



**FORT BEND COUNTY
 Sheriff's Office
 APPLICANT
 PERSONAL HISTORY STATEMENT**

NAME _____

DATE ISSUED: _____

COMPLETE AND RETURN BY: _____

I am applying for:

Peace Officer PID# _____

County Jailer PID# _____ *

Telecommunicator PID# _____ *

Civilian Employment: Detention Officer Civilian / TCO I / Bonding Clerk / Records Clerk/Administrative Assistant

*Put None if you do not have a PID from the Texas Commission on Law Enforcement (TCOLE)

For Electronic Official College Transcripts

Please have the college email the official transcript to:

FBCSOHR@Fortbendcountytexas.gov

Application/Hiring Process Phases:

- You will complete the Online Application
- If applying for Telecommunications Officer I, Clerk positions etc., then you will be scheduled for Skills Testing which you must PASS.
- You will Fill out the Pre-Application (At the Sheriff's Human Resources Office)
- You will pick-up the Personal History Statement (PHS) Application (known as the long form application) after completing the Pre-Application
- You will turn in your **COMPLETED** PHS Application to the Sheriff's Human Resources Office
- Your PHS will be Quality Controlled by the HR Office, then sent to the appropriate division for review
- The Division will contact you and schedule you for an Interview
- If you pass the interview, then your file will proceed to the Background Investigators to begin contacting the references on your PHS
- If there are no issues with your Background Investigation, then your file will proceed to the Polygraph Examiners and they will schedule you for the polygraph.
- If you pass the polygraph examination, then your file will be returned to Human Resources and you will be scheduled for Psychological, Drug & Physical Examinations
- **Once all the above phases are successfully completed, you will be contacted and extended a formal job offer, hired and scheduled for orientation**

The normal hiring process may take 2 – 3 months (or longer).

Please be patient.

**Any questions please contact the
Fort Bend County Sheriff's Office HR at
281-238-1586**

FAST FINGERPRINTING FOR ALL APPLICANTS



Service Code: 11BVQG

ORI #: TX07900H1

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. You may begin the process by visiting this website: <https://identogo.com>
 - b. Click – “Get Fingerprinted” located at the top right corner
 - c. Select “Texas” as State
 - d. Then enter Service Code: **11BVQG**
 - e. Schedule your appointment accordingly.
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11BVQG**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11BVQG**);
 - c. Schedule your appointment accordingly.
 2. Arrive at your scheduled appointment with your photo identification and fee (\$10.00).
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety’s acceptable document types here: <http://www.l1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 3. Your fingerprints will be submitted electronically to the Fort Bend County Sheriff’s Office.
 4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
 - **Do not throw away the receipt; submit a copy of the receipt with your application.**
 - You may check status on your submission by clicking on this link: <https://uenroll.identogo.com/servicecode/11G4JN6> and then;
 - Click “Check Status”
-

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. *****THE SHERIFF'S OFFICE HR DOES NOT NOTARIZE APPLICATIONS.***
 - Copy of your Social Security Card
 - Original certified copy of your birth certificate **No Photocopy** ****The HR staff will make a copy from your original**
 - Copy of your valid Texas driver's license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
 - Copy of your High School diploma/transcript or GED certificate
 - Sealed original certified copy of your college transcript (**No photocopy**)
 - Photocopy of your college diploma
 - Copy of your Peace officer Certificate from your police academy (**Peace Officer Applicants Only**)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (**Peace Officer Applicants Only**)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified copy of your Naturalization papers, if applicable (**No photocopy**)
 - Copy of current proof of automobile liability insurance
 - Copy of a TCOLE Approved Firearms Qualifications within the last 12 months.
 - A 2" x 2" "passport" style **Color** photograph of you taken within the last 90 days.
 - **Copy of all criminal dispositions for charges listed on page 44**
10. If you have any questions, please contact **Fort Bend County Sheriff's office HR (281) 238-1586** or **E-Mail FBCSOHR@fortbendcountytexas.gov**. 1521 Eugene Heimann Circle, Ste. 144 Richmond, Texas 77469
11. When submitting the completed documents, please place them in an envelope marked with your name and position you applying for.

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer or telecommunicator in Texas.

- I am a citizen of the United States of America.
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic 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 additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to

Be as complete, honest and specific as possible in your responses.

Disclosure of Medically Related Information

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

SECTION 1: PERSONAL

1. Last Name		First	MI	Suffix
2. Other Names, including nicknames, you have used or been known by.				
3. Street Address, (Apt, Unit)		City	State	Zip
4. Mailing address if different from above.				
5. Phone #. Home	Cell	Work	Ext.	Fax
6. Email: Home		Business		Other
7. Birth Place (City / County / State / Country)			8. DOB	9. Social Security #
10. Driver License #		11. Physical description		
State:	Exp:	HT.	WT.	Hair Color
				Eye Color

10. Scars, Tattoos (description and location) or other distinguishing marks:

13. Have you ever attended a basic TCOLE licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the PID you were assigned:			
A. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number
B. Academy Name	From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Contact Number

14. Have you ever applied to any other law enforcement agency in the last ten years (city, county, state or federal)? Yes No

- If yes, list ALL agencies you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if know)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

B. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

C. Name of Agency		Position Applied For		Date Applied
Address Street		City	State	Zip
Background Investigators Name (if known)	Contact Number Ext	Email		

Check each step in the process that you completed, and your status:

Steps: Application Written Physical agility Oral Polygraph/CVSA Background Chief's oral
 Conditional job offer Psychological Examination Date _____ Medical Date: _____

Status: Hired On List Withdrawn Disqualified

SECTION 2: RELATIVES AND REFERENCES

15. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable. **If Deceased or No Contact, please indicate that in Address field.**
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

<input type="checkbox"/> NA	A. Father Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<input type="checkbox"/> NA	B. Step-Father Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<input type="checkbox"/> NA	C. Mother Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<input type="checkbox"/> NA	D. Step-Mother Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<input type="checkbox"/> NA	E. Spouse / Registered Domestic Partner		DOB		
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work 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"/> NA	F. Father-in-Law Name		DOB		
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<input type="checkbox"/> NA	G. Mother-in-Law Name		DOB		
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone	Email		

<input type="checkbox"/> NA	H. Former Spouse(s) Cohabitant	I. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work 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				

<input type="checkbox"/> NA	I. Former Spouse(s) Cohabitant	2. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell	Work 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			

<input type="checkbox"/> NA	J. Brothers and Sisters: List all siblings, including half-siblings, foster siblings, etc.			
1. Name	DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

2. Name	DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

3. Name	DOB		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	City	State	Zip	Phone #
Work Address	City	State	Zip	Phone #
Cell	Email			

4. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell	Email				

5. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell	Email				

6. Name				DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Phone #	
Work Address	City	State	Zip	Phone #	
Cell	Email				

<input type="checkbox"/> N A	K. CHILDREN List all of your 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.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

2. Name		Custodial parent or guardian (If other than you.)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip	
DOB	Contact Number	Email			

3. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

4. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

5. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

6. Name		Custodial parent or guardian (If other than you.)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address	City	State	Zip
DOB	Contact Number	Email		

16. REFERENCES				
List 4 personal and 3 professional people (7 total references) who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, housemates, or other individuals listed elsewhere.				
A. Name	Address	City	State	Zip
Company / Work address		City	State	Zip
Home Phone	Work Phone	Cell	Email	
How do you know this person? (friend, teacher, co-worker)			How long have you known this person?	

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

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

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

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

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

G. Name		Address		City		State	Zip
Company / Work address				City		State	Zip
Home Phone	Work Phone	Cell		Email			
How do you know this person? (friend, teacher,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 or where you obtained your GED.

A. Name		City		State
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Name		City		State
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		

18 List all colleges or universities attended:

A. Name		City		State
From	To	Type of Degree Earned	Total Units Earned	

B.. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

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

A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

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			
<ul style="list-style-type: none"> List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes. If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to. 			
A. Current residence Street		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr., rent collector, owner		City / State / Zip	Email
<input type="checkbox"/> NA	Names of those with whom you live		

B. Former Address		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr., rent collector, owner		City / State / Zip	Email
<input type="checkbox"/> NA	Names of those with whom you lived.		
Reason for moving			

C. Former Address		City	State Zip
From	To	If renting; property manager, rent collector or owner	Contact Number
Address of property mgr., rent collector, owner		City / State / Zip	Email
<input type="checkbox"/> NA	Names of those with whom you lived.		
Reason for moving			

D. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

E. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

F. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

G. Former Address			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> NA	Names of those with whom you lived.				
Reason for moving					

22. 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 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Name		Contact Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

B. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

C. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

D. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

E. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

F. Name		Contact Number	
Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

23. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever left a residence owing rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page 33.)
- 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
		Mo. / Yr.	Mo. / Yr.
Address or Base	City	State	Zip
Supervisor	Contact Number Ext.	Email	
Job Title	Reason for leaving		
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	
Name & Phone Number of co-worker	Starting Salary	Ending Salary	
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 Mo. / Yr.	To Mo. / Yr.
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	
Name & Phone Number of co-worker	Starting Salary	Ending Salary		

D. 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					

E. Name of employer or military unit.			From Mo. / Yr.	To Mo. / Yr.
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	
Name & Phone Number of co-worker	Starting Salary	Ending Salary		

F. 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					

G. Name of employer or military unit.			From Mo. /Yr.	To Mo. /Yr.
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	
Name & Phone Number of co-worker	Starting Salary	Ending Salary		

H. 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					

I. Name of employer or military unit.			From Mo. /Yr.	To Mo. /Yr.
Address or Base	City	State	Zip	
Supervisor	Contact Number Ext.	Email		
Job Title	Reason for leaving			
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	
Name & Phone Number of co-worker	Starting Salary	Ending Salary		

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 Mo /Yr.	To Mo /Yr.
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
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	
Name & Phone Number of co-worker		Starting Salary	Ending Salary	

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 Mo /Yr.	To Mo /Yr.
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
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	
Name & Phone Number of co-worker		Starting Salary	Ending Salary	

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				

O. Name of employer or military unit.			From Mo. /Yr.	To Mo. /Yr.
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
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	
Name & Phone Number of co-worker		Starting Salary	Ending Salary	

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 Mo. /Yr.	To Mo. /Yr.
Address or Base		City	State	Zip
Supervisor		Contact Number Ext.	Email	
Job Title		Reason for leaving		
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	
Name & Phone Number of co-worker		Starting Salary	Ending Salary	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. 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

32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Name of Employer

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain: _____		
41. Branch of Service	Date of Service From	To:
42. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable Re-entry Code (1-4) if applicable; refer to your DD-214		
43. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard		If checked, date obligation ends:
44. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered YES to questions 44 and or 45, Explain (Include dates and circumstances)

SECTION 7 FINANCIAL

46. INCOME AND EXPENSES
 For each of the following questions fill in the amounts to the nearest dollar

A. From your **current** employer(s), what **is** your take home monthly income? \$_____

B. Do you have income other than from your salary or wages? Yes No
 If yes, fill in amount: \$_____per month Explain:_____

C. Approximately how much do you spend each month? \$_____
 Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.

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

If you answered YES to questions 47-60, indicate question number. Explain (include, when, where and why).

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

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

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

61. 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
66. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Hit and run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Hunting or fishing without a license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Impersonating a peace officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
72. UNDETECTED ACTS - PART 2 At any time in your life have you ever committed any of the following?	
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, producing, or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Injury to a child/elderly/or disabled	<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 / sexual activity	<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 and 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. Theft (value of over \$500, 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

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

Do you consume Alcoholic Beverages? _____ Yes _____ No

If yes, how often?

Questions about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs. Your answers should include, **but not limited to**, your use of any of the following drugs.

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

73. Have you used any non-prescribed illegal drug(s) or unauthorized prescription drugs?
 Yes No If yes, give details, including drug(s) used and circumstances (including most recent date(s) of usage):

74. Have you ever engaged in any of the activities listed below for any illegal drugs?
 Sold Manufactured Purchased Furnished Cultivated Carried or held for another
 Any items check above, give details including drug(s) involved, over what time period(s) and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

75. Current Driver License #	State of Issue	Expiration date	Name under which license was granted
------------------------------	----------------	-----------------	--------------------------------------

76. 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

77. Have you ever been refused a driver's license by any state Yes No
 If yes, explain (include when, where and circumstances):

78. Has your driver's license ever been suspended or revoked? If yes, explain (include when, where and circumstances):	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

79. 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	License Plate
Insurance Company			Policy number			Expires	
Address		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		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		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		City		State	Zip		Contact Number

80. List all traffic citations, excluding parking citations, you have received within the past seven years:	
A. Nature of Violation	Location Street, City, State, Zip
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

B. Nature of Violation		Location Street, City, State, Zip			
Date Violation Occurred	Action Taken				
	Not Guilty	Fined	Traffic School	Dismissed	
C. Nature of Violation		Location Street, City, State, Zip			
Date Violation Occurred	Action Taken				
	Not Guilty	Fined	Traffic School	Dismissed	
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:					

81. 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 (Street, City, State, Zip)			
Police Report Yes No	Law Enforcement Agency			Injury Non Injury
A. Date	Location (Street, City, State, Zip)			
Police Report Yes No	Law Enforcement Agency			Injury Non Injury
A. Date	Location (Street, City, State, Zip)			
Police Report Yes No	Law Enforcement Agency			Injury Non Injury

82. Have you ever driven a vehicle without auto insurance, as required by law? Yes No				
If yes, give reason				
Date	Location Street, City, State, Zip			
83. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? Yes No				
If yes, give reason:			Insurance Company	
Date	Location Street, City, State, Zip			

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

85. 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? Yes No

86. 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 Yes No

87. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

88. Have you ever hit or physically overpowered a spouse, romantic partner or family members? Yes No

If you answered yes to any of Questions 85-88, give details dates and circumstances; indicate corresponding number.

SECTION 11: SOCIAL MEDIA SITES

89. Have you ever had a social media site (i.e. Facebook, My Space, etc.)? Yes No

90. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

SECTION 12: CERTIFICATION

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

Signature of Applicant

____/____/_____
Date

Sworn to and subscribed before me, this the _____ day of _____.

Notary public in and for, State of _____

My commission expires ____/____/____

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific item being referenced.

[Empty rectangular box for providing additional information]

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

AFFIDAVIT

PLEASE READ CAREFULLY BEFORE SIGNING:

This is to inform you that as part of our procedure for processing your application it is understood that an investigative background report may be made whereby information is obtained through personal interviews with third parties. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. To become a Fort Bend County employee, you must pass an illegal substance abuse screening test. Those testing positive for an illegal drug will not be considered for employment by Fort Bend County.

By my signature below, I certify, authorize and acknowledge all of the following:

I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment with the company.

If I am employed in certain positions, I understand employment is subject to a physical examination in which my ability to perform the essential requirements of the job is found to be satisfactory to the county. I understand if I am employed, satisfactory proof of employment authorization and identity is required within three days of being hired, along with any applicable copies of licenses, certifications and/or diplomas. Failure to submit such proof within the required time shall result in immediate employment termination.

As an applicant for a position with Fort Bend County, I have been requested to furnish information for use in determining my qualification. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my employment with your company. I give my consent to drug screening in order to be considered for employment by Fort Bend County and understand that my refusal to consent to the screening will disqualify me as a candidate for employment. I authorize you to release such employment information to those employees and agents of Fort Bend County who require such information in order to make a decision with respect to any matter pertaining to my status as an employee.

I hereby release any former or current employer, its employees, and anyone acting on former or current employer's behalf from any and all claims, actions, liability and/or damage of any nature which may result from furnishing the information requested, including, but not limited to, claims of negligence. A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

Texas is an "Employment At-Will" state and as an employee of Fort Bend County, you have the right to terminate your employment at any time. Fort Bend County retains the right to terminate your employment at any time, with or without notice, for any legal reason or no reason. The County also retains the right to change any terms, conditions, benefits, or privileges of employment at any time without notice. No employment contract, either expressed or implied, shall exist between the County and any employee for duration, either specified or non-specified. Fort Bend County retains the same right to terminate your employment, regardless of any other documents, oral or written statements issued by Fort Bend County or its representatives. I understand misrepresentation, falsification, or omission of facts called for within this application will be sufficient cause for cancellation of employment consideration or termination from employment with Fort Bend County.

CERTIFICATE

I represent and warrant the answers I have made to each and all of the foregoing questions are full, true and correct to the best of my knowledge and belief. In order that the officials of the Fort Bend County Sheriff's Office may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, including the search of social network sites, blogs or other internet searches for job-related information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage which occurs as a result of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from employment or discharge during or after probation. I am also aware that any willful and intentional misrepresentation of fact of any answer or statement made by me herein will subject me to immediate rejection or dismissal and to criminal prosecution. I further acknowledge that I am aware that once submitted, this application and any other records submitted becomes the property of the Fort Bend County Sheriff's Office.

Signature of Applicant _____ Date: _____

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

Notary Public

**TEXAS COMMISSION ON LAW ENFORCEMENT
OFFICER STANDARDS AND EDUCATION**

***PSYCHOLOGICAL AND EMOTIONAL HEALTH EXAMINEE'S
WAIVER OF CONFIDENTIALITY***

I, _____, hereby agree and consent to the release of the declaration resulting from the psychological and emotional health examination administered to me as required by commission rules. I understand that this agreement and consent approved the release of the declaration to the commission and the agency which requested that I undergo the examination, which is:

FORT BEND COUNTY SHERIFF'S OFFICE

I further agree and consent to the release of any supporting notes, tests or other documents to another professional who may be named to conduct a psychological and emotional health examination of me as required by the rules of the Texas Commission on Law Enforcement Officer Standards and Education.

(EXAMINEE'S SIGNATURE)

(DATE)

(SOCIAL SECURITY NUMBER)

FORT BEND COUNTY
APPLICANT CONSENT TO SCREENING AND RELEASE
OF MEDICAL INFORMATION

DATE: _____

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

I, _____, give my consent to drug screening in order to be considered for employment by Fort Bend County. I understand that my refusal to consent to the drug screening will disqualify me as a candidate for employment.

I hereby authorize the drug screening facility to release my drug screening records to Houston Medical Testing Services, Inc.

I further agree to hold harmless and indemnify Fort Bend County and its officers, employees, agents, servants and all persons in privity with them or any of them from and against, any and all claims, actions, damages, liability and expenses in connection with the release of my drug screening information.

I further agree that the indemnity shall extend to and be binding upon myself, my heirs, executors, administrators, successors and assigns.

Signature of Applicant

Print Name

Date



FORT BEND COUNTY SHERIFF'S OFFICE

MILITARY SERVICE AFFIDAVIT

I, _____, do hereby swear/affirm that **I HAVE NEVER SERVED** with the Armed Forces of the United States, National Guard, State Guard, or any reserve component thereof.

Signature

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

Notary Public



FORT BEND COUNTY SHERIFF'S OFFICE

RELEASE AND INDEMNITY

It has been explained to me, and I fully understand, that in connection with my applying for a position with the Fort Bend County Sheriff's Office, there may be costs incurred by me, that may include but is not limited to: any and all medical, psychological and/or emotional tests and evaluations to be administered to me, and for: any and all documents required to be submitted by all applicants.

I also fully understand that I am not guaranteed a position of employment with the Fort Bend County Sheriff's Office and, in fact, my application may be turned down even though I will have expended these funds for tests and documents. I have decided to go forward with my application and I agree to hold the Fort Bend County Sheriff's Office harmless from any loss incurred by me during and after my application process.

I further understand that I will be subjected to testing, an extensive background investigation, and hiring boards to evaluate me and my qualifications, and based on the results of any of these, I may be rejected for employment at any time. I also understand that should I be rejected, I may not reapply for two full years from the date of rejection.

Applicant Printed Name

Applicant Signature

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

Notary Public



**FORT BEND COUNTY SHERIFF'S OFFICE
CONSENT FOR POLYGRAPH EXAMINATION**

I, _____, hereby consent and agree that in connection with my applying for a position with the Fort Bend County Sheriff's Office that I may be required to be administered a polygraph examination and based on the results of this test I may be rejected for employment.

I further understand that should I be hired by the Fort Bend County Sheriff's Office that during the course of my employment I may be required to be administered a polygraph examination. I hereby consent and agree to this, even though the results may result in my termination of employment.

Signature

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

Notary Public



FORT BEND COUNTY SHERIFF'S OFFICE

CONFIDENTIAL INFORMATION AGREEMENT

A thorough background investigation will be conducted to determine your qualifications for a position with the Sheriff's Office. To a great extent, your employment will depend on information obtained in confidential interviews with current and past employers and with persons with whom you have associated. All information, to include test results, will remain confidential and the property of the Sheriff's Office. Your background investigation file is proprietary, and will be strictly used by the Sheriff's Office to determine your employment eligibility. The Sheriff's Office is under no obligation to reveal to you any eligibility disqualifiers. If the reason for your non-acceptance is of a temporary nature whereby you could be accepted for employment at a later date, you will be notified.

I understand that if offered a position with the Fort Bend County Sheriff's Office, my assignment will be in accordance with the needs of the Sheriff's Office, without regard to shift or days off.

I have read and fully understand the above statement and agree that all information obtained during the application process will remain confidential.

Signature

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

Notary Public



FORT BEND COUNTY SHERIFF'S OFFICE

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Fort Bend County Sheriff's Office 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 but 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: _____

Social Security Number: _____

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: _____



FORT BEND COUNTY SHERIFF'S OFFICE

WAIVER TO PRIVILEGE OF CONFIDENTIALITY

I, _____, hereby waive the privilege of confidentiality of any information concerning my candidacy for employment as a peace officer within the State of Texas and any examinations therefore by any physician or any psychologist or psychiatrist.

I hereby authorize and request each physician, psychologist, psychiatrist, or any person in related fields and any hospital, clinic, establishment, or place rendering to me any medical, psychological, or related services to allow the Fort Bend County Sheriff's Office and each physician, psychologist, psychiatrist, or any person appointed by it to have, examine, and/or to copy any and all information, records, and reports regarding the diagnosis, evaluation, or treatment of my physical condition and mental or emotional condition or disorder.

I further authorize any physician, psychologist, psychiatrist, or any person in related fields to testify, without limitation, as to all findings. I further waive, on behalf of myself or any persons who may have any interest in the matter, all provisions of law relating to the disclosure of confidential information of professional consultation

Signature

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

Notary Public



FORT BEND COUNTY SHERIFF'S OFFICE

CONSUMER REPORT AUTHORIZATION SUPPLEMENT

I, _____, understand that before being considered for employment with the Fort Bend County Sheriff's Office, a consumer credit report (*commonly known as a credit check*) is required information regarding a potential background investigation. This inquiry includes, but is not limited to, credit reports and credit ratings.

I also understand that should I be denied employment based in whole or in part on the information obtained from a consumer report, I have the right to dispute its accuracy if I so choose.

I fully understand the conditions stated above and authorize the release of this information, as it relates to me, to be released to the Fort Bend County Sheriff's Office for the purposes of the employment application and background investigation process.

Signature

I DO NOT WISH TO AUTHORIZE THE RELEASE OF THE ABOVE STATED INFORMATION.

Signature

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

Notary Public



FORT BEND COUNTY SHERIFF'S OFFICE AFFIDAVIT

TO: *Texas Commission on Law Enforcement (TCOLE)*

FROM: FORT BEND COUNTY SHERIFF'S OFFICE
1410 Williams Way Blvd.
Richmond, Texas 77469

APPLICANT _____ SSN _____
Last First MI

CRIMINAL HISTORY: (If none, state none) _____

OFFENSE	DATE	DISPOSITION*
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

***Attach certified copies of documents from the appropriate court of record.**

I have read the provisions of this affidavit, and other than the above, I swear/affirm that I have never been arrested, charged, convicted, or placed on probation for any criminal offense.

Signature

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

Notary Public



FORT BEND COUNTY SHERIFF'S OFFICE

APPLICANT'S INFORMATION

REGARDING

DOMESTIC VIOLENCE

The purpose of this information sheet is to provide the applicant with information regarding the Omnibus Consolidated Appropriations Act of 1997 as amended the National Gun control act of 1968.

This makes it unlawful for any person convicted of a criminal offense of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also unlawful for any person to sell or otherwise dispose of a firearm or ammunition to any person convicted of domestic violence. This prohibition does apply to peace officers. However, with respects to all persons, a conviction of domestic violence would not be disabling if it has been expunged, set aside, pardoned, or the person has had his or her civil rights restored (if applicable) and the person is not otherwise prohibited from possessing a firearm or ammunition.

Thus, peace officers that have been convicted of acts of domestic violence will not be able to lawfully possess or receive firearms or ammunition for any purpose, including performing their official duties.

Domestic violence is defined as any act committed against any family member under the Texas Penal Code, Title 5, OFFENSES AGAINST THE PERSON, CHAPTER 19. CRIMINAL HOMICIDE; CHAPTER 20. KIDNAPPING AND UNLAWFUL RESTRAINT; CHAPTER 21. SEXUAL OFFENSES; CHAPTER 22. ASSAULTIVE OFFENSES; and Title 6. OFFENSES AGAINST THE FAMILY.

Any person that has been convicted of an act of domestic violence will no longer be able to lawfully possess firearms or ammunition on or after September 30, 1996.



FORT BEND COUNTY SHERIFF'S OFFICE

APPLICANT'S STATEMENT REGARDING DOMESTIC VIOLENCE

I have read the attached information sheet regarding domestic violence and the National Gun control Act of 1968.

I do hereby affirm that I HAVE NEVER BEEN CONVICTED of any act of domestic violence, I have never been the subject of a protective order, and this law in any manner does not affect me.

Signature _____ Month Day Year

Printed Name _____

I do hereby affirm that I HAVE BEEN CONVICTED of an act of domestic violence and/or I have been the subject of a protective order and/or that there is, or may be an incident in my personal life that makes me subject to the restrictions imposed by this law.

Signature _____ Month / Day / Year

Printed Name _____

Sworn and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC _____



FORT BEND COUNTY SHERIFF'S OFFICE

PRISON RAPE ELIMINATION ACT OF 2013 (PREA)

§ 115.17 Hiring and promotion decisions.

- (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.
(c) Before hiring new employees who may have contact with inmates, the agency shall:
(1) Perform a criminal background records check; and
(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
(d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.
(e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.
(f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Have you ever engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? If yes, explain: _____

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? If yes, explain: _____

Have you ever been civilly or administratively adjudicated to have engaged in the activity described above? If yes, explain: _____

Signature

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

Notary Public