	narge:	Last Duty Station:			
lilitary Justio ourt(s) or au Vere you ev	ce? (Including non-juuthority(ies) and outo	in the Military:	If, "Yes," provi	de date(s), ch	narge(s), military
lilitary Justicourt(s) or au	ce? (Including non-juuthority(ies) and outo	udicial Captain's mast, etc.) come(s)	If, "Yes," provi	de date(s), ch	ents, Office Hours, etc Disposition (Be
lilitary Justicourt(s) or au Vere you evist all discip	ce? (Including non-juuthority(ies) and outover disciplined while in blinary actions, including	udicial Captain's mast, etc.) come(s) in the Military:	If, "Yes," provi	de date(s), ch any Punishme	narge(s), military ents, Office Hours, etc
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filitary Justicourt(s) or account (s) or account (s	ce? (Including non-juuthority(ies) and outdoor ver disciplined while in the plinary actions, including the plinary actions are actions.)	udicial Captain's mast, etc.) come(s) in the Military:	If, "Yes,' provi	de date(s), ch	ents, Office Hours, etc Disposition (Be Specific)
filitary Justicourt(s) or account (s) or account (s	ce? (Including non-juuthority(ies) and outdoor disciplined while including actions, including actions, including actions.	udicial Captain's mast, etc.) come(s) in the Military:	If, "Yes," provi	any Punishme Age at Time	ents, Office Hours, etc Disposition (Be Specific) National Guard
filitary Justicourt(s) or account (s) or account (s	ce? (Including non-juuthority(ies) and outdoor disciplined while including actions, including actions, including actions.	udicial Captain's mast, etc.) come(s) in the Military:	If, "Yes," provi	any Punishme Age at Time	ents, Office Hours, etc Disposition (Be Specific) National Guard
filitary Justicourt(s) or account (s) or account (s	ce? (Including non-juuthority(ies) and outdoor disciplined while including actions, including actions, including actions.	udicial Captain's mast, etc.) come(s) in the Military:	If, "Yes," provi	any Punishme Age at Time	ents, Office Hours, etc Disposition (Be Specific) National Guard
filitary Justicourt(s) or account (s) or account (s	ce? (Including non-juuthority(ies) and outdoor disciplined while including actions, including actions, including actions.	udicial Captain's mast, etc.) come(s) in the Military:	If, "Yes," provi	any Punishme Age at Time	ents, Office Hours, etc Disposition (Be Specific) National Guard

You must include a copy of your DD-214 or documentation stating your current status in the Military with this Personal History Statement.

Arrest, Detention & Litigation History

νi	olations or hav	peen arrested or detained le re you ever been summone of you duties as a license	ed into court? F	or purposes of this	section, I	being summoned into
		Offense Charge		ent Agency, City an		Disposition of Case
P	ersonal Automo	obile Insurance Informatio	<u>Traffic Re</u> n	<u>cord</u>	Policy Num	pher
	Name of mouranee	Oddinpany			1 Olicy Ivain	
	as your driver's yes, give com	s license or privilege to driv	ve ever been su	spended, denied or	revoked	? 🗌 Yes 📗 No
Ì	Date	Location		Reason		

References

List four (4) persons who know you well enough to provide current information about you. Do not list relatives, former employers, supervisors or anyone listed previously in this statement. Include people that you see regularly in social settings and not friends of your parents. Name (Last, first and middle): Home Phone: Length of Time Known: Address: City and State: Zip Code: Employer's Name: Employer's Phone: Work Hours: Employer's Address: City and State: Zip Code: Name (Last, first and middle): Home Phone: Length of Time Known: City and State: Zip Code: Address: Employer's Name: Employer's Phone: Work Hours: Employer's Address: City and State: Zip Code: Home Phone: Length of Time Name (Last, first and middle): Known: Address: City and State: Zip Code: Employer's Name: Employer's Phone: Work Hours: Employer's Address: City and State: Zip Code: Name (Last, first and middle): Home Phone: Length of Time Known: Address: City and State: Zip Code: Employer's Name: Employer's Phone: Work Hours: City and State: Zip Code: Employer's Address:

<u>Agreement</u>

I hereby certify there are no willful misrepresentations or falsifications in the foregoing statements and answers to any questions. I am fully aware any such willful misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination of employment. I understand information gathered during the background investigation is confidential. I freely waive any right or privileges I may have to view, copy or in any way obtain information from the Waller County Sheriff Office in reference to and in response to my application for employment.

I also, certify any person or persons and governmental entity or entities who may furnish such information concerning me shall not be held accountable for giving this information; I hereby release, indemnify and hold harmless said person or persons and governmental entity or entities from any and all liability which may be incurred as a result for furnishing such information. I also, release and hold harmless the Waller County from any claim or demand related to the Waller County obtaining and/or considering any such information.

I also, authorize the release of my name and full disclosure of all records concerning myself to verify past and future employment with other law enforcement agencies.\

Printed Name of Applicant		
Signature of Applicant		
Date		
Sworn to and Subscribed before me on this the	day of	, 20
(Notary Seal)	Notary Public	
	Printed/Typed Na	ame of Notary
	Expiration Date of	f Notary's Commission

Waller County Sheriff Office

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the		and its
obtain any information in y	bearing this release, or a copy thereof, within one year our files pertaining to my employment, military, credit, e ed to academic, achievement, attendance, athletic, pers	education or medical
•	cal records, and credit records.	onai motory, and
with full knowledge and un parties to furnish such info official responsibilities. I he university, or other educati bureau, lending institution, officers, employees, or rela- for damages of whatever k	ase such information upon request of the bearer. This rederstanding that the information is for official use. Construction, as described above, to third parties in the courtereby release you, as custodian of such records, and arons institution, hospital, or other repository of medical reconsumer reporting agency, or retail business established personnel, both individually and collectively, from a sind, which may at any time result to me, my heirs, family this authorization and request to release information,	sent is granted to all rse of fulfilling its ny school, college, records, credit hment including its any and all liability ly or associates
is not required by any law only to facilitate the location	Security Account Number on a voluntary basis with the or regulation. I have been advised that all parties will us of employment, military, credit, and educational recornation. Should there be any question as to the validity of ed below:	tilize this number ds concerning me ir
Applicant's Printed Full Na	me:	
Address:		
City:	_ State: Zip Code: Telephone Number	er:
Applicant's Notarized Sign	ature:	
Sworn to and signed befor in and for Waller County, in	e me, on this the day of n the State of Texas.	, 20,
	Signature of Notary Public:	
NOTARY SEAL		
	Printed Name of Notary Public:	
	My Commission Expires:	