

**HUTCHINS POLICE DEPARTMENT
APPLICATION & PERSONAL HISTORY STATEMENT**

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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 or jailer in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma or a GED.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.
- Do you have relatives working for the City of Hutchins or serving on the City Council?
If Yes, whom _____ Relationship _____

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

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

Once you begin:

- 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 more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

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.

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SECTION 1: PERSONAL

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY		
3. ADDRESS WHERE YOU RESIDE		
NUMBER / STREET		APT / UNIT
CITY		STATE ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
5. CONTACT NUMBERS		
HOME ()	WORK ()	EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS		
HOME		BUSINESS
7. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		8. BIRTHDATE
		9. SOCIAL SECURITY NUMBER
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION
NO.	STATE EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

12. Have you ever attended a basic licensing course? Yes No
 If yes, provide the following information: PID:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()
B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

13. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)? Yes No

- If yes, list EVERY agency 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 more space is needed, continue your response on page 25.

A) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STAT	ZIP	CONTACT NUMBER () EXT
POSITION APPLIED FOR		EMAIL	
Check each step in the process that you completed, and your status:			
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer			
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

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13. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STAT	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STAT	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 25.

<input type="checkbox"/> N/A	A. Father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	B. Step-father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

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SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A C. Mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A D. Step-mother				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N/A F. Father-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A G. Mother-in-law				
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A H. Former Spouse(s) / Cohabitant				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

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	YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
---------	--	---	------	-------

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

2) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
---------	--	---	------	-------

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

3) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
---------	--	---	------	-------

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

4) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
---------	--	---	------	-------

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

5) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
---------	--	---	------	-------

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

6) NAME		HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
---------	--	---	------	-------

<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)
---------	--

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<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
		CONTACT NUMBER ()	EMAIL	

15. REFERENCES List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. <u>Do not include</u> relatives, employers or housemates, or other individuals listed elsewhere.				
A) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY	STATE
	WORK PHONE ()	CELL PHONE ()	EMAIL	

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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

D) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

H) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?	

I) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP		CITY	STATE

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	WORK PHONE () ()	CELL PHONE () ()	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?
J) NAME	HOME ADDRESS (NUMBER / STREET / APT) ZIP		CITY STATE
	HOME PHONE () ()	WORK ADDRESS (NUMBER / STREET / APT) ZIP	CITY STATE
	WORK PHONE () ()	CELL PHONE () ()	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

16. Check applicable: High School Diploma GED

17. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY		STATE
B) NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY		STATE

18. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE	
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE	
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
	CITY		STATE	

19. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
			<input type="checkbox"/> Yes
	CITY		STATE
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
			<input type="checkbox"/> Yes
	CITY		STATE
C) NAME	FROM	TO	DID YOU

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TYPE OF SCHOOL OR TRAINING	CITY	STATE	COMPLETE THE COURSE?
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SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

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

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	

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CITY	STATE	ZIP	EMAIL
Names of those with whom you lived:			
Reason for moving:			

SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	

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CITY	STATE	ZIP	EMAIL
Names of those with whom you lived:			
Reason for moving:			

SECTION 4: RESIDENCE *continued*

23. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP	CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

B) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP	CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

C) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP	CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

D) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP	CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

E) NAME	CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP	CITY STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL

F) NAME	CONTACT NUMBER ()
---------	--------------------------

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CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT ZIP)	CITY	STATE
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

24. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever left a residence owing rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to Questions 25 and/or 26 , explain (include when, where and circumstances):		

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. **JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

C) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		

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CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO
---	------	----

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ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

K) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

M) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE			EMAIL	
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

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O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

27. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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37. 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?

38. If you answered yes to any of **Questions 27–37**, explain (include when, where and circumstances; indicate corresponding number):

39. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

40. In the past three 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

41. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE To
-----------------------	----------------------------

43. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable)
 Re-entry Code (1–4) if applicable – refer to your DD-214:

44. Are you currently participating in one of the following? If checked, date obligation ends:
 Military Reserve National Guard

45. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

46. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? Yes No

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If you answered yes to **Questions 45 and/or 46**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

47. INCOME AND EXPENSES

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

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

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

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

Explain:

C) How much do you spend each month? \$ _____ per 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 obligation(s) you may have.

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

If you answered yes to any of Questions 48–60 , explain (include when, where, and why; indicate corresponding number):	

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **peace officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned.*

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

If more space is needed, continue on page 25.

61. Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	DISPOSITION OR PENALTY

62. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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66. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

SECTION 8: LEGAL *continued*

67. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No

68. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No

69. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No

70. Have you ever filed a false insurance or workers' compensation claim? Yes No

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

71. UNDETECTED ACTS – PART 1
Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A) Annoying / obscene phone calls..... Yes No

B) Assault (use of force or violence upon another) Yes No

C) Assault (use of force or violence upon a family member)..... Yes No

D) Brandishing a weapon (any type of weapon) Yes No

E) Carrying a concealed weapon without a permit..... Yes No

F) Contributing to the delinquency of a minor Yes No

G) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No

H). Driving under the influence of alcohol and/or drugs Yes No

I) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No

J) Hit & run collision (no injuries) Yes No

K) Hunting/fishing without a license Yes No

L) Illegal gambling Yes No

M) Impersonating a peace officer (pretending to be a police officer) Yes No

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N). Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 8: LEGAL *continued*
71. UNDETECTED ACTS – PART 1 *continued*

P). Petty theft (value up to \$400, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R). Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T). Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Vandalism (including "tagging," malicious mischief and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X). Intentionally writing a bad check.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

72. UNDETECTED ACTS – PART 2
*At any time in your life have you **ever** committed any of the following?*

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A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G). Elder abuse/neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M). Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O). Grand theft (value of over \$400, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q). Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

SECTION 8: LEGAL *continued*

Questions 73 and 74 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| - Amphetamines / Methamphetamine
(<i>Uppers, Speed, Crank, etc</i>) | - Glue | - Mescaline |
| - Barbiturates (<i>Downers</i>) | - Hallucinogens
(<i>Peyote, LSD, Mushrooms</i>) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | - Heroin / Opium | - Quaaludes |
| - GHB (<i>Date Rape Drug</i>) | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

73. **Within the past six months**, have you used any drug(s) as indicated above? Yes No

If yes, give details, including drug(s) used and circumstances: _____

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74. **Prior to the past six months** (check all that apply):

- I have ***never*** used any drug recreationally.
- I have tried or used one or more drugs, but only under ***limited*** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, most recent date used, and circumstances.

75. Have you ***ever*** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

76. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

77. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if

78. Have you ever been refused a driver's license by any state? Yes No

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If yes, explain (include when, where, and circumstances):

79. Has your driver's license ever been suspended or revoked? Yes No
 If yes, explain (include when, where, and circumstances):

80. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE ZIP	CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION *continued*

81. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY STATE
DATE VIOLATION OCCURRED	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/>	
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY STATE

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DATE VIOLATION OCCURRED	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/>
-------------------------	---

C) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE
------------------------	------------------------------------

DATE VIOLATION OCCURRED	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/>
-------------------------	---

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

82. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

83. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE
---	----------------------------------	------	-------

84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:

	INSURANCE COMPANY
--	-------------------

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE
---	----------------------------------	------	-------

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

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SECTION 10: OTHER TOPICS

85. Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89. Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 85–89**, give details including dates and circumstances; indicate corresponding number.

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SECTION 11: CERTIFICATION

90. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
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Initial this page to indicate that you have provided complete and accurate information: _____

HUTCHINS POLICE DEPARTMENT

AUTHORIZATION TO CONDUCT DRUG SCREENING

I HEREBY AUTHORIZE THE CITY OF HUTCHINS AND ITS AGENTS TO CONDUCT ANY URINE DRUG TESTING THEY DEEM NECESSARY. I UNDERSTAND THAT PROPER "CHAIN OF CUSTODY" PROCEDURES WILL BE MAINTAINED AND THAT THE TESTING WILL BE CONDUCTED BY A NIDA CERTIFIED LABORATORY. I HEREBY AUTHORIZE THE RELEASE TO THE HUTCHINS POLICE DEPARTMENT ALL RESULTS OF ANY DRUG TESTS PERFORMED BY ANY DOCTORS, CLINICS, OR LABORATORIES TO WHICH I HAVE BEEN REFERRED. THIS INFORMATION IS AUTHORIZED TO BE USED BY THE HUTCHINS POLICE DEPARTMENT FOR THE SOLE PURPOSE OF EMPLOYMENT RELATED MATTERS.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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

HUTCHINS POLICE DEPARTMENT

HUTCHINS POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit 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 official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

(NOTARY SEAL)

Printed Name of Notary Public: _____

My Commission Expires: _____

HUTCHINS POLICE DEPARTMENT
APPLICATION & PERSONAL HISTORY STATEMENT

Page 31 of 32

CITY OF HUTCHINS

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

TO THE APPLICANT: THE COMMITMENT OF THE CITY OF HUTCHINS TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY REQUIRES THAT CERTAIN INFORMATION BE GATHERED AND MAINTAINED FOR GOVERNMENT RECORD KEEPING REQUIREMENTS ONLY. THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION IMMEDIATELY UPON RECEIPT, AND THIS INFORMATION WILL NOT BE USED FOR MAKING INTERVIEWING OR HIRING DECISIONS. YOUR COMPLETION OF THIS PAGE IS OPTIONAL; REFUSING TO PROVIDE THIS INFORMATION WILL NOT AFFECT THE EVALUATION OF YOUR APPLICATION. YOUR COOPERATION IN THIS EFFORD WOULD, HOWEVER, BE GREATLY APPRECIATED.

PLEASE PRINT OR TYPE:

POSITION APPLIED FOR: _____ DATE: _____

DATE OF BIRTH: _____
(MM/DD/YY)

RACE/NATIONAL ORIGIN:

CAUCASIAN/WHITE ASIAN/PACIFIC ISLANDER
BLACK/NON HISPANIC AMERICAN INDIAN/ALASKAN NATIVE
HISPANIC OTHER _____

EDUCATION LEVEL:

CIRCLE THE HIGHEST GRADE COMPLETED: GRADE SCHOOL HIGH SCHOOL COLLEGE
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

HOW DID YOU FIND OUT ABOUT THIS VACANCY? (CIRCLE ONE)

PROFESSIONAL ORGANIZATION WALK-IN INTERNET

NEWSPAPER FRIEND/RELATIVE CITY EMPLOYEE

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

HUTCHINS POLICE DEPARTMENT
HIRING PROCESS

1. **APPLICATION** - ONCE YOUR INITIAL APPLICATION HAS BEEN RECEIVED IT WILL BE REVIEWED TO ENSURE THAT THE MINIMUM REQUIREMENTS FOR THE POSITION APPLIED FOR ARE MET. IF YOU MEET THOSE REQUIREMENTS YOU WILL MOVE ON TO THE NEXT STEP. INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DISQUALIFIED.
2. **INTERVIEW** – AFTER THE INTERVIEW, IF YOU MOVE ON TO THE NEXT STEP, YOU WILL BE CONTACTED VIA A PHONE CALL.
3. **BACKGROUND** – AFTER THE INTERVIEW, IF YOU RECEIVE A PHONE CALL, YOU WILL BE ADVISED TO PICK UP A BACKGROUND PACKET. THIS PACKET WILL NEED TO BE FILLED OUT COMPLETELY AND RETURNED BY THE DUE DATE GIVEN. IF THE PACKET IS NOT RETURNED ON TIME IT IS AN AUTOMATIC DISQUALIFICATION. IF THERE IS MISSING INFORMATION IT IS AN AUTOMATIC DISQUALIFICATION.
4. **BACKGROUND INVESTIGATION** – A THOROUGH BACKGROUND INVESTIGATION WILL BE CONDUCTED BY A MEMBER OF THE HUTCHINS POLICE DEPARTMENT.
5. **CONDITIONAL JOB OFFER** - IF AFTER A THOROUGH BACKGROUND INVESTIGATION YOU STILL MEET THE MINIMUM REQUIREMENTS OF THE HUTCHINS POLICE DEPARTMENT YOU WILL RECEIVE A WRITTEN CONDITIONAL JOB OFFER. THIS WILL STATE THAT PENDING THE PASSING OF A POLYGRAPH AND PSYCHOLOGICAL EXAMINATION YOU **MAY** BE OFFERED A FULL TIME POSITION WITH THE HUTCHINS POLICE DEPARTMENT.
6. **POLYGRAPH EXAMINATION**
7. **PSYCHOLOGICAL EXAMINATION**
8. **PHYSICAL AND DRUG SCREENING**

PLEASE NOTE THAT WE RECOMMEND NOT TURNING IN NOTICE WITH YOUR CURRENT EMPLOYER UNTIL YOU HAVE BEEN ADVISED BY THE HUTCHINS POLICE DEPARTMENT THAT YOU HAVE PASSED EACH AND EVERY STEP LISTED ABOVE.

IF YOU HAVE ANY QUESTIONS ABOUT THE STEPS ABOVE FEEL FREE TO CONTACT THE HUTCHINS POLICE DEPARTMENT AT 972-225-2225 OR 972-225-2224.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE APPLICATION PROCESS FOR THE HUTCHINS POLICE DEPARTMENT. RETURN THIS FORM WITH YOUR APPLICATION.

THANK YOU!

APPLICANT'S SIGNATURE

DATE